BENEFITS for EveryWorld

2027 Benefits Guide

Activision | Blizzard Entertainment | King

V27.3

Welcome to Benefits!

At ABK, we build immersive worlds that impact popular culture across the globe. We support those efforts by providing benefits that are designed to help you enhance your overall health, wellbeing, and happiness. This guide will help you explore and learn more about the benefits available. Check out www.benefitsforeveryworld.com for additional resources to help you find the right value for you and your family.

This guide is intended as an overview of U.S. benefits available to regular employees who are benefit eligible (working 30 or more hours per week). Temporary employees and interns who work more than 30 hours per week should refer to the Benefits Walkthrough for Temporary/Intern Employees located on www.benefitsforeveryworld.com

NOTE ON MEDICARE:
If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see our Plan and Legal documents.

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How to Enroll

Enrollment Steps
Choose Carefully
Who is Eligible

STEP 1 DISCOVER

Explore this guide and review your options. Learn more at www.benefitsforeveryworld.com.

STEP 2 MAP

It's important to make sure your providers are within the medical, dental and vision networks to receive lower out-of-pocket costs.

STEP 3 BUILD

Build your benefits and enroll online through Workday, click on your Inbox for a link to change your benefits.

STEP 4 REVIEW

Review your benefit selections and print your confirmation statement.

STEP 5 PROVIDE

Provide SSN/National ID and documentation for each eligible dependent you add to your coverage.

Deadlines to Enroll

- **New Hire:** You must enroll within **30 calendar days** from your hire date. If you miss the deadline, you will be auto-enrolled as described on page 5.
- **Open Enrollment:** This is your annual opportunity to revise your benefit coverage, which occurs in the fall.
- **Life Events:** You must enroll within **30 calendar days** of the date of your event.

Watch for ID Cards Following Open Enrollment

- **Medical:** Aetna and Centivo plan members will receive a new medical ID card from their respective carriers. Kaiser will issue ID cards only to new enrollees or those who have a change in name or date of birth. You will also have access to a new digital ID card through your medical plan that complies with the disclosure requirements of the Consolidated Appropriations Act, 2021 (H.R. 133).
- **Dental:** PPO and HMO plan members will receive an ID card from Delta Dental.

Please note: Under the HMO plan, if you do not receive care from your assigned DeltaCare general dentist, you will be responsible for 100% of the treatment costs. To either choose or change your DeltaCare general dentist:

— Create an online account at https://www1.deltadentalins.com/activisionblizzard

— Use the **Find a dentist** tool to find a dentist and submit your selection.

OR

— Call DeltaCare's Customer Service **800-422-4234**.

Selections made by the 15th of the month are effective immediately. Selections made on or after the 16th of the month will be effective on the first day of the following month.

If you enroll outside of open enrollment, you can expect your ID cards approximately two weeks after you've made your elections.

Enrollment Steps
Choose Carefully
Who is Eligible

CHOOSE CAREFULLY

Your Choices Last for the Plan Year

If electing at Open Enrollment, benefits will be effective January 1. Elections must be made during our Open Enrollment period each fall.

If electing as a newly hired employee, *most* benefits will be effective as of your hire date, with the exception of spending accounts, which are effective the first day of the month following your hire date. You will have 30 calendar days from your date of hire to complete your enrollment. Please note that Evidence of Insurability rules for life insurance are more advantageous upon hire. You may also want to considering electing disability buy-up plans during your new hire enrollment so that coverage is in place as soon as possible.

You can only change certain benefits throughout the year. In order to change multiple benefits at a given time, such as medical, dental, and vision, you must experience a qualified life event. Examples include marriage, divorce, birth, adoption, legal guardianship, gain or loss of coverage.

If you are eligible to make mid-year changes, you must enroll within 30 calendar days of the event (60 days for a gain or loss of Medicaid/CHIP). Otherwise, you will have to wait until the next enrollment period to make changes to your benefit elections.

For questions on changing benefits, visit **SupportDesk**.

Get Help

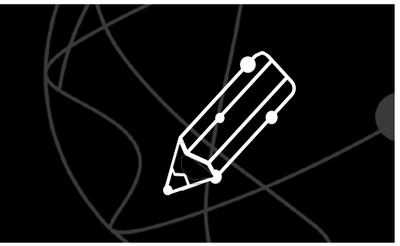
You can get **1:1 support** from our Benefits Communication Specialists. They can help you enroll and answer any questions you may have.

If you're connected to the ABK VPN, you can check for frequently asked questions on **SupportDesk** or submit a ticket to our team

NEED TO MAKE A MID-YEAR BENEFIT CHANGE?

Remember, you must enroll within 30 calendar days of a "qualified life event," such as marriage, divorce, birth of a child, or a gain or loss of coverage.

If you don't enroll within 30 calendar days, you'll have to wait until the next open enrollment to change your benefit elections.



Enrollment Steps
Choose Carefully
Who is Eligible

WHO IS ELIGIBLE

You're eligible for benefits if you're:

- A full-time or part-time, regular U.S. employee of Activision Blizzard, Activision Publishing, Blizzard Entertainment, or King, *and*
- Regularly scheduled to work at least 30 hours a week.

You can also cover your eligible dependents:

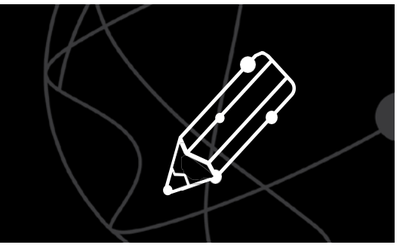
- Your legal Spouse/Domestic Partner
- Your Children
- Children up to age 26. That means you may enroll your adult child even if they:
  - — Are stepchildren
  - — Are Children named in a Qualified Medical Child Support Order (QMCSO)
  - — No longer live with you
  - — Are not a dependent on your tax return
  - — Are no longer a student
  - — Are married (although, your child's spouse and children are not eligible for coverage)

Keep in mind, deductions for your domestic partner (or your domestic partner's children) for medical, dental and vision coverage will be taken on an after-tax basis, as the federal government does not recognize domestic partners as a spouse.

New Hires Must Enroll Within 30 Calendar Days

You must enroll for benefits within 30 calendar days of your hire date. Otherwise, you'll receive the following benefits *(and will not be able to make changes until the next open enrollment unless you experience a qualified life event)*:

IF YOU DO NOT ELECT…	YOU WILL…
Medical	… be auto-enrolled in the CDHP Plan for yourself only
Dental and Vision	… have no dental or vision coverage
Life Insurance and AD&D	… be enrolled for two times your annual salary
Short-Term Disability	… be enrolled for 60% of your weekly salary
Long-Term Disability	… be enrolled for 50% of your monthly salary



Dependent Verification

If you're enrolling dependents in medical, dental and/or vision coverage, you must add your dependents' SSN/National IDs in Workday and upload appropriate verification documentation within 30 calendar days. Below is a list of acceptable documents.

Dependent verification will also be required during the year if you make mid-year changes due to a qualified life event, such as adding a newborn baby, adopting a child, or acquiring a new dependent through marriage or by entering into a domestic partnership.

DEFINITION OF DEPENDENT	DOCUMENTATION REQUIRED
Spouse or Partner • Your current legally married spouse (including Common Law) • Your current domestic partner	• Government-issued marriage certificate; **OR** • Government-issued domestic partner certificate; **OR** • Affidavit of Domestic Partnership; **OR** • Affidavit of Common Law Marriage
Child under the age of 26 • Natural child • Adopted child • Stepchild • Foster child • Legal ward child Child age 26 or older • Natural, adopted, step, legal ward, or foster child • Unmarried • Certified as disabled	Submit document(s) as applicable to your dependent's type. More than one document may be required. Natural or Adopted Child • Government issued birth certificate listing parent names; **OR** • Adoption certificate or adoption placement agreement Stepchild • Government issued birth certificate listing spouse or partner name as parent; **AND** • Documents to verify spouse or partner Legal Ward • Court ordered document granting guardianship Foster Child • Foster care letter of placement *Note: If child's date of birth is not included in adoption or guardianship documents, please provide government issued birth certificate.*

Health & Wellbeing

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BENEFITS TO HELP YOU STAY HEALTHY AND PREPARED

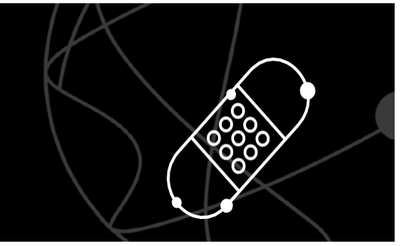
Your benefit options include medical, dental and vision coverage for you and your eligible dependents to help you stay healthy, avoid serious conditions and deal with unexpected illness or accidents.

Medical Plans

You have a choice of medical plans so you can choose the coverage that works best for you and your family. The plan comparison charts show you how all the plans compare and the cost saving features each offer. If you prefer, you can waive coverage. *Your options include:*

- CDHP Plan
- PPO 500 Plan
- In-Network Plan *(not open to new enrollments)*
- Kaiser HMO *(Northern CA and Southern CA)*
- Centivo EPO Coordinated Care Plan *(Southern CA, NY, NJ, CT, PA)*

Each medical plan option provides coverage for a full range of medical services, including office visits, preventive care, inpatient care, prescription drugs and mental healthcare. **Choose carefully**.



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Consumer Directed Health Plan (CDHP) Option

If you enroll in the CDHP Plan administered by Aetna, you have the option of electing a Health Savings Account (HSA) and receiving the employer contribution. You are eligible for an HSA if:

- You're enrolled in the CDHP,
- You have no other health coverage (including a spouse's FSA or HRA),
- You are not enrolled in Medicare,
- You can't be claimed as a dependent on someone else's tax return.

The per pay period cost of this plan has not changed in over thirteen years! Contributions are less than the PPO 500 Plan, Kaiser HMO, Centivo EPO Coordinated Care Plan, and In-Network Plan, but the plan has a higher annual deductible and it operates very differently. The CDHP Plan offers the same network of providers as the PPO 500 plan and encourages greater control over your healthcare spending. If you receive medical care (other than preventive visits) and have prescriptions, you should be aware that you will pay for the full cost until you reach the deductible. Once the deductible has been met, the plan will begin to pay, but you will continue paying the appropriate coinsurance. Make sure that you understand how the plan operates and what the financial implications are before enrolling.

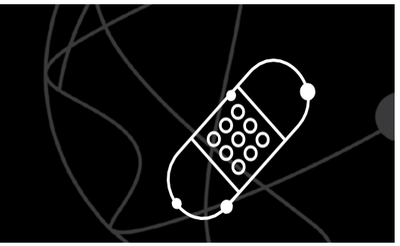
THE CDHP PLAN WORKS IN TWO WAYS:

1. **Cost protection:** Offered at no cost to you for employee-only coverage and at much lower rates for family coverage.
2. **Tax protection:** Save and pay for current and future healthcare expenses in a tax-advantaged way with the HSA.

CDHP

- **High Deductible Health Plan**
  - **Cost protection**
    - Affordable (no-cost single/low-cost family)
    - Your choice of in-network (with the Aetna network) or out-of-network providers
    - Protection from catastrophic medical expenses
    - 100% coverage for in-network preventive care with no deductible
    - Certain generic medications are covered before meeting the deductible
- **Health Savings Account (HSA)**
  - **Tax protection***
    - In addition to your own pre-tax contributions, the company will contribute the following pre-tax amounts: up to $1,250 employee only coverage and $2,250 employee + dependent(s). This includes the $250 annual employer HSA contribution, plus the money you can earn by participating in Benefits@Play. These employer-paid contributions can help offset the higher deductible.
    - Tax-free reimbursements
    - Tax-free earnings if you invest
    - Take it with you if you leave the company
    - Long-term savings vehicle. Can be used towards Medicare premiums.
    - IRS limits apply

*Please note the pre-tax benefits mentioned in this section may apply to federal taxes only. In California and New Jersey, HSA *contributions* and *earnings* are taxed. In New Hampshire and Tennessee, HSA *earnings* are taxed.



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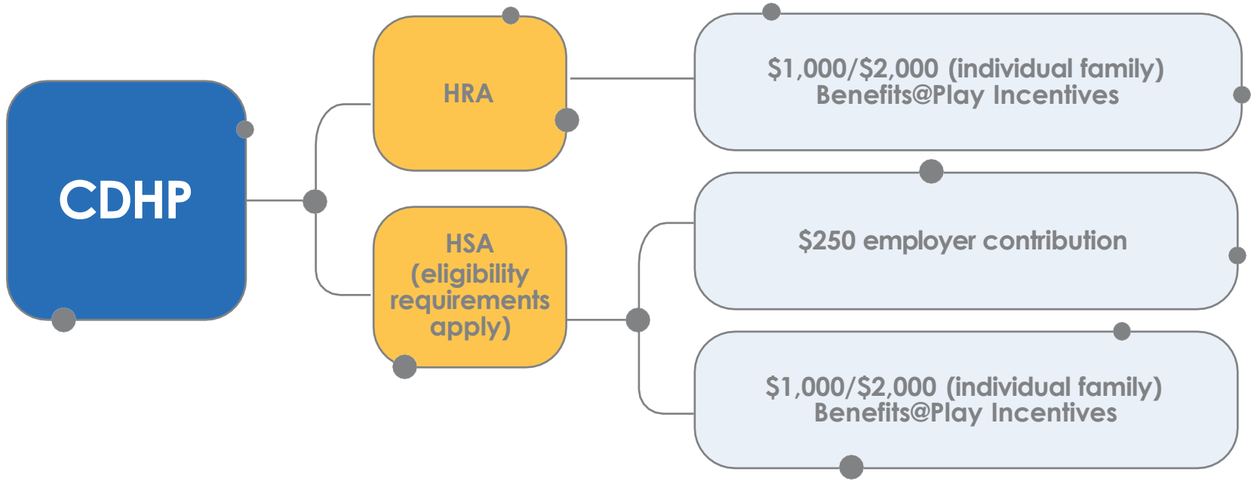
Here's a brief summary of how the CDHP Plan works



DEDUCTIBLE

To qualify as a high deductible plan, the CDHP in-network deductible is set at the IRS minimum of $1,750 for individual coverage or $3,500 for family coverage. If you are covering dependents on the plan, you should be aware that the CDHP has an **aggregate** deductible. This means that every family member will pay for the full cost of eligible healthcare expenses until the $3,500 in-network deductible is met. Once the family has met the full deductible, everyone covered under the plan will only pay the applicable coinsurance moving forward. Be sure to earn the full $2,000 via the Benefits@Play incentive program to help offset the deductible.

COINSURANCE

Once you satisfy the annual deductible, the plan begins paying a percentage of your costs for eligible healthcare and prescription drug benefits. Keep in mind that your costs will be lower if you use in-network providers.

PREVENTIVE CARE

Preventive care (including ACA preventive prescription drugs) is covered at 100% with no deductible, as long as you use in-network providers. You can get your annual check-up, health screenings, and ACA preventive prescription drugs at no cost to you.

