



YOUR 2023 EMPLOYEE CONTRIBUTIONS: SEMI-MONTHLY

HEALTH PLANS				
	Employee Only	Employee + Working Spouse/ Domestic Partner*	Employee + Child/Children	Employee + Family
Your pre-tax semi-monthly cost				
MEDICAL PLANS - Collective Health CDHP				
CDHP	\$0.00	\$86.67	\$73.67	\$117.00
CDHP: Working Spouse/DP Surcharge	N/A	\$136.67	N/A	\$167.00
CDHP: Tobacco User Surcharge	\$20.00	\$106.67	\$93.67	\$137.00
CDHP: Working Spouse/DP + Tobacco User Surcharges	\$20.00	\$156.67	\$93.67	\$187.00
MEDICAL PLANS - Collective Health PPO 500				
PPO 500	\$102.92	\$249.17	\$212.33	\$366.17
PPO 500: Working Spouse/DP Surcharge	N/A	\$299.17	N/A	\$416.17
PPO 500: Tobacco User Surcharge	\$122.92	\$269.17	\$232.33	\$386.17
PPO 500: Working Spouse/DP + Tobacco User Surcharges	\$122.92	\$319.17	\$232.33	\$436.17
MEDICAL PLANS - Kaiser HMO (CA only)				
Kaiser HMO	\$85.58	\$215.58	\$185.25	\$296.83
Kaiser HMO Working Spouse/DP Surcharge	N/A	\$265.58	N/A	\$346.83
Kaiser HMO Tobacco User Surcharge	\$105.58	\$235.58	\$205.25	\$316.83
Kaiser HMO Working Spouse/DP + Tobacco User Surcharges	\$105.58	\$285.58	\$205.25	\$366.83
DENTAL PLANS - Delta Dental				
Delta Dental HMO	\$4.33	\$8.67	\$7.58	\$11.92
Delta Dental PPO	\$7.58	\$14.08	\$15.17	\$20.58
VISION PLAN - VSP				
VSP Vision Plan	\$2.17	\$4.33	\$4.33	\$8.67

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

SUPPLEMENTAL TERM LIFE INSURANCE

Age As Of 1/1/2023	Employee, Working Spouse/ Domestic Partner	Children
Your after-tax semi-monthly cost		
Under 25	\$0.0260	Children Up to Age 26: \$0.1165 per \$1,000 of coverage
35-39	\$0.0325	
40-44	\$0.0460	
45-49	\$0.0700	
50-54	\$0.1105	
55-59	\$0.1775	
60-64	\$0.2725	
65-69	\$0.4995	
70-74	\$1.0190	
75+	\$2.0580	

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

SUPPLEMENTAL ACCIDENT INSURANCE (AD&D)

Employee Only	Family
Your after-tax semi-monthly cost	
\$0.0060 per \$1,000	\$0.0090 per \$1,000

METLIFE LEGAL PLANS

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

SUPPLEMENTAL DISABILITY INSURANCE

Buy-Up STD	Buy-Up LTD
Your pre-tax semi-monthly cost	
\$0.0335 per \$10 of weekly benefit	\$0.0800 per \$100 of covered benefit

IDENTITY GUARD

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