NON-PREVENTIVE CARE

For other types of healthcare services, including doctor visits for illness and non-preventive prescription drugs, you can go to the provider of your choice and pay for your care using your HSA or HRA. You may also choose to pay for your care out of your own pocket if you want to save your HSA funds for future use or keep them invested. To maximize your benefit, we encourage you to use Aetna in-network providers. A list of Aetna network providers can be found **here**.

HSA DOLLARS ROLL OVER

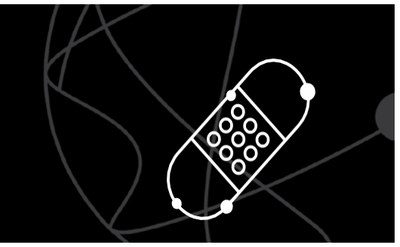
If you don't use all of your HSA dollars, they roll over to the next year, and if you leave the company, your HSA is yours to take with you.

Is the CDHP Plan right for you?

Whether this plan is right for you depends on many factors, including:

- Your comfort with a high deductible and out-of-pocket limit. Remember, the company can help fund more than half of the deductible by contributing up to $1,250 for employee- only coverage or $2,250 for employee + dependent(s) if you participate in Benefits@Play.
- If you have the resources to contribute to the HSA and gain the tax advantages (consider depositing the savings in premiums you would pay for another more expensive plan).
- The amount of non-preventive services you expect to use, like ER visits, physician and hospital services you might receive if you are ill.

It is important to understand that all eligible non-preventive services and prescriptions you receive are applied toward your deductible until it is met and then the plan generally pays 80% of in-network charges. You can use your HSA or HRA account to pay for these eligible out-of-pocket healthcare expenses.



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PPO 500 Plan Option

Like the CDHP Plan, the PPO 500 Plan is administered by Aetna and offers you a choice every time you need care. You can receive care from an in-network provider or an out-of-network provider without a referral. The plan includes a national network of doctors, hospitals and other healthcare providers that provide services at contracted rates.

When you receive care from an in-network provider:

- You have a lower annual deductible
- You have a lower out-of-pocket maximum
- Your copay/coinsurance is less

Network-Only Plan Options

Depending on your location, choose from:

- Kaiser HMO (Northern CA and Southern CA)
- In-Network Plan (not open to new enrollments)

The In-Network plan is frozen to new elections, unless you are currently enrolled in the plan. If you decide to leave that plan, you will not be eligible to re-enroll in the future. Network-only plans generally cover only those services provided by in-network providers, except for certain emergency situations. In the HMO, you choose a primary care physician (PCP) who coordinates your care and makes referrals to in-network specialists. Each family member may select a different PCP. (The In-Network Plan is administered by Aetna and does not require coordination through a PCP.) Most services are covered in full after you pay a copay. If you move out of the service area, you will have an enrollment opportunity when you update your address in Workday.

Centivo EPO Coordinated Care Plan (Southern CA, NY, NJ, CT, & PA)

The Centivo EPO Coordinated Care Plan is designed to help you use the healthcare system more effectively and offers you affordable healthcare with no or extremely low out- of-pocket costs. This plan is built around a partnership between you and your primary care doctor that you choose to lead your Primary Care Team. Your Team will coordinate your care and refer you to the right places to make sure you get high quality care and keep you in network for the greatest coverage level. When you coordinate your care and get referrals from your Team, deductibles are eliminated, and your primary care, specialist visits and procedures and surgeries are covered with no out-of-pocket costs. If you or a family member needs emergency or urgent care, you only pay a small copay.

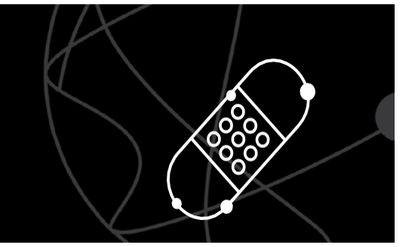
In Southern California, the provider network for the Centivo EPO Coordinated Care Plan is centered around UCLA Health, Memorial Care and Scripps Health providers. In New York, New Jersey, Connecticut, and Pennsylvania, the network includes Mount Sinai and Atlantic Health System, among others, but urgent care and emergency care is always covered at the in-network rate when traveling. If you move out of the service area, you will have an enrollment opportunity when you update your address in Workday.

Please Note: Before you get care, you'll need to activate by choosing your in-network primary care doctor in the Centivo app or member portal, and get referrals for specialty care. Otherwise, your care is considered uncoordinated, and you'll pay the higher uncoordinated/ out-of-network rate. You do not need referrals for some care including behavioral health, OB/GYN, urgent and emergency care.

WAIVING MEDICAL COVERAGE

You may waive medical coverage if you have healthcare coverage through another source (for example, your spouse's employer's health plan).

Note: If your circumstances change and you (or if applicable, your spouse/domestic partner and/or dependent child(ren) are no longer enrolled in an employer-sponsored group health plan, you will not be eligible to participate in, or have access to, your HRA. Please notify Benefits@activisionblizzard.com in the event that you, or your spouse/domestic partner and dependent children, are no longer enrolled in an employer-sponsored group health plan.



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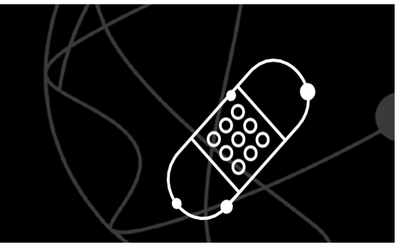
MEDICAL PLAN DETAILS

CDHP AND PPO 500 OPTIONS				
	AETNA CDHP		AETNA PPO 500	
Features	In-Network	Out-Of-Network	In-Network	Out-Of-Network
ABK HSA Contribution	$250		N/A	
Incentive Earnings	Up to $1,000/$2,000 (individual/family)		up to $500/$1,000 (individual/family)	
Annual Deductible Individual/Family	$1,750/$3,500	$4,000/$8,000	$500/$1,000	$1,000/$2,000
Coinsurance Employer/ Individual	80/20	50/50	90/10	70/30
Annual Out-of-Pocket Maximum Individual/Family	$4,500/$9,000	$6,350/$12,700	$3,000/$6,000	$4,000/$8,000
COVERED EXPENSES				
	What You Pay			
Primary Care Physician Office Visits	20% after deductible	50% after deductible	$20 copay	30% after deductible
Specialist Office Visits	20% after deductible	50% after deductible	$45 copay	30% after deductible



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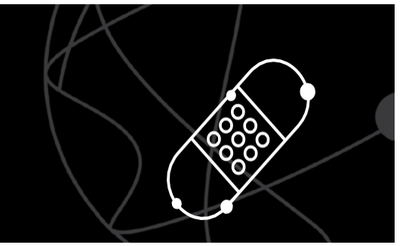
CDHP AND PPO 500 OPTIONS

	AETNA CDHP		AETNA PPO 500	
Features	**In-Network**	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Preventive Care • *Adult and children from age 17* • *Well-child care through age 16* • *Gender neutral services*	No charge	50% after deductible	$0 copay	30% after deductible
Lab and X-ray *pre-certification required for non-emergent advanced radiology services (MRI, PET, etc.)*	20% after deductible	50% after deductible	10% after deductible	30% after deductible
Maternity Care Office visits Delivery/facility services	No charge, deductible does not apply for preventive services 20% after deductible	50% after deductible	No charge, deductible does not apply for preventive services 10% after deductible	30% after deductible
Inpatient Care	20% after deductible	50% after deductible	10% after deductible	30% after deductible
Outpatient Care	20% after deductible	50% after deductible	10% after deductible	30% after deductible
Ambulance	No charge after deductible	No charge after deductible	$0 copay	$0 copay
Urgent Care	20% after deductible	20% after deductible	$50 copay; no deductible	$50 copay: no deductible



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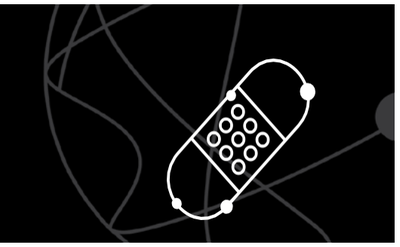
Features	In-Network	Out-Of-Network	In-Network	Out-Of-Network
TELEMEDICINE IN-NETWORK PROVIDER				
PCP/Specialist Virtual Office Visit	Covered same as In-person visit	N/A	Covered same as In-person visit	N/A
Network Behavioral Health Virtual Visit	Covered same as In-person visit	N/A	Covered same as In-person visit	N/A
TELEMEDICINE - DOCTOR ON DEMAND				
Acute Video Visit	Coinsurance	Not available	$0 copay	Not available
Mental Health Video Visit	Coinsurance	Not available	$20 copay	Not available



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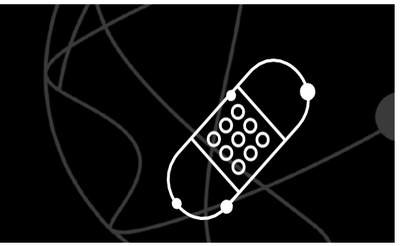
	AETNA CDHP		AETNA PPO 500	
Features	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Emergency Room Visits	20% after deductible	20% after deductible	$200 copay; no deductible (waived if admitted)	$200 copay; no deductible (waived if admitted)
Durable Medical Equipment	No charge after deductible	50% after deductible	$0 copay	30% after deductible
Short-Term Rehabilitative Therapy and Chiropractic Care *includes 90 total visits, combined between physical, occupational, and speech therapy, 60 visits of chiropractor care per year, and unlimited access to Sword Health*	20% after deductible	50% after deductible	$20 copay for primary care physician; $45 copay for specialist	30% after deductible
Treatment of Autism *Includes office visits; speech, occupational and physical therapy; psychotherapy; and ABA therapy to manage behavioral issues related to autism. Includes unlimited therapy sessions and unlimited access to RethinkCare with 3 hours of tele-consultation.*	20% after deductible	50% after deductible	$20 copay could apply for certain services or $45 copay for specialist	30% after deductible
Treatment of Gender Affirming Care	Charge based on site of service	Charge based on site of service	Charge based on site of service	Charge based on site of service
Fertility Treatment provided by Kindbody	Coverage is through Kindbody, a concierge fertility benefit. It provides members with a two + one KindCycle per lifetime and a full suite of fertility treatment options. Additional KindCycle applies if 1st/2nd fail.	Not covered	Coverage is through Kindbody, a concierge fertility benefit. It provides members with a two + one KindCycle per lifetime and a full suite of fertility treatment options. Additional KindCycle applies if 1st/2nd fail.	Not covered
Inpatient Mental Health/ Substance Abuse	20% after deductible	50% after deductible	10% after deductible	30% after deductible
Outpatient Mental Health/ Substance Abuse	20% after deductible	50% after deductible	$20 copay	30% after deductible



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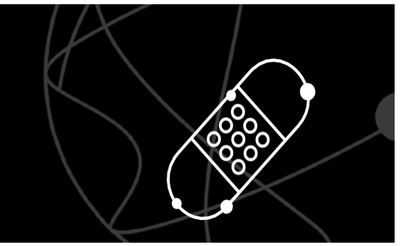
MEDICAL — NETWORK-ONLY OPTIONS

	KAISER HMO *(Northern CA and Southern CA)*	AETNA IN-NETWORK*
Features	In-Network	In-Network
Incentive Earnings	up to $500 /$1,000 (individual/family)	
Annual Deductible Individual/Family	None	None
Annual Out-of-Pocket Maximum Individual/Family	$1,500/$3,000	$1,500/$3,000
COVERED EXPENSES		
	What You Pay	
Primary Care Physician Office Visits	$20 copay	$20 copay
Specialist Office Visits	$35 copay	$35 copay
Preventive Care • *Adult and children from age 17* • *Well-child care through age 16* • *Gender neutral services*	$0 copay	$0 copay
Lab and X-ray *In-Network plan only. Pre-certification required for non-emergent advanced radiology (MRI, PET, etc.)*	$0 copay	$0 copay
Maternity Care	$0 copay for office visits $250 copay for delivery	No charge for preventive services $300 copay for delivery
Inpatient Care	$250 copay	$300 copay
Outpatient Care	$100 copay	$100 copay
Ambulance	$0 copay	$0 copay

**Not open to new enrollments. The In-Network plan is frozen to new elections, unless you are currently enrolled in the plan. If you decide to leave that plan, you will not be eligible to re-enroll in the future.*



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MEDICAL — NETWORK-ONLY OPTIONS

	KAISER HMO *(Northern CA and Southern CA)*	AETNA IN-NETWORK*
Features	In-Network	In-Network
TELEMEDICINE IN-NETWORK PROVIDER		
PCP/Specialist Office Virtual Visit	$0 copay	$20 / $35 copay
Network Behavioral Health Virtual Visit	Not available	$20 copay
TELEMEDICINE – DOCTOR ON DEMAND		
Acute Video Visit	Not available	$0 copay
Mental Health Video Visit	Not available	$20 copay

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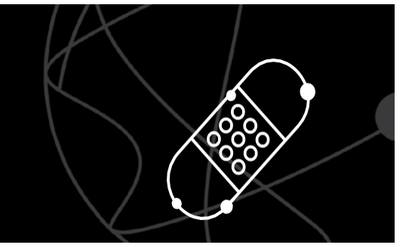

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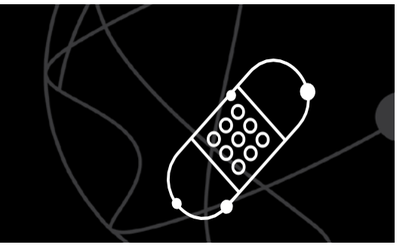
MEDICAL — NETWORK-ONLY OPTIONS

	KAISER HMO *(Northern CA and Southern CA)*	AETNA IN-NETWORK*
Features	In-Network	In-Network
Emergency Room Visits	$100 copay (waived if admitted)	$200 copay (waived if admitted)
Urgent Care	$20 copay	$50 copay
Durable Medical Equipment	$0 copay	$0 copay
Short-Term Chiropractic Care *Includes physical, speech, occupational, chiropractic, pulmonary rehabilitation, and cognitive therapy*	$20 copay per office visit for physical occupational and speech therapy $10 chiropractic copay *(30 visits/year)*	$20 copay for primary care physician $35 copay for specialist; unlimited visits
Short-Term Rehabilitative Therapy *Includes physical, speech, occupational, chiropractic, pulmonary rehabilitation, and cognitive therapy* *Aetna members also have unlimited access to Sword Health*	$20 copay per office visit for physical occupational and speech therapy $10 copay for a group session	$20 copay for primary care physician $35 copay for specialist; unlimited visits
Treatment of Autism *Includes office visits; speech, occupational and physical therapy; psychotherapy; and ABA therapy to manage behavioral issues related to autism. Includes unlimited therapy sessions and unlimited access to RethinkCare with 3 hours of tele-consultation.*	Covered the same as other illness/Rx (subject to applicable specialist copay)	Covered the same as other illness/Rx (subject to applicable specialist copay) Unlimited maximum per calendar year
Treatment of Gender Affirming Care	Charge based on site of service	Charge based on site of service
Fertility Treatment *provided by Kindbody for Aetna members*	Coverage includes services for the diagnosis and treatment of involuntary infertility; 50% coinsurance	Coverage is through Kindbody, a concierge fertility benefit. It provides members with a two + one KindCycle per lifetime and a full suite of fertility treatment options. Additional KindCycle applies if 1st/2nd fail.
Inpatient Mental Health/Substance Abuse	$250 copay	$300 copay
Outpatient Mental Health/Substance Abuse	$20 copay (individual visit)	$20 copay

**Not open to new enrollments. The In-Network plan is frozen to new elections, unless you are currently enrolled in the plan. If you decide to leave that plan, you will not be eligible to re-enroll in the future.*



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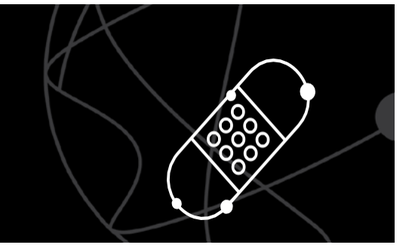
CENTIVO EPO COORDINATED CARE PLAN

Features	In-Network Coordinated Care through PCP	Out-of-Network Non-PCP Directed Care
ABK HSA Contribution	N/A	N/A
Incentive Earnings	up to $500/$1,000 (individual/family)	
Annual Deductible Individual/Family	None	$3,000/$6,000
Coinsurance **Employer/Individual**	None	50% after deductible
Annual Out-of-Pocket Maximum Individual/Family	$1,500/$3,000	$6,000/$12,000
COVERED EXPENSES		
	What You Pay	
Primary Care Physician Office Visits	$0 copay	50% after deductible
Specialist Office Visits	$0 copay	50% after deductible
Preventive Care • *Adult and children from age 17* • *Well-child care through age 16* • *Gender neutral services*	$0 copay	50% after deductible
Lab and X-ray *Pre-certification required for non-emergent advanced radiology services (MRI, PET, etc.)*	$0 copay	50% after deductible
Maternity Care	$0 copay	50% after deductible



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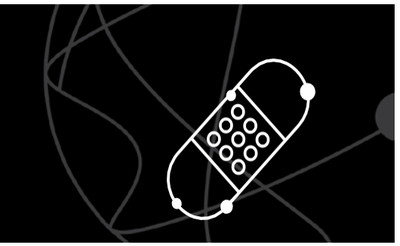
CENTIVO EPO COORDINATED CARE PLAN

Features	In-Network Coordinated Care through PCP	Out-of-Network Non-PCP Directed Care
COVERED EXPENSES		
	What You Pay	
Inpatient Care	$0 copay	50% after deductible
Outpatient Care	$0 copay	50% after deductible
Ambulance	$0 copay	$0 copay
Urgent Care	$0 copay	$50 copay
PCP/Specialtist Virtual Office Visit	$0 copay	Not covered
Network Behavioral Health Virtual Visit	$0 copay	50% after deductible
Emergency Room Visits	$200 copay (waived if admitted)	$200 copay (waived if admitted)
Durable Medical Equipment	$0 copay	50% after deductible



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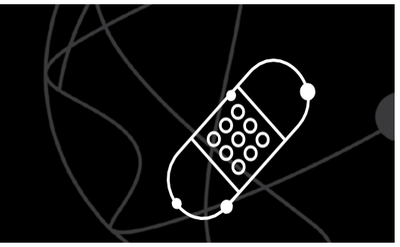
CENTIVO EPO COORDINATED CARE PLAN

Features	In-Network Coordinated Care through PCP	Out-of-Network Non-PCP Directed Care
COVERED EXPENSES		
	What You Pay	
Short-Term Rehabilitative Therapy and Chiropractic Care *Includes 90 total visits, combined between physical, occupational, and speech therapy, 60 visits of chiropractor care per year, and unlimited access to Sword Health*	$0 copay	50% after deductible
Treatment of Autism *Includes office visits; speech, occupational and physical therapy; psychotherapy; and ABA therapy to manage behavioral issues related to autism. Includes unlimited therapy sessions and unlimited access to RethinkCare with 3 hours of tele-consultation*	$0 copay	50% after deductible
Treatment of Gender Affirming Care	100% covered	50% after deductible
Fertility Treatment *provided by Kindbody*	Coverage is through Kindbody, a concierge fertility benefit. It provides members with a two + one KindCycle per lifetime and a full suite of fertility treatment options. Additional KindCycle applies if 1st/2nd fail.	Not covered
Inpatient Mental Health/ Sustance Abuse	$0 copay	50% after deductible
Outpatient Mental Health/ Sustance Abuse	$0 copay	50% after deductible



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Pharmacy

Under each medical plan, ACA preventive drugs are covered at 100%. You'll also pay less when you buy regular generic drugs or use mail-order for ongoing medications. But, prescription benefits work much differently under the Aetna CDHP Plan than the traditional medical plans (i.e., Aetna PPO 500, Centivo EPO Coordinated Care Plan, and In-Network and HMO plans).

CVS provides prescription benefits for those enrolled in the Aetna and Centivo EPO medical plans. Aetna medical plan enrollees will see both Aetna pharmacy branding along with mentions of CVS throughout materials. Aetna is a CVS Health company.

CVS has a **Dispense as Written (DAW)** rule, meaning a penalty will be imposed when a brand name drug is chosen over an equivalent generic drug.

90-day prescriptions are also required under CVS for ongoing medications, such as those that treat high cholesterol, diabetes, and high blood pressure. Contact CVS to check if your medication requires a 90-day supply.

We've partnered with **Rx Savings Solutions** to help you manage the rising cost of prescription drugs. This free and confidential service connects with CVS to show you all the lower-cost options you have for your medications. RxSS doesn't replace your CVS prescription plan; it's an additional program designed to help you and your family save money.

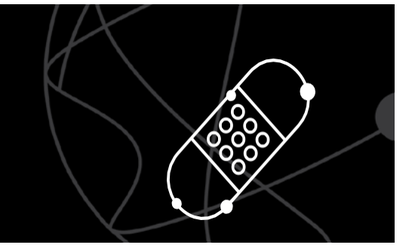
Activate your account today to get started:
activisionblizzard.rxsavingssolution.com/register

Aetna CDHP Plan

ACA preventive medications are always covered at 100%. There are also certain preventive generic medications that are covered before meeting the deductible. For all other medications, you pay the full cost of prescriptions until you meet the annual deductible. Your initial visits to the pharmacy may be more expensive at first, but that's why the company contributes money to your deductible but and you can earn even more dollars by participating in Benefits@Play, which is added to your HSA or HRA. You can use your debit card at the pharmacy to help cover those higher costs.
After you meet the deductible, you pay copays for generic drugs and coinsurance for brand names.

Aetna PPO 500 & In-Network plans, Centivo EPO, & Kaiser HMO

Under these traditional medical plans, you pay copays for generic and brand-name drugs, even if you haven't met the deductible. Generally, copays are lower for generics and higher for preferred and non-preferred brand names. Copays do not apply to your deductible, but will apply towards your out-of-pocket maximum.



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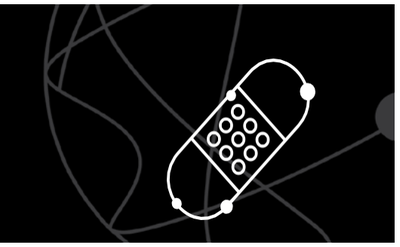
MEDICAL — CDHP AND PPO 500 OPTIONS

	AETNA CDHP		AETNA PPO 500	
Features	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
PRESCRIPTION DRUGS				
Retail Pharmacy 30-day supply *(You are not required to use a CVS pharmacy)*	ACA Preventive: 100% covered Generic*: $4 copay after deductible Preferred Brand: 20% ($20 min/$45 max) after deductible Non-Preferred Brand: 35% ($40 min/$100 max) after deductible Copay increases by $10 for select maintenance drugs after the second refill	50% coinsurance after deductible	ACA Preventive: 100% covered Generic: $10 copay Preferred Brand: $30 copay Non-Preferred Brand: $60 copay Copay increases by $10 for select maintenance drugs after the second refill	40% after deductible
Home Delivery 90-day supply *(Also available at CVS retail at home delivery pricing)*	ACA Preventive: 100% covered Generic*: $10 copay after deductible Preferred Brand: 20% ($50 min/$125 max) after deductible Non-Preferred Brand: 35% ($70 min/$175 max) after deductible	Not covered	ACA Preventive: 100% covered Generic: $20 copay Preferred Brand: $60 copay Non-Preferred Brand: $120 copay	Not covered
Specialty Pharmacy	All Specialty medications need to be filled by CVS Specialty. Certain specialty medications are eligible for a $0 out-of-pocket cost via PrudentRx. Questions can be directed to **800-237-2767**	Not covered	All Specialty medications need to be filled by CVS Specialty. Certain specialty medications are eligible for a $0 out-of-pocket cost via PrudentRx. Questions can be directed to **800-237-2767**	Not covered

**Certain preventive generic medications are covered prior to meeting the deductible.*



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MEDICAL — NETWORK-ONLY OPTIONS

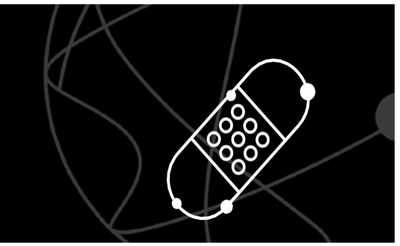
	KAISER HMO *(Northern CA and Southern CA)*	AETNA IN-NETWORK*
Features	**In-Network**	**In-Network**
PRESCRIPTION DRUGS		
Retail Pharmacy Up to 30-day supply *(You are not required to use a CVS pharmacy for the In-Network Plan)*	Generic: $10 copay Brand: $30 copay Non-Preferred Brand: covered with exceptions	ACA Preventive: 100% covered Generic: $10 copay Preferred Brand: $30 copay Non-Preferred Brand: $60 copay; copay increases by $10 for select maintenance drugs after the second refill
Home Delivery Up to a 90-day supply** *(Available at CVS retail at home delivery pricing for the In-Network Plan)*	Generic: $20 copay Brand: $60 copay	Preventive generics: 100% covered Generic: $20 copay Preferred Brand: $60 copay Non-Preferred Brand: $120 copay
Specialty Pharmacy	$30 copay	All Specialty medications need to be filled by CVS Specialty. Certain specialty medications are eligible for a $0 out-of-pocket cost via PrudentRx. Questions can be directed to **800-237-2767**

**Not open to new enrollments. The In-Network plan is frozen to new elections, unless you are currently enrolled in the plan. If you decide to leave that plan, you will not be eligible to re-enroll in the future.*

***100-day supply applies to Kaiser HMO in CA*

MEDICAL — CENTIVO EPO COORDINATED CARE PLAN

	COORDINATED CARE PLAN	
Features	**In-Network**	**Out-of-Network**
Retail Pharmacy • Up to 30-day supply *(You are not required to use a CVS pharmacy)*	ACA Preventive & Generic: $0 copay Preferred Brand: $30 copay Non-Preferred Brand: $60 copay Copay increases by $10 for select maintenance drugs after the second refill	Not covered
Home Delivery • Up to 90-day supply *(Available at CVS retail at home delivery pricing)*	ACA Preventive & Generic: $0 copay Preferred Brand: $60 copay Non-Preferred Brand: $120 copay	Not covered
Specialty Pharmacy	All Specialty medications need to be filled by CVS Specialty. Certain specialty medications are eligible for a $0 out-of- pocket cost via PrudentRx. Questions can be directed to **800-237-2767**	Not covered



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Dental Plans

To keep those pearly whites healthy, ABK offers the flexibility to choose a dental plan that fits your and your family's needs. You can choose from two Delta Dental plans or waive coverage.

- **Delta Dental PPO.** This plan pays benefits for covered services provided by any in- or out-of-network dentist. However, you can save money by using a dentist who participates in the Delta Dental PPO network. That's because in-network dentists have agreed to provide services at lower, contracted rates. For out-of-network services, you'll pay a percentage of the covered expenses, plus any amounts above reasonable and customary (R&C) charges. To verify coverage, just give your dental provider your plan's group number: **24202**

- **DeltaCare USA DHMO.** This plan generally covers only those services provided by an in-network dentist. This cost-effective plan pays 100% of most services after you pay a copay. For each family member, you must use an in-network Primary Care Dentist who will coordinate any treatments by in-network specialists. You must select a primary dentist to manage your dental care. To look for providers in-network, please use the Find Dental Providers button to the right, then in the Find a Dentist section, select the DeltaCare USA network to search. To verify coverage, just give your dental provider your plan's group number: **70878**

SOMETHING TO SMILE ABOUT

Both dental plans offer orthodontic, preventive care exams, basic services and major services. The difference is in who you can see and how much you pay.

The DHMO requires a referral to see another dentist and has no plan max as long as you continue to pay copays.

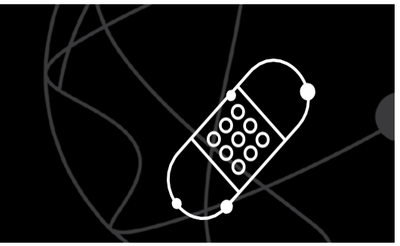
If you need more info, visit **https://www1.deltadentalins.com/activisionblizzard** or call:

- HMO: 800-422-4234, or
- PPO: 888-335-8227.

DENTAL OPTIONS

	DELTA DENTAL PPO		DELTACARE USA DHMO*
Features	**In-Network**	**Out-Of-Network**	**In-Network**
Annual Deductible *Individual / Family*	$50/$150		None
Annual Dental Maximum	$2,000		N/A
Lifetime Orthodontic Maximum	$2,000		N/A
COVERED SERVICES	What You Pay		
Preventive Services	$0 copay	$0 except amounts above contract allowance*	Copays vary
Basic Services *Fillings, root canal*	20% after deductible**	20% after deductible, plus amounts above contract allowance*	Copays vary
Major Services *Crowns, bridges, dentures and implants*	50% after deductible	50% after deductible, plus amounts above contract allowance*	Copays vary
Orthodontics *Children and adults*	50% after deductible	50% after deductible, plus amounts above contract allowance*	Copays vary

**The DHMO is located in the following States: AR, CA, CO, FL, IL, MA, ME, MI, MN, NJ, NY, OH, OR, PA, TX, VA, VT, WA, WI*
***You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.*



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Vision Plan

Are you squinting? Well, don't worry. Good vision is on the horizon with ABK vision coverage. You always have a choice of eye care providers. When you receive care from an:

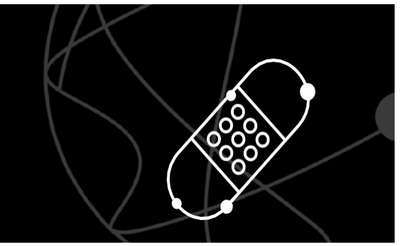
- **In-network provider** *(VSP Signature Network)*, your costs will be lower. You don't have to fill out any forms or file any claims.
- **Out-of-network provider** *(Non-VSP provider)*, you will typically pay more out of pocket. You pay the provider in full and submit a claim to VSP for reimbursement. The plan has a set reimbursement amount for each service.

Just give your SSN/National ID to the VSP provider and they will be able to verify your coverage. Questions? Go to **https://www.vsp.com** or call **800-877-7195.**

VISION		
	VSP	
Features	**In-Network**	**Out-Of-Network**
Copay	$15	N/A
COVERED SERVICES	What You Pay	
Exam Once every calendar year	$0 after copay	You receive up to $50 allowance
Frames Once every other calendar year	After copay, you receive up to $200 allowance plus 20% off any out-of pocket costs	You receive up to $70 allowance

You should always call a doctor to confirm participation in the VSP network. To find a VSP provider:

- Go to the VSP website at **www.vsp.com.**
- Find the "Members & Consumers" section.
- Follow the directions to register as a site user, or fill in your User ID and password.
- Select the "Find a VSP Doctor" tab.



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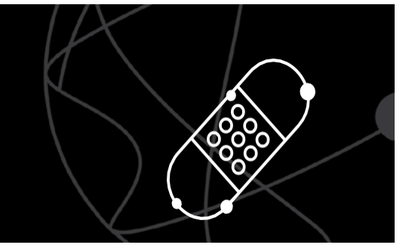
VISION

	VSP	
Features	**In-Network**	**Out-Of-Network**
Lenses Once every calendar year • Single vision • Lined bifocal • Lined trifocal • Standard progressive	$0 after copay	**You receive an allowance of:** • Up to $50 • Up to $75 • Up to $100
Lens Options • Premium progressive lenses • Custom progressive lenses • Anti-glare coating	**Copay:** • $80 - $90 • $120 - $160 • $30	**You receive an allowance of:** • Up to $75
Contact Lenses Once every calendar year instead of frames and lenses	Up to $60 copay for contact lens exam (fitting and evaluation) and $130 allowance for cost of contact lenses	You receive up to $105 allowance
Laser Vision Correction	LASIK vision correction, up to $1,000 per eye; once per lifetime Average of 15% off the regular price or 5% off the promotional price from contracted facilities	
KidsCare Covered dependent children	Two (2) exams every year; Frames every year	

Note: If you purchase vision services/products through the plan at Costco or any other VSP Affiliate Provider, no claim form is needed.



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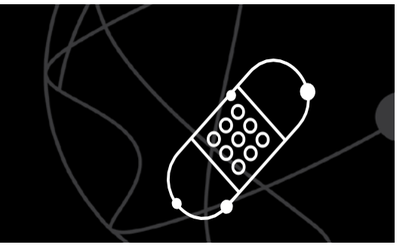
2027 EMPLOYEE CONTRIBUTIONS

HEALTH PLANS	Employee Only	Employee + Spouse/ Domestic Partner*	Employee + Child/Children	Employee + Family
	Your pre-tax bi-weekly cost (not including surcharge)			
MEDICAL PLANS				
CDHP	$0	$80	$68	$108
PPO 500	$112	$268	$228	$391
In-Network**	$85	$228	$195	$313
Centivo EPO Coordinated Care Plan *(So. CA, NY, NJ, CT, PA)*	$44	$119	$102	$164
Kaiser HMO *(Northern CA and Southern CA)*	$98	$247	$212	$340
MEDICAL PLAN SURCHARGES				
Working Spouse/DP Surcharge *(if applicable)*	N/A	$46.15	N/A	$46.15
DENTAL PLANS				
Dental HMO	$5	$9	$8	$12
Dental PPO	$8	$16	$17	$24
VISION PLAN				
VSP	$2	$4	$4	$8

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

**Not open to new enrollments. The In-Network plan is frozen to new elections, unless you are currently enrolled in the plan. If you decide to leave that plan, you will not be eligible to re-enroll in the future.*



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Medical Plan Surcharge

Working Spouse/Domestic Partner Surcharge

The Working Spouse/Domestic Partner Surcharge is an additional $100 per month added to your monthly medical premium if you meet all of the following conditions:

- Your spouse/domestic partner is employed full time (as defined by your spouse's/domestic partner's employer) or your spouse/domestic partner works on average 30 hours or more per week; and
- Your spouse's/domestic partner's employer provides your spouse/domestic partner with access to employer-sponsored medical insurance; and
- Your spouse/domestic partner does not enroll in medical insurance with his or her own employer and chooses instead to enroll in an ABK-sponsored medical plan.

If you meet all of the conditions above, the Working Spouse/Domestic Partner Surcharge applies to you and you will pay an additional $100 per month for your medical coverage. When electing a medical plan in Workday, you will need to select the plan that indicates "Working Spouse/DP Surcharge".

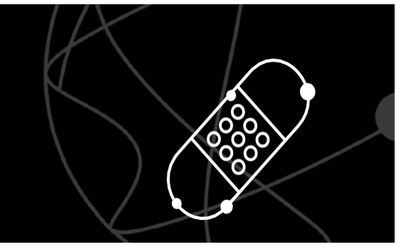
If you do not meet all the conditions above, you are not subject to the surcharge.

Changes in status:

- If your spouse/domestic partner gains or loses coverage elsewhere, that will impact whether the surcharge applies. Please submit the corresponding benefit change in Workday within 30 days of the change in status and make the appropriate medical plan election. Proof of the change will be required.

UPDATE YOUR WORKING SPOUSE/DP INSURANCE STATUS

If you choose to cover a spouse/domestic partner who has access to medical coverage through an employer, you need to select the Working Spouse/DP Surcharge medical plan in Workday.



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Benefits@Play

ABK wants to help you and your family be proactive and make wellbeing a priority. Employees have opportunities to earn points in Castlight by completing various activities which convert to incentives. If you are not enrolled in an eligible medical plan, your points can be used towards sweepstakes.

When you choose the CDHP plan, the incentives you and your spouse/domestic partner earn will be credited to your HSA and can be used for many qualified healthcare expenses, and can also be used to offset your deductible. If you're not enrolled in the CDHP, or you are not eligible for an HSA, incentives will be deposited to an HRA.

Incentive Activities:

- Activity Tracking
- Food Tracking
- Sleep Tracking
- Brain Health and Training
- Fertility, Pregnancy, and Parenting support
- Fitness Membership Visits
- Personalized Health Coach
- Mental Health Wellbeing
- Financial Coaching
- Healthy Habit tracking and Self-Directed Step Challenges

Annual Incentive Maximums:

Enrolled in PPO 500, Kaiser HMO, Centivo EPO Coordinated Care Plan, In-Network Plans

- $500 for employee only
- $1,000 for employee + dependent(s)

Enrolled in the CDHP Plan

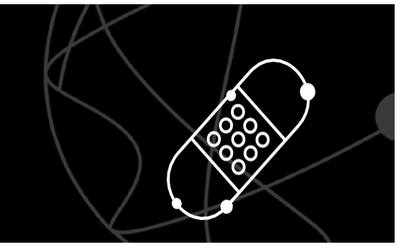
- $1,000 for employee only
- $2,000 for employee + dependent(s)

NOTICE OF AVAILABILITY OF ALTERNATIVES (FOR HEALTH-CONTINGENT WELLBEING PROGRAMS)

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellbeing program are available to all employees.

If you think you might be unable to meet a standard for a reward under this wellbeing program, you might qualify for an opportunity to earn the same reward by different means.

Contact us at benefits@activisionblizzard.com and we will work with you (and, if you wish, with your doctor) to find a wellbeing program with the same reward that is right for you in light of your health status.



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ADDITIONAL CARE SUPPORT

Additional medical programs available on Aetna and Centivo medical plans

Video Doctor Visits from Doctor On Demand

Doctor On Demand allows you to see a doctor from home via live video chat. Doctor On Demand's medical doctors can diagnose, treat, and write prescriptions to your local pharmacy for most non-emergency conditions. Meet with a board-certified doctor or licensed psychologist or psychiatrist through live video with the Doctor On Demand app.

To use the program, simply download the app and create an account with your insurance information.

To get started, go to www.DoctorOnDemand.com/ ab or call **800-997-6196**.

Medical Second Opinions & Personal Care Team Support

Included Health gives you and your immediate or extended family members (includes spouse/DP, children, legal dependents, parents, siblings, and in-laws) fast access to a care team to answer all health questions and a second opinion from a leading expert–all at no cost. Included Health allows you to connect with nationally recognized experts for a second opinion, either on the phone, over the web, or through the Included Health mobile application. If you're not sure where to start with your care, Included Health can help you find a high quality in-network doctor and even assist with scheduling doctor's appointments on your behalf. Get started on the right treatment path from day one so you can get better, faster.

To get started call **800-929-0926**, visit the Included Health website, or open the app.

Note: Included Health services are available and covered at no cost to you, however any follow-up treatment or doctors visits may have associated costs.

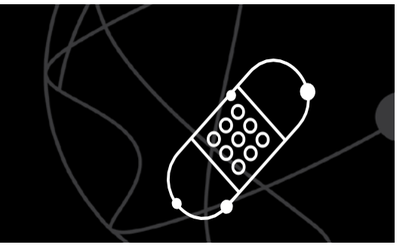
DOCTOR ON DEMAND ADVANTAGES

Convenient. Now get care 24/7 no matter where you are in the U.S.

Fast. No waiting for an appointment. Get an immediate diagnosis and, if needed, a prescription, and start treating your condition right away.

Save money. It's a cost-effective alternative to urgent care or the emergency room.

Superior care. You'll be talking face-to-face over video with a network board-certified physician who will share a report with your regular doctor.



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Mental Health Support & Coaching from Spring Health

Personalized care that starts with a mental health online assessment designed to find the right care for each participant and helps track progress.

Dedicated support through a personal Care Navigator, a licensed clinician, will support you by explaining the many options within Spring Health, giving advice, connecting you to a therapist, and setting appointments for you following the online assessment.

Inclusive environment - the Spring Health provider network is diverse across specialty, gender, race, LGBTQ+, and language. All services are confidential, and information provided by members is never shared with ABK.

A few highlights include:

- Free therapy — up to 12 sessions per covered family member per year
- Moments, a library of digital wellness exercises to support your mental well-being.
- WellSprings Conversations, member-facing webinars led by experts which are promoted on The Hub.
- Professional coaching — up to 12 sessions per covered family member per year to help with setting and reaching goals, resources for legal, financial, and childcare assistance, and more.
- Counselors who specialize in working with dependents aged 6 - 17.

To get started, register and complete a mental health assessment at **https://benefits.springhealth.com/abk/**.

Brain Health from Total Brain

Total Brain helps you understand and train your brain. After an online assessment, the platform will suggest personalized brain and mind training exercises to improve your mental health and fitness. There are over 40 exercises designed to help you consolidate strengths and improve areas for opportunities– everything from increasing positivity to sharpening focus and memory. Total Brain can also help you combat stress before it hits by strengthening cognitive and emotional brain capacities to help improve your resilience. **Bonus:** you can earn points in Benefits@Play for taking a brain health assessment and for completing activities in Total Brain.

Virtual Physical Therapy from Sword Health

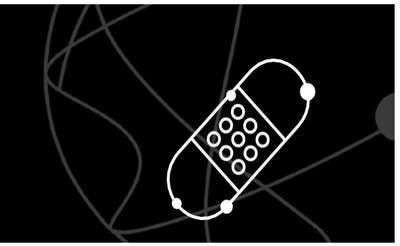
Tired of chronic, post surgical pain, or loss of mobility? Sword is designed to help you overcome your back, joint, or muscle pain, all within the comfort of your own home or on the go.

- Your dedicated physical therapist will design an exercise program just for you.
- Sword Health will ship you a tablet to guide you and provide real-time feedback.
- Complete the exercises whenever it's most convenient for you.
- Your physical therapist is there to support you virtually at any time.

Best of all, the program comes at no cost to members. This plan is also available to Kaiser HMO plan participants, in addition to Centivo and Aetna plan members.

SUBSTANCE USE SUPPORT FROM SPRING HEALTH

Whether you're struggling with alcohol, use, or gambling, Spring Health can help you meet your goals. They provide convenient and confidential support for you and your loved ones. They offer a variety of programs - from telemedicine and self-paced programs at home to residential treatment. A dedicated Care Navigator, who is a licensed clinician, will get to know you and help you find the best program to fit your needs. They'll also check in with you during and after treatment to prevent relapse. Sign up at **https://benefits.springhealth.com/abk/.**



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Pre-diabetes, Type 2 Diabetes, and Healthy Weight Support from Twin

The **Twin Health Program** uses advanced technology to help heal your disrupted metabolism to normalize your blood sugar, reduce costly medications, increase energy, improve mood, and decrease symptoms. Those enrolled in the Aetna or Centivo medical plans will have access to Twin Health - verify program eligibility through the link above. Eligible participants will receive:

- Dexcom Continuous Glucose Monitor (CGM)
- Garmin Activity Tracker
- Weight scale
- Access to the Twin App, Quarterly bloodwork.

Chronic Disease Prevention from Newtopia

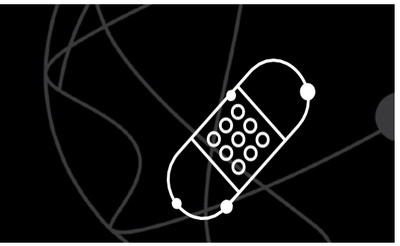
Newtopia is an easy way to develop sustainable healthy habits based on who you are, so you can feel your best and start living your best life. Do your well-being goals include:

- losing weight
- managing blood pressure
- lowering cholesterol
- lowering blood sugar levels
- avoiding future health challenges
- improving chronic conditions? Then Newtopia is for you!

Combining hyper-personalized 1-on-1 coaching, convenient smart tools and a user-friendly app, Newtopia helps you improve your physical and emotional well-being by replacing unhealthy behaviors with healthy habits that last. There's even an optional test that reveals the impact your genes have on appetite & cravings, weight gain, resilience to stress, sensitivity to caffeine, sleep cycle, and motivation to exercise.

Login to your Castlight account to take their quick eligibility test to see if you are eligible. Aetna, Centivo, and Kaiser medical plan enrollees have access to this benefit.

Bonus: you can earn points in Benefits@Play and for participating in Newtopia's coaching plans.



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Membership to Gyms, Studios, and Health Facilities from Wellhub

Wellhub is a global corporate wellness platform that provides access to thousands of gyms, studios, and health facilities to its users through a single membership. You'll also have access to a variety of wellness apps. Users can access a range of activities, including gym sessions, yoga classes, and Pilates workouts, and track their progress using the Wellhub app. The platform is designed to promote physical activity and overall wellness in the workplace and offers subsidized memberships. Wellhub also offers family plans, which allow employees to add up to three dependents at a discounted rate, including their eligible spouse/domestic partner, and track their progress alongside their own. **Bonus:** you can earn points in Benefits@Play for using Wellhub.

Pregnancy, Parenting and Reproductive Health Support from Ovia

Ovia Health is an individual and family health benefit designed to guide you through some of life's biggest transitions: planning and starting a family, navigating pregnancy, balancing life as a working parent, and managing menopause. Within Ovia's app, you'll have access to clinically-backed content, personalized health insights, and unlimited support from Ovia's team of health coaches, including registered nurses and certified nurse midwives. Login to your **Castlight** account to access. **Bonus:** you can earn points in Benefits@Play for using Ovia.

Perimenopause & Menopause Support from Midi

Midi supports people of all ages dealing with symptoms of perimenopause and menopause. Hormonal change is at the root of dozens of symptoms experienced at midlife. As midlife specialists, Midi connects the dots to guide you towards safe, effective solutions. Because so often, it's not you — it's your hormones.

Get help with brain fog, trouble sleeping, night sweats, hot flashes, weight gain, moodiness, joint pain, painful sex and low libido, hair and skin changes, and more. In addition to coaching, Midi can provide prescriptions and supplement recommendations. Services are subject to your applicable medical plan deductible/coinsurance/copay.

Time Away

Vacation
Health Time
Holidays
Flexible Holidays
Leave of Absence

TIME AWAY

We know you have a life and family outside of work, and it's important to have balance. We offer several opportunities to take time away from work so you can recharge, stay balanced and take care of you. Please refer to our Time Away From Work policy for more details.

Vacation

All full-time regular US employees receive 20 days (160 hours) vacation accrued annually. Vacation rolls over year to year and will accrue up to a maximum of 35 days (280 hours).

Health Time

You are eligible for 80 hours of health pay each year (prorated from date of hire). Health pay is granted January 1st or upon your hire date.

Holidays

Each calendar year the Company provides paid **holidays**

Flexible Holidays

You will receive up to two flexible holidays annually based on your date of hire. These days can be used for a federal holiday not currently on the company calendar, days that have religious or cultural significance, or your birthday.

Leave of Absence

Receive a minimum of 10-weeks fully paid leave of absence time for the following: Parental leave for the birth or adoption of a child, Compassion leave to spend with an immediate family member with a terminal diagnosis that is in their last year of life, and Extended Bereavement in the event of a loss of an immediate family member.

For more information and details, visit the **HR SupportDesk**.

Family & Caregiving

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Adoption/Donor/ Surrogacy Reimbursement
Care Providers
Pet Telemedicine
Lactation & Breastfeeding Support
Smart Sleeper
Dependent Care Reimbursement Account (DCRA)
Child Care Concierge
Care Coordination
Child Development Coaching & Resources

FAMILY AND CAREGIVING

When you need additional time away to care for yourself or loved ones, you have options.

Leave of Absence

The Company offers benefit programs and services to support your physical, mental and emotional well-being. To further meet your needs, a variety of options are available through our leaves of absence programs. Leaves are granted and administered in accordance with federal/state laws.

Family and Medical Leave

Family and Medical Leave (FMLA) allows eligible employees to take job protected, unpaid time off for up to 12 work weeks in a rolling 12-month period measured backward from the date your leave begins. FMLA leave can be used for:

- Bonding with a new child after birth, adoption, or foster care placement
- Your own serious health condition
- Caring for a spouse, child, or parent with a serious health condition
- Certain military-related family needs (Qualifying Exigency Leave)
- Caring for an injured or ill servicemember (Military Caregiver Leave)

Full-time regular employees and part-time employees regularly scheduled to work 30 or more hours per week are eligible for up to 10 weeks of paid parental leave to care for and bond with a newborn or newly adopted child. Paid parental leave is available for:

- Bonding with a newborn child
- Bonding with a newly adopted child
- Parental Leave may run concurrently with FMLA and other applicable leave entitlements.
- Leaves related to foster care placement are not eligible for Company Paid Parental Leave.

TO REQUEST A LEAVE OF ABSENCE

For questions or further assistance, please contact leaves@activisionblizzard.com.

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Compassion Leave

Full-time regular and part-time (30 hours or more/week) employees are eligible for up to 10 weeks of paid compassion leave, in addition to any other applicable state and federal leave programs, to care for and spend time with a spouse/domestic partner, child/step-child or parent/step-parent who is terminally ill with life expectancy at 12 months or less.

Extended Bereavement Leave

Full-time regular and part-time (30 hours or more/week) employees are eligible for up to 10 weeks of paid extended bereavement leave, in the event of an unexpected, sudden death of a spouse/domestic partner or child/stepchild.

Personal Leave of Absence

Personal leaves of absences are granted on a discretionary basis for a maximum period of up to 180 days. Personal leaves are unpaid and unprotected, and you may be required to use any available accrued time.

Military Leave/Reserve Duty

If you enter active military duty in the U.S. Armed Services or National Guard, or are required to attend training as a member of a reserve unit, you will be eligible for a leave of absence based on federal and state law. Where applicable, the Company provides eligible employees with military differential pay (the difference between normal base compensation and the pay received while on military duty). Please be sure to provide your manager and HR with the military orders calling you to active duty or other proof as far in advance of departure as possible.

Fertility Treatment from Kindbody

ABK offers enhanced fertility & family building benefits through Kindbody for you and your spouse/partner.

Kindbody believes that everyone should have access to convenient, affordable fertility and family-building care. Kindbody services range from fertility treatments, including IVF and egg freezing, to gynecology, wellness, and a strong focus on inclusivity for family building of all types.

Regular full-time employees and their spouse/partners enrolled in the Aetna or Centivo EPO medical plans (including temporary full-time employees enrolled in Aetna) are eligible for 2 KindCycles of fertility services including IVF, IUI, and egg/embryo/sperm preservation. If after 2 KindCycles you have not achieved a live birth, you will be eligible for 1 additional KindCycle. The fertility benefit will cover no more than a total of 3 KindCycles per lifetime. KindCycle coverage is subject to any applicable plan copays, coinsurance and deductible requirements on your Aetna or Centivo EPO medical plans. (Note: any fertility services obtained under the prior Progyny benefit will count towards the new lifetime maximum.)

With the Kindbody benefit, all members will have access to:

- A dedicated Patient Care Navigation Team available to support you through your journey
- Organizations and resources to help navigate donor, surrogacy and adoption services
- LGBTQ+ family building options
- Personalized patient portal with appointment scheduling and provider messaging capability, giving you convenient and transparent around-the clock visibility
- Kindbody's virtual wellness/holistic health services at a discounted rate
- White-glove guidance for care path
- Live and virtual events

Questions?

If you have any questions, contact Kindbody at **employeebenefits@kindbody.com** or by phone at **855-423-2286**. Kindbody's Patient Care Navigators are available to explain the details of the coverage, assist with finding a Kindbody Signature Clinic or a network Partner Clinic, and guide ABK members through the process every step of the way.

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Child Care Concierge
Care Coordination
Child Development Coaching & Resources

Adoption/Donor/Surrogacy Reimbursement

All regular full-time employees are eligible for up to $20,000 per lifetime for eligible third-party reproduction (donor and surrogacy) and adoption services. This benefit will be available the first day following the completion of 6 months of service. (Note: temporary full-time employees and spouses/partners are not eligible for the third-party reproduction and adoption benefit.)

With the Kindbody benefit, all members will have access to:

- A dedicated Patient Care Navigation Team available to support you through your journey
- Organizations and resources to help navigate donor, surrogacy and adoption services
- LGBTQ+ family building options
- Personalized patient portal with appointment scheduling and provider messaging capability, giving you convenient and transparent around-the clock visibility
- Kindbody's virtual wellness/holistic health services at a discounted rate
- White-glove guidance for care path
- Live and virtual events

If you have any questions, contact Kindbody at **employeebenefits@kindbody.com** or by phone at **855-423-2286**.

Care Providers

Post jobs, search, and reach out to local caregivers, to find care for children, adults, pets, housekeeping, tutors, and more

LIFEMART DISCOUNTS

Members-only discount programs offering nationwide offers and savings on major brands and everyday essentials

Enroll to access your Care benefits; **activisionblizzard.care.com** or **866-814-1638**.

Pet Telehealth

We know that pets, service, and support animals play just as large of a role in our lives as human beings! That's why we offer all employees free access to **Airvet**. You have 24/7 access to licensed Veterinary Professionals to help you avoid a potentially unnecessary vet visit or put your mind at ease by giving you directions on next steps to take. You'll be connected instantly via video call–no time limit and no appointment needed.

Lactation and Breastfeeding Support

Unlimited 24/7 access to certified lactation consultants who provide coaching to help new parents overcome common breastfeeding challenges

MILKSHIP

Milk shipping program that enables employees of the Company who travel for work, to pump, store, and transport their milk home to baby

Smart Sleeper

Boost your baby's sleep (and your own!) with the SNOO smart sleeper! We partner with Happiest Baby to provide our expectant parents with the SNOO smart sleeper rental; company-paid for 6 months (birth to 6 months of age). For more information and to request a rental code, please contact **leaves@activisionblizzard.com**.

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Dependent Care Reimbursement Account (DCRA)

A dependent care reimbursement account (DCRA) is a flexible spending account that allows you to contribute a portion of your paycheck tax-free to pay for qualified dependent care expenses. Examples include daycare, elder care, summer camp, and preschool. The IRS limits annual contributions to $7,500 on income tax returns if single or married filing jointly, and $3,750 if married filing separately. You can use your DCRA to pay for care for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support).

You will have until April 30, 2028 to reimburse yourself with your 2027 funds for expenses incurred from January 1, 2027 to April 15, 2028.

You can make changes to your election amount if you experience a qualified life event and submit your changes within 30 calendar days. You may also change your election if you experience a change in cost or provider throughout the year. You are not automatically re-enrolled in this account annually, You must re-elect this account during open enrollment or within 30 calendar days during a qualified life event.

Additionally, DCRA funds are subject to IRS discrimination testing annually. If you are a highly compensated employee, your election amount may be limited at enrollment or adjusted mid plan year.

REIMBURSEMENTS

This account is managed by HealthEquity and funded as contributions are made from your paycheck. If you only have a DCRA you will not receive a debit card to use for payment. Instead, all claims for reimbursement must be submitted through the HealthEquity Member Portal. If you have any other fund account (HSA, FSA, etc), you can use your debit card for payment. For more information, please refer to the **DCRA FAQ**, or email **memberservices@healthequity.com**.

Child Care Concierge

Wonderschool provides complimentary assistance with finding nearby child care. They understand that parents have varying needs ranging from location, hours, and type of curriculum. Wonderschool will support you with the search and enrollment process until your child has a seat in a program.

Family Care Coordination from Wellthy

Wellthy helps individuals and families manage and coordinate care for a chronically ill, aging, or disabled loved one.

With Wellthy, you'll get connected with a Care Coordinator who has skills and experience that match your needs. Your Care Coordinator will then create a personalized plan for you and get to work researching, calling, and getting things done, so you can focus on taking care of yourself or your loved one.

Wellthy is available at no additional cost to you. To get started visit the **Wellthy website** and register or call **877-588-3917**.

Child Development Coaching & Resources

Raising kids is tough. RethinkCare provides family support when you need it.

You gain 24/7 access to consultations with a dedicated behavior expert and unlimited use of the website filled with step-by-step videos, resources, and exclusive content developed to help families raising children with learning, social or behavioral challenges, or developmental disabilities. The program has no age restriction, requires no diagnosis, and is completely confidential.

Employees have access to 3 hours of 1-on-1 virtual consultations with a behavioral therapist or special educator. To get started, simply visit the **RethinkCare website** and use code ABK to enroll or text RETHINK to 797979.

Insurance & Protection

Term Life Insurance

Accidental Death & Dismemberment Insurance

Disability Insurance

Accident Insurance

Critical Illness Insurance

Whole Life Insurance

Legal Plan

Identity & Digital Protection

2027 Contributions

Auto, Home, Renters Insurance

Pet Insurance

Personal Travel Assistance

Business Travel Medical Benefits

INCOME PROTECTION

At ABK, we've got you covered. We provide company-paid income protection benefits — life insurance, accident insurance, short-term and long-term disability — that can protect you and your dependents financially if you are unable to work because of illness or injury. Insurance can fill a number of financial gaps for a family recovering from an illness, injury, or worse. After a loss of income, many families have to reduce their standard of living. Consider what your family would need to cover:

- Medical bills and funeral expenses
- Living expenses (housing, food, clothing, utilities)
- Large expenses (rent or mortgage, education)
- Taxes and debts that need to be settled Income protection benefits provide financial security and peace of mind and are administered by Aflac.

Term Life Insurance

Term Life insurance pays a benefit to your beneficiary or beneficiaries upon your death. You automatically receive company paid life insurance. You can add to your company paid life insurance coverage by buying Supplemental Term Life Insurance on an after-tax basis. If you buy Supplemental Term Life Insurance for yourself, you can buy coverage for your dependents.

EVIDENCE OF INSURABILITY (EOI)

In some instances, when applying for life insurance, insurance companies will require you to complete a questionnaire detailing your past and current health status. With this submission, the insurer can decide to approve or deny your application. It's important to review the information below so you understand the implications of enrolling or waiving coverage at different enrollment opportunities.

If EOI is required, you will receive a letter from Aflac notifying you to submit the questionnaire.

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LIFE INSURANCE

	Options	Evidence of Insurability New Hire	Evidence of Insurability Open Enrollment	Evidence of Insurability Life Event
Company Paid Term Life Insurance Employee	Company-provided coverage of two times your annual salary, up to $1 million	Not required	Not required	Not required
Supplemental Term Life Insurance Employee	You may buy coverage for yourself — one to five times your annual salary, up to $1 million coverage Guaranteed Issue: The lesser of three times your annual salary or $250,000.	You can elect up to three times your salary or $250,000 (whichever is less) without EOI.	Currently covered: You may increase by one times your salary, up to the Guaranteed Issue amount (whichever is less) without EOI. Currently waived: You may elect one times your salary, up to the Guaranteed Issue amount, (whichever is less) without EOI.	EOI is required
Supplemental Term Life Insurance Spouse/domestic partner	You may buy coverage to a maximum of $500,000, in increments of $1,000 Guaranteed Issue: $25,000	You can elect up to $25,000 without EOI.	Currently covered: You can increase coverage by $1,000, up to the Guaranteed Issue amount (whichever is less) without EOI. Currently waived: You can elect $1,000 without EOI.	Marriage: You can elect up to the Guaranteed Issue amount without EOI. All other events: If currently enrolled, you can increase by $1,000, up to the Guaranteed Issue amount without EOI. If currently waived, you can elect up to $1,000 without EOI.
Supplemental Term Life Insurance Child(ren)	You may buy coverage for children: Choice of: - $2,000 per child - $5,000 per child - $10,000 per child - $25,000 per child	Not required	Not required	Not required

Term Life Insurance

Accidental Death & Dismemberment Insurance

Disability Insurance

Accident Insurance

Critical Illness Insurance

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Auto, Home, Renters Insurance

Pet Insurance

Personal Travel Assistance

Business Travel Medical Benefits

Accidental Death & Dismemberment Insurance (AD&D)

Accidental Death & Dismemberment (AD&D) insurance pays a benefit for certain injuries or death resulting from an accident. You automatically receive company paid AD&D coverage. You can buy additional AD&D protection on an after-tax basis. If you buy Supplemental AD&D Insurance for yourself, you can buy coverage for your family. You can also receive counseling services offering compassionate expertise to help employees, their beneficiaries and immediate family members cope with emotional, financial and legal issues that arise after a loss through Aflac Funeral Concierge Services. Aflac also supports survivors via their Beneficiary Companion service. They will assist you in closing a loved one's affairs, such as bank accounts, Social Security, credit cards, and social media accounts.

ACCIDENT INSURANCE	
	OPTIONS
Company Paid AD&D Employee	Company paid coverage of two times your annual salary up to $1 million You receive 20%-100% of coverage amount for certain serious injuries (paralysis, dismemberment, loss of sight, hearing or speech). In the event of your death, your beneficiary receives 100% of your coverage amount
Supplemental AD&D Employee	You may buy coverage for yourself – one to 10 times your annual salary, up to $500,000
Supplemental AD&D Family	You may buy coverage for your family. Benefit is based on family members at time of accident: **Spouse/Domestic Partner:** • 50% of your coverage amount, if no children • 40% of your coverage amount, if eligible children **Children:** • 10% of your coverage amount, if eligible spouse/domestic partner • 15% of your coverage amount, if no spouse/domestic partner

Disability Insurance

Disability insurance provides financial protection so you can keep money coming in if you can't work because of "non-work related" illness or injury. The company provides you with Core STD and LTD coverage. You can increase your coverage by purchasing the Buy-Up options.

- **Short-Term Disability (STD).** STD benefits begin 7 calendar days after the start of your disability (illness or accident). Benefits may continue for up to 25 weeks. Employees who live in states that provide State Disability Insurance (SDI). Company STD benefits are reduced by any benefits paid by SDI.
- **Long-Term Disability (LTD)**. If your disability continues for more than 180 days, LTD provides a monthly benefit that continues (in general) until you are no longer disabled, return to work, or reach age 65, whichever comes first.

Disability benefits are taxable. Both you and the company pay for disability coverage with pre-tax dollars. That means if you are disabled and receive disability benefits, your benefits will be taxable at the time you receive them.

KEEP YOUR BENEFICIARIES UP TO DATE

Review your beneficiaries periodically and keep them up to date to ensure any life insurance benefits go to the loved ones you intend.

Term Life Insurance

Accidental Death & Dismemberment Insurance

Disability Insurance

Accident Insurance

Critical Illness Insurance

Whole Life Insurance

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Identity & Digital Protection

2027 Contributions

Auto, Home, Renters Insurance

Pet Insurance

Personal Travel Assistance

Business Travel Medical Benefits

Pre-existing Condition Limitation

If you add Buy-Up STD or LTD coverage, you may be subject to a pre-existing condition limitation if you:

- incur medical expenses,
- receive medical treatment or services, including diagnostic measures, or
- take prescribed drugs or medicines in connection with a condition for which a reasonable person would have consulted a physician within three months before your most recent effective date of insurance.

This limitation will not apply to a period of disability that begins after you are covered for at least 12 months after your most recent effective date of insurance, or the effective date of any added or increased benefits.

DISABILITY INSURANCE		
	Options	**Benefit**
Core STD	Company automatically provides coverage for you at no cost to you	60% of salary, up to $2,307 per week
Buy-Up STD	You may buy coverage that replaces an additional 20% of your salary	Additional 20% of salary for total benefit of 80% of salary, up to $3,076 per week
Core LTD	Company automatically provides coverage for you at no cost to you	50% of salary, up to $5,000 per month
Buy-Up LTD	You may buy coverage that replaces an additional 16.67% of your salary	Additional 16.67% of salary for total benefit of 66 2/3% of salary, up to $10,000 per month

If you are a VP and above you are eligible for additional life and disability benefits, contact the Benefits Team for more details.

Note: *There is a pre-existing limitation. Aflac will not pay supplemental benefits for any period of disability caused by, or resulting from, a pre-existing condition. A pre-existing condition means any injury or sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a physician within 3 months before the most recent effective date of insurance. This limitation will not apply to a period of disability that begins after you are covered by the supplemental buy-up for at least 12 months after your most recent date of insurance, or the effective date of any added or increased benefits.*

Term Life Insurance

Accidental Death & Dismemberment Insurance

Disability Insurance

Accident Insurance

Critical Illness Insurance

Whole Life Insurance

Legal Plan

Identity & Digital Protection

2027 Contributions

Auto, Home, Renters Insurance

Pet Insurance

Personal Travel Assistance

Business Travel Medical Benefits

Supplemental Life & Income Protection

Accident Insurance *Administered by Aflac*
Accident insurance is designed to supplement employer-sponsored health coverage, accident insurance pays specific benefit amounts for expenses resulting from off-the-job injuries or accidents. Hospitalization due to a covered sickness, physical therapy, intensive care, fractures, and dislocations are some of the out-of-pocket expenses that this accident insurance could cover. Coverage can be purchased for yourself, your spouse and your child(ren).

Critical Illness Insurance *Administered by Aflac*
Critical illness insurance can help supplement major medical coverage by helping you pay the out-of-pocket costs associated with a critical illness or event. Conditions covered under this program can include cancer, heart attack, stroke, major organ failure, and kidney failure. Benefits are paid tax-free in a lump sum, ranging from $10,000 to $30,000. Coverage can be purchased for yourself, your spouse and your child(ren). This coverage also includes an annual $75 preventive health screening benefit.

Whole Life Insurance *Administered by Unum*
Whole Life insurance provides added financial protection that you may need during times of uncertainty. This plan provides death benefits to your designated beneficiaries, and also builds cash value that can be used while you are still alive. Whole life insurance also has an additional Long Term Care (LTC) rider. Your family can receive monthly payments to help combat the cost of care while you are alive. The benefit can be used to help pay for a facility, hospital bills, or in home care which can be provided by a licensed caregiver. You have the option to purchase Whole Life insurance for you, your spouse, your child(ren) and grandchild(ren).

Questions? Contact the Benefits Department at benefits@activisionblizzard.com.

MetLife Legal Plans

You never know when you might need a lawyer. But to help you prepare for unexpected legal expenses, ABK provides an opportunity for you to purchase legal insurance. For a low monthly fee, you gain access to a nationwide network of 18,000+ experienced attorneys for unlimited consultations and representation for covered legal matters. There are no copays, deductibles, claim forms, or waiting periods. Give yourself the peace of mind that comes from knowing your are protected at every step. Covered matters include:

- Will and estate planning
- Small claims assistance
- Real estate matters
- Legal document preparation and review
- Family law
- Juvenile matters
- Debt matters
- Immigration matters
- Consumer protection
- Identity theft defense

The plan is portable; if you leave ABK, you retain the same rates and services. Enroll through **Workday** at any time.

Identity & Digital Protection

Protect what's important all in one app: your assets, identity, family, and tech. As the digital world grows more complex and advanced, so do online scams, cybercriminals, and predators. Enroll in Aura's protection plan to gain access to financial and identity fraud protection, secure your devices with their VPN, store your data in the digital vault, get gamertag monitoring, and much more. Enroll at any time in Workday or learn more at abkvoluntarybenefits.com.

Term Life Insurance

Accidental Death & Dismemberment Insurance

Disability Insurance

Accident Insurance

Critical Illness Insurance

Whole Life Insurance

Legal Plan

Identity & Digital Protection

2027 Contributions

Auto, Home, Renters Insurance

Pet Insurance

Personal Travel Assistance

Business Travel Medical Benefits

2027 Employee Bi-Weekly Contributions

SUPPLEMENTAL LIFE INSURANCE

Age As Of 1/1/2027	Employee, Spouse/ Domestic Partner*	Children
Your after-tax per pay period 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.*

GROUP 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

SUPPLEMENTAL ACCIDENT INSURANCE (AD&D)

Employee Only	Family
Your after-tax per pay period cost	
$0.0055 per $1,000	$0.0083 per $1,000

SUPPLEMENTAL DISABILITY INSURANCE

Buy-Up STD	Buy-Up LTD
Your pre-tax per pay period cost	
$0.0309 per $10 of weekly benefit	$0.0738 per $100 of covered benefits

METLIFE LEGAL PLANS

Employee Only
Your after-tax per pay period cost
$7.62

IDENTITY GUARD

Employee Only	Family
Your after-tax per pay period cost	
$4.13	$7.82

CRITICAL ILLNESS

Your after-tax per pay period cost
View page 60 of the guide.

HOW MUCH LIFE INSURANCE DO I NEED?

In deciding how much life insurance you need, consider your personal situation, age and whether or not you support a family. If you have limited financial obligations, you may need less life insurance compared to someone who has a mortgage to pay or children to put through college.

Term Life Insurance

Accidental Death & Dismemberment Insurance

Disability Insurance

Accident Insurance

Critical Illness Insurance

Whole Life Insurance

Legal Plan

Identity & Digital Protection

2027 Contributions

Auto, Home, Renters Insurance

Pet Insurance

Personal Travel Assistance

Business Travel Medical Benefits

Auto, Home, and Renters Insurance

Progressive®, Travelers, and Farmers.

You could save on your auto, home and renters insurance by comparison-shopping coverages, prices, and discounts from MetLife Auto & Home®, Travelers, Safeco Insurance®, Electric Insurance Company®, and Progressive®.[1,2] Through this program, you can take advantage of special savings and convenient payment options through payroll deduction. Apply for auto, home and renters insurance with one, quick phone call to **855-829-0747**, or visit **ABKvoluntarybenefits.com**.

1 Home insurance is not available in CA or FL through the carriers offered in this program and may not be part of MetLife Auto & Home's benefit offering in MA.
2 Employee discounts are not available from all carriers and only available to those who qualify. Coverages, discounts and billing options are subject to state availability, individual qualification, and/or the insuring company's underwriting guidelines. Individual savings may vary and are not guaranteed.

Homes Disaster Insurance from Recoop

Recoop

Recoop provides supplemental disaster insurance that pays a lump-sum cash benefit of up to $25,000 following a covered natural disaster. Designed to complement homeowners or renters insurance, Recoop can help cover expenses that may not be fully covered by your existing policy, supporting a faster financial recovery. Coverage includes declared hurricanes (including storm surge), wildfires, tornadoes, earthquakes, gas explosions, winter storms, and dust storms. No deductible applies. Exclusions include landslides, tsunamis, freshwater flooding, and hail, regardless of cause. Coverage is subject to policy terms, conditions, and limitations. Please refer to the policy documents for complete details. To apply or get a quote, call **855-829-0747** or visit **ABKvoluntarybenefits.com**.

Pet Insurance from Nationwide

Nationwide®

My Pet Protection℠ and My Pet Protection with Wellness℠ from Nationwide® help you provide your pets with the best care possible by reimbursing you for vet bills. You can get cash back for accidents, illnesses, hereditary conditions and more. Choose 70% or 50% reimbursement for the level of coverage that fits your needs.[1] You're free to use any vet and will get additional benefits from emergency boarding, lost pet advertising and more. Plus, our 24/7 vethelpline℠ is available as a service to all pet members ($110 value). To apply or get a quote, call **855-829-0747** or visit **ABKvoluntarybenefits.com**.

[1] *Some exclusions may apply. Certain coverage may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.*

Protection When You Travel on Vacation

Aflac's travel assistance program is a complimentary service available to employees traveling more than 100 miles from home and provides emergency medical assistance, passport/visa/immunization requirement information, lost baggage services, document/ticket replacement, translation/interpretation, emergency advance of funds, security, and more.

For a complete list of services, review the Aflac Travel Assist Brochure or call:

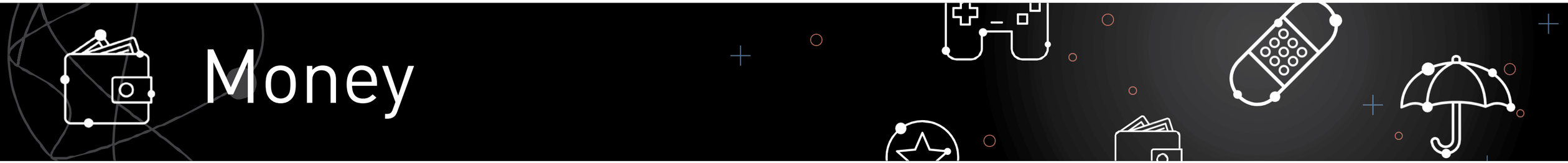
800-263-4008 – 24/7 Toll free in North America

647-258-0124 – 24/7 Collect outside of North America

Medical Benefits While Traveling Abroad

International SOS is available to employees and their families who are traveling outside of the U.S. on an approved business trip for ABK. The medical plans cover the reasonable and customary (R&C) charges associated with an accident or illness; however, you may need help coordinating your care while you are traveling. ISOS provides the following services wherever you are in the world:

- Access to medical advice and consultation via telephone
- Medical appointment and hospital admission assistance(outside of the U.S.)
- Medical monitoring (outside of the U.S.)
- Case Management (inside the U.S.)
- Communication of patient condition and treatment plans to family members
- Coordination of treatment plans, if necessary



Money

401(k) Retirement Savings
Employee Stock Purchase Plan (ESPP)
529 College Saving Plan
Financial Coaching
Tuition Reimbursement
Health Savings Account (HSA)
Flexible Spending Account (FSA)
Health Reimbursement Account (HRA)
Commuter
Early Wage Access
Call of Duty Endowment ABK Gives Back
Homeownership Coaching

MONEY

Your financial wellness is key to your overall health. Whether you're saving for retirement, planning for college or simply need help managing your personal finances, we offer something for everyone.

ABK 401(k) Plan

You can invest in your future financial security through convenient automatic payroll deductions to your ABK 401(k) Plan.

You can contribute up to 75% of your total eligible pay and up to 100% of your eligible bonus each year to your Traditional (pre-tax) and/or Roth 401(k), up to IRS limits. You may also contribute up to 20% of your eligible pay to an After-Tax 401(k). You are always 100% vested in your own contributions and their earnings, including any rollovers you make to your account. You are 100% vested in the company match.

401(k) Plan Features

- **An easy way to save:** Saving is automatic and convenient through payroll deductions.
- **Free money:** The company will contribute to your savings by matching 25% of your total contribution to the Traditional (pre-tax) and/or Roth 401(k), including catch-up contributions, up to the annual IRS limit.
- **Traditional 401(k):** You can make pre-tax contributions to a Traditional 401(k). Your contributions and earnings grow tax-deferred, so you don't pay taxes until you take a distribution.
- **Roth 401(k):** You can make after-tax contributions to a Roth 401(k). Your contributions and earnings grow tax-free, and your withdrawals may be tax-free based on when you take a distribution.
- **After-Tax 401(k):** You can make after-tax contributions to up 20% of your income. You also have the option to complete an in-plan Roth conversion.
- **Workplace Planning & Advice:** Connect with a Fidelity advisor for a complimentary one-on-one consultation. Schedule an appointment by calling **800-603-4015.**
- **Financial Wellness Resources:** Employees will have access to Fidelity's Financial Wellness platform, which offers a financial wellness checkup, guidance for navigating life events, and additional tools and resources to help support their financial well-being.

(CONTINUED)

WHO'S ELIGIBLE

Full-time employees* are eligible for the 401(k) Plan on date of hire.

Part-time and temporary employees age 21+ are eligible after six months of employment.

Enrollment is easy. Just follow these steps:

1. **Review** the fund information and determine the investing approach you want to take.
2. **Call 800-835-5095** or go to **www.netbenefits.com** to create your username and password or download the Netbenefits mobile app.
3. **Complete** the online Beneficiary Designation on **www.netbenefits.com**.

* Some exclusions apply, see Summary Plan Description for details.

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- **Fidelity® Personalized Planning & Advice:** Helps enrolled participants prepare for and live in retirement by delivering a personalized investment strategy in line with their risk tolerance, financial situation and time horizon. You'll also have a professional investment team that keeps your investment strategy aligned with your retirement goals.
- **Retirement plan website:** Enroll online, choose investments, check balances, make changes, get retirement education and guidance, apply for a loan, use planning tools and more. Go to **www.netbenefits.com** or use the NetBenefits® app.
- **Retirement plan contact:** Manage your 401(k) account using Fidelity's automated phone system at **800-835-5095**. Representatives are available 4:30 a.m. to 8 p.m. PT, Monday through Friday.

Contribution Limits – 2027 limits have yet to be announced

The IRS sets annual contribution limits for Traditional (pre-tax) and Roth 401(k) accounts. If you are age 50 or older, you can make an additional $8,000 in catch-up contributions. If you are age 60-63, you can contribute up to $11,250 in catch-up contributions. Please note, if you are age 50 or older and are considered a high-income earner (FICA wages over $150,000 in 2025) you are required to make catch-up contributions on a Roth basis. The process is automated and does not require any manual intervention.

The maximum After-tax contribution is 20% of your income, up to a total of $72,000 for 2026 which also includes your pre-tax, Roth and company match. You can automatically convert your After-tax contribution to Roth each pay period by calling Fidelity at **800-835-5095**.

If you have contributed to another 401(k) plan during 2027, you will need to keep track of the combined contribution to make sure you don't exceed the IRS limit.

Three Ways to Invest

Depending on what type of investor you are, you can choose how you want to invest your money. Select the best approach

If This Is You	Consider . . .
"I prefer to do my retirement investing with some help."	**Target Date Retirement Fund** You choose the fund that closely matches the year you plan to retire (your "target" retirement date). The funds automatically adjust over time to become more conservative as you near retirement. Professional investment managers will watch over the funds for you.
"I want to delegate the ongoing management of my account to professional Investment managers."	**Fidelity® Personalized Planning & Advice** Get guidance on how much to save, which funds to select from within the 401(k) Plan, and how much to invest in each of those funds. Guidance is available online or over the phone for a cost.
"I have the time and expertise to actively manage my 401(k) Plan investments."	**Plan-Selected Funds** Choose your investments from a group of pre-selected funds. Select the funds you want to invest in and determine the amount of money you want to allocate to each fund. Review your investments and make changes when you need change and as you near retirement.

EVER GOTTEN A RAISE JUST FOR JOINING A SAVINGS PLAN?

Well, that's the effect of joining the ABK 401(k) Plan. You put in part of your salary and the company contributes, too. It's like an instant return on your investment.

It's such a good deal, **new hires are automatically enrolled in the 401(k) plan** at a 1% contribution percentage after 30 days.

You can change your contribution percentage or opt-out of the plan by logging into **www.netbenefits.com**.

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Commuter
Early Wage Access
Call of Duty
Endowment ABK Gives Back
Homeownership Coaching

Not in the 401(k)? There's No Time Like NOW to Enroll

If you aren't in the 401(k), you're missing out on free money and some pretty cool tax advantages. Don't waste another day.

Enrollment is easy. Just follow these steps:

1. **Review** the fund information and determine the investing approach you want to take.
2. **Call 800-835-5095** or go to **www.netbenefits.com** to create your username and password or download the Netbenefits mobile app.
3. **Complete** the online Beneficiary Designation on **www.netbenefits.com**.

Employee Stock Purchase Plan (ESPP)

The ESPP gives eligible employees the opportunity to purchase shares of Microsoft stock at a 10 percent discount through convenient payroll deductions, subject to applicable limits. Eligible employees can elect to have between 1 to 15 percent of their eligible compensation withheld from each paycheck over a three-month offering period. At the end of each three-month offering period, shares of Microsoft stock are purchased at a 10 percent discount and deposited into an individual account with Fidelity. The purchase price per share is 90 percent of the closing fair market value of Microsoft stock on the last US business day of the offering period. The purchased shares are automatically deposited into an individual account at Fidelity, the designated broker for Microsoft's ESPP. Participation in the ESPP is subject to the terms and conditions of the plan and its governing documents.

Fidelity 529 College Savings Plan

You can save for your children's college tuition by making convenient payroll deductions into a section 529 College Savings Plan:

Contribute up to $95,000 ($190,000 combined for spouses who gift split) via an accelerated transfer per beneficiary in a single year without the money being subject to the federal gift tax.

But there are conditions: In order for an accelerated transfer to result in no federal transfer tax and no use of any portion of the applicable federal transfer tax exemption and/or credit amounts, no further annual exclusion gifts and/or generation-skipping transfers to the same beneficiary may be made over the five-year period, and the transfer must be reported as a series of five equal annual transfers on Form 709, United States Gift (and Generation-Skipping Transfer) Tax Return. If the donor dies within the five-year period, a portion of the transferred amount will be included in the donor's estate for estate tax purposes. To learn more about 529 College Savings Plans through Fidelity, visit **https://www.fidelity.com/529-plans/overview** or call 800-544-1914.

Financial Coaching from MySecure Advantage

My Secure Advantage (MSA) is your personal financial wellness program that features money coaching, home buying assistance, tax services, free credit report and credit score, budgeting software, webinars and videos, and 24/7 website resources. The best part? You can work with a personal Money Coach for 90 days each year and it's FREE! You can access through our Benefits@Play program.

Coaches can support you through every stage of life, providing expert guidance in financial topics, such as:

- Credit
- Debt
- Budgeting
- Tax Planning
- Retirement Planning
- College Planning
- Financial Planning
- Mortgage
- Divorce Planning
- Insurance
- Investments
- Student Loans
- Home Buying
- Estate Planning
- *And more*

Tuition Reimbursement

Full-time and part-time regular employees are eligible to participate after six months of continuous employment. Tuition Reimbursement covers tuition costs, up to certain limits, for work-related courses offered through accredited universities.

Regular full-time employees:

- $3,000 Certificate Programs
- $5,250 Undergraduate Courses
- $7,500 Graduate Courses

Regular part-time employees:

- $1,500 Certificate Programs
- $2,500 Undergraduate or Graduate Courses

To get started, visit **SupportDesk**.

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Health Savings Account (pairs with the CDHP Plan)

A Health Savings Account (HSA) is a tax-favored individual account that you can either use to pay current healthcare expenses or use to save money for future healthcare expenses. **By law, you can only enroll in an HSA if you have a high-deductible health plan, such as the CDHP Plan and you are not enrolled in another plan.** See additional eligibility requirements in the box to the right.

Why open an HSA?

There are several perks to opening an HSA:

- You decide when and how to spend the money.
- Whatever funds you don't use by the end of the year will roll over to the next.
- If you leave the company or change insurance coverage, the account is yours to keep.
- At the beginning of the year, ABK will make a contribution in your HSA for enrolling in the CDHP Plan.
- You will also then have the ability to earn additional Benefits@Play incentive dollars from the company if you participate in healthy activities as defined by the company during the plan year.
- Your contributions are taken from your paycheck pre-tax*** and then applied to your HSA account.

HSA Contributions If You Choose The CDHP Plan

HSA CONTRIBUTIONS	EMPLOYEE ONLY	EMPLOYEE + DEPENDENT(S)
Company Contribution	$250	$250
Benefits@Play Incentives	$1,000	$2,000
Your Annual Maximum Contribution*	Up to $3,250	Up to $6,750
Total allowed by the IRS in 2027**	$4,500	$9,000

* *If you are age 55 or older, you can contribute an extra $1,000 to your HSA in 2027*

** *This includes ABK's contribution, any Benefits@Play incentives you and/or your spouse/domestic partner earn and your own contributions.*

****Please note the pre-tax benefits mentioned in this section may apply to federal taxes only.* In California and New Jersey, HSA *contributions* and *earnings* are taxed. In New Hampshire and Tennessee, HSA *earnings* are taxed.

IF YOU WANT TO ENROLL IN AN HSA, YOU NEED TO MEET THESE REQUIREMENTS:

- Be enrolled in the CDHP Plan
- Not be covered by any other medical plan that is not a high-deductible health plan even if it is through a spouse's coverage.
- Not be enrolled in a healthcare FSA; you are considered to be covered by an FSA or HRA even if your spouse is enrolled in an FSA.
- Not be claimed as a dependent on someone else's tax return.
- Not be enrolled in Medicare.

You can view/manage your account through HealthEquity on their website at www.healthequity.com.

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Commuter
Early Wage Access
Call of Duty Endowment ABK Gives Back
Homeownership Coaching

Are there any fees for the HSA?

ABK covers the monthly maintenance fee for active employees enrolled in an HSA.

HealthEquity charges a maintenance fee if the HSA is no longer active (i.e., employee switches to PPO 500/Kaiser) and balance is below $2,500.

Is the HSA transferable upon death?

You can elect a beneficiary, but if no beneficiary is specified, it will transfer to your estate.

Are there investment options with the HSA?

You must have a minimum balance of $1,000 to have investment options.

HSA investment account options provide opportunities for long-term investments. If you are interested in investing for the future, the HSA investment account complements your interest earning HSA cash account. Investments in mutual funds roll over from year to year, accumulate in a tax-deferred manner and are portable.

How is the HSA different than the Flexible Spending Account (FSA)?

There are several differences between the HSA and the FSA.

With the HSA:

- **Funds are only available as they are deposited.** With the Healthcare FSA, the full amount that you elect to contribute is available to you at the beginning of the plan year.
- **Any unused funds at the end of the year will roll over to the next** — there is no "use it or lose it" rule. With the FSA, you lose any unused funds at the end of the year.
- **You can make changes to your HSA contributions any time you wish in Workday.**
- **You may deposit funds directly into your HSA** outside of payroll deduction.
- **You will be responsible for tracking your healthcare expenses and reporting them on your annual tax return.** You need to keep your receipts in the event of an IRS inquiry.

Who is the administrator of the HSA?

The HSA is administered by HealthEquity.

What happens to the HSA if the company selects an insurance company other than Aetna in the future?

You will always own the funds in the HSA. If the company were to switch to a new insurance company, the funds in your HSA would still be yours, and you would have the option to roll them over to a new HSA provider.

Can I enroll in the HSA if I have the PPO 500, Kaiser HMO, Centivo EPO Coordinated Care Plan, or In-Network medical plan?

No. By law, you can only enroll in the HSA if you're enrolled in the CDHP Plan. If you are enrolled in the Aetna PPO 500/In-Network, Kaiser HMO, Centivo EPO, or in a non-AB non-qualified plan, you can only enroll in the Healthcare FSA.

What happens if I have an HRA and/or an FSA and I want to switch to the CDHP Plan with HSA in 2027?

If you are contemplating a switch to the CDHP Plan with HSA, and you currently have either an HRA or FSA, there are IRS requirements that prevent establishment of an HSA while you have an active HRA or FSA:

- Your HRA will end on December 31, 2026, and any eligible expenses incurred in 2026 must be submitted for reimbursement by December 31, 2027.
- Your FSA will end on December 31, 2026, and any eligible expenses incurred in 2026 must be submitted for reimbursement by April 30, 2027. Any unused FSA dollars will be forfeited.

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Flexible Spending Account - **2027 limit has yet to be announced**

The Flexible Spending Account (FSA), administered by HealthEquity, are a great way to save on healthcare and dependent day care expenses.

Here's how they work:

- Each year you choose how much to contribute to the accounts. Contributions will be taken out of each paycheck in equal amounts throughout the year.
- Your contributions are automatically deducted from your paycheck — before federal income, state income (in most cases) and Social Security taxes are taken out.
- You'll save money on your taxes because less of your income is taxable.
- Eligible expenses are reimbursed with the tax-free money in your account.

See below for more information about how FSAs work.

Note: *you cannot change your FSA election amount mid-year unless you experience a qualifying event. Dependent Care Accounts can be changed due to a change in cost or provider. Benefit changes can be made in Workday and account details can be viewed at* **www.healthequity.com**

FSA	OPTIONS
Flexible Spending Account (FSA)	• Maximum contribution: $3,400 • Eligible Expenses: **qualified healthcare expenses** (Examples: medical, dental, vision and prescription drug copays, coinsurance and other out-of-pocket expenses.) • You can participate in the Healthcare FSA if you are not enrolled in the HSA. • You can be reimbursed up to the full amount of your annual contribution at any time during the year. • You can use the HealthEquity FSA debit card to pay qualified healthcare expenses at authorized healthcare providers, retail and online pharmacies and participating retail stores. • **You can submit eligible expenses incurred through December 31, 2027, to your account no later than April 30, 2028**. Any unused money in your account after April 30 will be forfeited.
Dependent Care Reimbursement Account (DCRA)	• Maximum contribution: $7,500 if single or married filing jointly, $3,750 if married filing separately. *This plan is subject to IRS non-discrimination testing therefore contribution limits may be adjusted mid year for highly compensated employees. • Eligible Expenses: Funds can be used to pay for eligible, non-medical day care expenses for children under age 13 or disabled dependents of any age who are unable to care for themselves. • You will be reimbursed for up to the actual amount in your Dependent Care Reimbursement Account at the time of the claim. Funds accumulate as they are deducted from your paycheck. • **You can submit eligible expenses incurred through April 15, 2028, to your account no later than April 30, 2028**. IRS rules require you to forfeit any unused money in your account after April 30 (the "use it or lose it" rule).

REIMBURSEMENTS

You can use your HealthEquity debit card to pay for eligible expenses. Should you pay out-of-pocket at the time of service, you can submit for reimbursement through the HealthEquity Member Portal.

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Healthcare Reimbursement Account (HRA)

The Healthcare Reimbursement Account (HRA) is available to employees who do not have an HSA but are participating in Benefits@Play. HRA's are fully funded by the company to help you pay for eligible medical expenses. HRA money rolls over from year-to-year while you are employed with the company. You can earn as shown below:

PLAN TYPE	PLAN TIER	BENEFITS@PLAY EARNINGS
Aetna PPO 500/In-Network	Employee Only	$500
Centivo EPO	Employee + Dependent(s)	$1,000
Kaiser HMO		
Waive Coverage		Sweepstakes Only

Commuter Account

You can set aside pre-tax and post-tax dollars to use towards eligible expenses to get to work. The Commuter Account is administered by WEX. The post-tax account is available if your commuter expenses exceed the monthly pre-tax limit of $340 per account. That means you can contribute a maximum of $340 per month to a Parking account and $340 per month to a Transit account.

You can elect both a Transit and/or Parking account depending on your needs:

- Transit examples: Train, bus, subway, ferry, UberPOOL, Lyft Shared.
- Parking examples: At or near the office, or at a train or bus stop to get to work.

You will receive a single commuter card from WEX. Funds will accumulate as they are deducted from your paycheck. If you need to make changes to your Commuter election throughout the year, submit a benefit change request in Workday.

401(k) Retirement Savings
Employee Stock Purchase Plan (ESPP)
529 College Saving Plan
Financial Coaching
Tuition Reimbursement
Health Savings Account (HSA)
Flexible Spending Account (FSA)
Health Reimbursement Account (HRA)
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Early Wage Access

PayActiv is a financial wellness platform that provides an assortment of services including access to your earned wages before payday. You may access your earned wages using the PayActiv mobile app, website, or ATM (only at select locations). Offerings include:

- Bill pay, savings and budgeting tools, discounts, and financial health counseling.
- Access up to 50% of your net earned unpaid wages (up to 3 transactions, not to exceed $500 in aggregate per pay period) for an ATM-like flat fee of $5 per deduction.
- The funds you access will be deducted from your regular paycheck.
- There is no cost to enroll, no cost if not used, and no cost to cancel.
- You can use the PayActiv Prepaid Visa Card to transfer funds instantly even on weekends and federal holidays.

Enroll online at **www.payactiv.com/enroll**, download the PayActive App, or text "Enroll Me" to **877-937-6966**. You will need to provide your Employee ID number which can be found in Workday.

Call of Duty Endowment

Currently, 60% of U.S. veterans are underemployed. By electing to contribute to the Call of Duty Endowment through payroll deduction, you will help place a veteran into a high-quality job with every paycheck or as a one-time deduction. Additionally, you can double your donation's impact by supporting the Endowment through ABK Gives Back, our Company's charitable donation matching program. Through ABK Gives Back, you can donate directly to The Endowment or request a match by submitting your payroll donation receipt.

The Endowment is the largest and most effective private funder of veteran employment. Since its founding in 2009, the Endowment has placed more than 150,000 veterans into high-quality jobs. Through our highly effective model of funding the best U.S. and U.K. veteran employment organizations, we can put a veteran back to work for only $628. Help the Endowment reach its goal of placing 200,000 veterans by 2028.

ABK Gives Back

ABK Gives Back is a charitable donation matching program that provides eligible employees the opportunity to make a difference through non-profits of your choice. The Company will match your personal contributions, dollar-for-dollar, up to $2,000 USD (or local equivalent) annually. You may donate directly to a non-profit through the ABK Gives Back platform, or request a match to a donation you made in the past 12 months. Regardless of how you decide to donate, ABK Gives Back extends your impact to the causes and communities that matter to you, and creates a collective impact in the communities we all support.

Log into the ABK Gives Back platform **here** via SSO to donate. Check out the **ABK Gives Back Hub** page to learn more about the **program guidelines** and **FAQs.**

Homeownership Coaching

Since 2017, we've partnered with Imagine Home Benefits (IHB) to provide you and your family with exclusive Homeownership Coaching services. If you are considering buying, selling or refinancing a home, start by understanding the helpful time & money saving services available at no cost to you through the **Imagine Home Benefits** program.

Services include:

- Unlimited virtual coaching
- Customized goal planning
- Welcome closing cost credits!
- Educational events

Call Kristine Kobe @ **310-292-4090** or **kkobe@imaginehomebenefits.com** to schedule a time to review your homeownership goals, current financial footprint, potential options, then design a short and long-term plan to get you there.

Convenient virtual consultations including evening and weekend availability.

Perks & Discounts

Games
Gear
Discount Program
Fitness
Membership
Computer & Gaming Equipment
Car Buying Service
Phone Service
Student & Personal Loans
Mortgage
Banking
Education

PERKS & DISCOUNTS

Sometimes the little "extras" can make a big difference. Take advantage of these perks, exclusive for employees.

Games

- Receive two free games annually, and year round discounts off MSRP of games through **store.activision.com**
- As a full time ABK employee, your friends and family can take advantage of discounts on games.

Gear

- Use your work email to create an account and receive a discount on **Blizzard gear**
- Use your work email and receive a discount on **Activision gear**

We also have discounts for the following:

- Theme parks, movie tickets, zoos, aquariums, Medieval Times, sporting events, etc.
- Fitness Memberships through Gympass
- Computer & Gaming Equipment
- Car Buying Service
- Phone Service
- Student & Personal Loans
- Mortgages
- Banking
- Education

Visit **https://benefitsforeveryworld.com/discounts** to learn more!

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MEDICAL PLAN COST COMPARISON

The chart below assumes only in-network care is received. Wellness Incentives are received via Benefits@Play and require engagement with the program.

Tier	Plan	Annual Premiums	In-Network Out-of-Pocket Max**	Maximum Wellness Incentive	HSA Employer Contribution	Least You'll Pay (HSA/Max Incentives)	Most You'll Pay (No HSA/Incentives)
Employee Only	CDHP	$0	$4,500	$1,000	$250	($1,250)	$4,500
	PPO 500	$2,912	$3,000	$500	N/A	$2,412	$5,912
	In-Network*	$2,210	$1,500	$500	N/A	$1,710	$3,710
	Centivo EPO	$1,144	$1,500	$500	N/A	$644	$2,644
	Kaiser HMO	$2,548	$1,500	$500	N/A	$2,048	$4,048
EE+SP/DP	CDHP	$2,080	$9,000	$2,000	$250	($170)	$11,080
	PPO 500	$6,968	$6,000	$1,000	N/A	$5,968	$12,968
	In-Network*	$5,928	$3,000	$1,000	N/A	$4,928	$8,928
	Centivo EPO	$3,094	$3,000	$1,000	N/A	$2,094	$6,094
	Kaiser HMO	$6,422	$3,000	$1,000	N/A	$5,422	$9,422
EE+Child(ren)	CDHP	$1,768	$9,000	$2,000	$250	($482)	$10,768
	PPO 500	$5,928	$6,000	$1,000	N/A	$4,928	$11,928
	In-Network*	$5,070	$3,000	$1,000	N/A	$4,070	$8,070
	Centivo EPO	$2,652	$3,000	$1,000	N/A	$1,652	$5,652
	Kaiser HMO	$5,512	$3,000	$1,000	N/A	$4,512	$8,512
Family	CDHP	$2,808	$9,000	$2,000	$250	$558	$11,808
	PPO 500	$10,166	$6,000	$1,000	N/A	$9,166	$16,166
	In-Network*	$8,138	$3,000	$1,000	N/A	$7,138	$11,138
	Centivo EPO	$4,264	$3,000	$1,000	N/A	$3,264	$7,264
	Kaiser HMO	$8,840	$3,000	$1,000	N/A	$7,840	$11,840

*In-Network plan is not available to new enrollees

** Assumes the family out-of-pocket maximum is met for dependent tiers

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EMPLOYEE CONTRIBUTIONS - MEDICAL

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 (Northern CA and Southern CA)*				
Kaiser HMO	$98.00	$247.00	$212.00	$340.00
Kaiser HMO Working Spouse/DP Surcharge	N/A	$293.15	N/A	$386.15

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EMPLOYEE CONTRIBUTIONS – MEDICAL, DENTAL, VISION

HEALTH PLANS	Employee Only	Employee + Spouse / Domestic Partner*	Employee + Child(ren)	Employee + Family
	Your pre-tax bi-weekly cost			
MEDICAL PLANS – *Centivo EPO Coordinated Care (So. CA , NY, NJ, PA, CT)*				
Centivo EPO Coordinated Care	$44.00	$119.00	$102.00	$164.00
Centivo EPO 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

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EMPLOYEE CONTRIBUTIONS – LIFE INSURANCE

SUPPLEMENTAL TERM LIFE INSURANCE		
Age As Of 1/1/2027	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	

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EMPLOYEE CONTRIBUTIONS – ADDITIONAL BENEFITS

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

IDENTITY & DIGITAL PROTECTION	
Employee Only	Family
Your after-tax bi-weekly cost	
$4.13	$7.82

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

GROUP 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

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EMPLOYEE CONTRIBUTIONS – CRITICAL ILLNESS

Critical Illness Insurance Employee Only, Employee + Child(ren) After-tax					
Age As of 1/1/2027	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 1/1/2027	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

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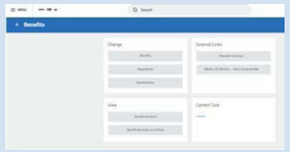
You can get **1:1 support** from our Benefits Communication Specialists. They can help you enroll and answer any questions you may have.

Benefitsforeveryworld.com is our public benefits website which has all of our plans and details. This means your loved ones can review our offerings too!

SupportDesk can answer all of your benefit questions. If you can't find what you're looking for, you can submit a ticket.

Workday is where you can make changes to your benefits. You can also update the contact information for your dependents and beneficiaries.



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CONTACT LIST

	PROVIDERS	CONTACT	WEB
General Benefit Questions	Benefits Department	Submit a SupportDesk ticket	www.benefitsforeveryworld.com
HEALTH & WELLBEING			
Medical Coverage	Aetna Policy# 283155	877-700-0144	Aetna
	Kaiser HMO (Northern & Southern CA only) Policy# 602873 - No.CA Policy# 230080 - So CA	800-464-4000	https://healthy.kaiserpermanente.org/northern-california/front-door
	Centivo EPO (So. CA, NY, NJ, PA, CT only) Policy# ACTBL	833-666-1322	abk.centivo.com
Dental Coverage	Delta Dental HMO Policy# 70878	800-422-4234	https://www1.deltadentalins.com/activisionblizzard
	Delta Dental PPO Policy# 24202	888-335-8227	
Vision Coverage	VSP Policy# 12100613	800-877-7195	www.vsp.com
Pharmacy	Aetna Plans	877-700-0144	Aetna
	Centivo Plan	800-378-0582	https://www.caremark.com/
	Kaiser HMO	800-464-4000	kp.org/pharmacy
Pharmacy Savings Tool	RX Savings Solutions	support@rxss.com	activisionblizzard.rxsavingssolutions.com/register
Video Doctor Visits	Doctor On Demand by Included Health	800-997-6196 support@doctorondemand.com	www.doctorondemand.com/ab
Expert Medical Second Opinions	Included Heath	800-929-0926	https://includedhealth.com/microsite/ab/

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CONTACT LIST *(CONTINUED)*

PROVIDERS		CONTACT	WEB
HEALTH & WELLBEING *(continued)*			
Benefits@Play	Castlight	866-970-2289	https://us.castlighthealth.com/v2/registration/e/activision_blizzard
Mental Health, Coaching, & Substance Use Support	Spring Health	855-629-0554	https://benefits.springhealth.com/abk/
Virtual Physical Therapy & Pelvic Health Support	Sword – Move, Thrive, Bloom	385-430-1424	https://meet.swordhealth.com/abk
Healthy Weight, Pre-Diabetes & Type 2 Diabetes Support	Twin Health	N/A	https://connect.twinhealth.com/abk
Chronic Disease Prevention	Newtopia	888-639-8181 clientcare@newtopia.com	https://join.newtopia.com/landing?regCode=AB
Fertility Treatment	Kindbody	855-423-2286 employeebenefits@kindbody.com	kindbody.com/activate-kindbody-benefit
Perimenopause & Menopause Support	Midi	888-731-8994	https://www.joinmidi.com/abk

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CONTACT LIST *(CONTINUED)*

	PROVIDERS	CONTACT	WEB
INCOME PROTECTION			
Life & Disability	Aflac	800-206-6720	https://learn.aflac.com/activision?=
Accident Insurance	Aflac	N/A	https://learn.aflac.com/activision?=
Critical Illness Insurance	Aflac	N/A	https://learn.aflac.com/activision?=
Whole Life Insurance	UNUM	800-635-5597	www.unum.com/employees
MONEY			
ABK 401(k) Plan	Fidelity Investments	800-835-5095	www.netbenefits.com
529 College Savings Plan	Fidelity Investments	800-544-1914	www.fidelity.com/529-plans/overview
Financial Coaching	My Secure Advantage	888-724-2326	activisionblizzard.mysecureadvantage.com
Health & Dependent Care Accounts	HealthEquity	844-341-4934 memberservices@healthequity.com	www.healthequity.com
Early Wage Access	PayActiv	844-937-6966	payactiv.com/enroll
Homeownership Coaching	Imagine Home Benefits	310-292-4090	kkobe@imaginehomebenefits.com https://www.imaginehomebenefits.com

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	PROVIDERS	CONTACT	WEB
WORK/LIFE			
Family Support	RethinkCare	877-988-8871 support@rethinkcare.com	connect.rethinkcare.com/sponsor/activisionblizzard
Pet Insurance	Nationwide	855-829-0747	https://www.abkvoluntarybenefits.com/
Pet Telehealth	Airvet	support@airvet.com	join.airvet.com/getstarted
Family Care Benefits and Lactation Support	Care.com	866-814-1638	activisionblizzard.care.com
Child Care Concierge	Wonderschool	888-231-5603	ABK@wondershool.com https://corp.wondershool.com/
Family Care Coordination	Wellthy	877-588-3917 service@wellthy.com	join.wellthy.com/ab
MetLife Legal Plans	MetLife	800-821-6400	https://legalplans.com/
Identity & Digital Protection	Aura	855-443-7748	https://www.abkvoluntarybenefits.com/
Auto, Home and Renters Insurance	Multiple Carriers	855-829-0747	https://www.abkvoluntarybenefits.com/
Aflac Travel Assist	Aflac	in North America call toll free: 800-263-4008 outside of North America call collect: 647-258-0124	N/A
Medical Benefits While Traveling Abroad (MBA)	International SOS	215-354-5000	www.internationalsos.com/members

Medical Plan Comparison

Employee Contributions

How to Get Help

Contact List

Glossary of Terms

Glossary of Terms

This guide is intended as an overview of benefits available to regular full time employees or part time employees who are benefit eligible. Temporary employees who work more than 30 hours per week should refer to the Benefits Summary for Temporary Employees located on **www.benefitsforeveryworld.com**

Certain restrictions and limits may apply to each of the plans. If there is ever a conflict among the information provided in this brochure, the plan documents and the summary plan descriptions, the plan documents will govern. In addition, participation in the benefits program does not constitute a right to continued employment with the company. While it is the company's intent to continue these programs, we reserve the right to amend or terminate them at any time for any reason.

GLOSSARY OF TERMS

Charges: The term "charges" means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

Coinsurance: The percentage of charges for covered expenses that an insured person is required to pay under the plan (separate from copayments).

Copays: A copay (or copayment) is a flat fee that you pay on the spot each time you go to your doctor or fill a prescription. For example, if you hurt your back and go see your doctor, or you need a refill of your child's asthma medicine, the amount you pay for that visit or medicine is your copay.

Deductible: The amount of money you must pay each year to cover eligible expenses before your insurance policy starts paying.

In-Network: The term "in-network" refers to health care services that are covered under the provider network established for the medical plan. (i.e., Aetna).

Out-of-Network: The term "out-of-network" refers to care that does not qualify as in-network.

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.