

 **Life** | My Benefits

# 2022 Benefits Summary

**A comprehensive  
comparison of all plans**  
(excluding Hawaii and Puerto Rico)

# KNOW YOUR OPTIONS BEFORE YOU CHOOSE

Review these summary charts to better understand the Disney benefits offered to you. Items in **red** indicate changes for 2022. When you're ready to enroll, go to **D Life | My Benefits (Benefits.Disney.com)**.

**GLOSSARY** – Here's a key to the abbreviations you'll see throughout this summary chart.

ER	FSA	HMO	HRA	HSA	PCP	PPO
Emergency Room	Flexible Spending Account	Health Maintenance Organization	Health Reimbursement Account	Health Savings Account	Primary Care Physician	Preferred Provider Organization

## DENTAL COVERAGE

You have a choice of dental plan options through Delta Dental, and each covers 100% of eligible network preventive care. For more information, go to Delta Dental's website at [wekeepyoumiling.com/disney](http://wekeepyoumiling.com/disney) or call 1-866-902-4835.



PLAN FEATURES	VALUE	ADVANTAGE	DELTACARE USA (Managed care option)
PROVIDER NETWORK	<b>DELTA DENTAL PPO</b> To receive the highest level of benefits, use Delta Dental PPO dentists		<b>DELTACARE USA</b> Managed care option—all dental care must be coordinated through your network dentist
NETWORK SERVICE AREA	<b>NATIONWIDE</b>		Available nationwide. You are eligible if you live in the program's service area (i.e., there is a network provider within 20 miles of your home ZIP code)
ANNUAL DEDUCTIBLE	<b>\$25 (\$75 for out-of-network care)</b> per person Does not apply to preventive or orthodontic services		<b>NONE</b>

## PLAN FEATURES (CONT.)

### VALUE

### ADVANTAGE

### DELTACARE USA

(Managed care option)

#### ANNUAL MAXIMUM BENEFIT

**\$750** per person  
(**\$500** for out-of-network care)

**\$2,000** per person  
(**\$1,500** for out-of-network care)

**NONE**

In-network eligible expenses are based on Delta Dental's negotiated rate. Out-of-network eligible expenses are based on the maximum plan allowance. This applies to Preventive Coverage, Basic Coverage and Major Coverage

All covered procedures have a predetermined copay for services by DeltaCare USA dentists including no or low copays for simple restorative services. A complete copay schedule is available at [wekeepyouSmiling.com/disney](http://wekeepyouSmiling.com/disney)

#### PREVENTIVE COVERAGE

**100%** coverage for exams, cleanings and X-rays. The amount the plan pays for cleanings does not apply to the annual maximum benefit

**100%** coverage for exams, cleanings and X-rays. Certain preventive services may be subject to a copay. No copay for in-network fluoride treatment for children up to age 19

#### BASIC COVERAGE

**80%** coverage for fillings, root canals and extractions

Copay applies

#### MAJOR COVERAGE

**40%** coverage for crowns, bridges, dentures and implants

**50%** coverage for crowns, bridges, dentures and implants

Copay applies

#### ORTHODONTIA

Not covered

**50%** coverage up to **\$2,000** per child to age 26 (lifetime) for in-network care (**\$1,500** for out-of-network care)

You pay a fixed copay for a standard 24-month course of treatment:

- Children under 19: **\$1,700**
- Children 19 to 26 and adults: **\$1,900**
- Retention (removal of appliances and placement of retainers): **\$275**

#### EMERGENCY TREATMENT, PALLIATIVE (TO RELIEVE PAIN)

Plan pays **100%** of eligible expenses, up to the annual maximum benefit

Copay applies

#### DENTAL ACCIDENT

Separate accident coverage pays all covered procedures related to the accident at **100%**, up to a separate **\$1,000** calendar year maximum (per person), then regular in- and out-of-network benefits apply

Dental accidents are covered at the same copays as listed in the copay schedule (subject to standard limitations and exclusions); no maximum applies. A complete copay schedule is available at [wekeepyouSmiling.com/disney](http://wekeepyouSmiling.com/disney)

#### PREDETERMINATION OF BENEFITS

If charges for a course of treatment will exceed **\$500**, have your dentist submit a treatment plan to Delta Dental in advance. Delta Dental will provide you and your dentist with an estimate of coverage

You can contact the plan for a predetermination of benefits. Your dentist must inform you of any additional cost for recommended alternative treatment not covered by the plan

# MEDICAL COVERAGE – PPOs

Disney offers a choice of medical plan options to help you take care of yourself and your family.



## PLAN FEATURES

## CONSUMER CHOICE

mycigna.com 1-800-577-7498

### PROVIDER NETWORK

#### IN NETWORK

**MEDICAL:** Cigna Open Access Plus  
**BEHAVIORAL HEALTH/SUBSTANCE ABUSE:** Cigna Behavioral Health

#### OUT OF NETWORK

**USE ANY PROVIDER**  
To receive the highest level of medical benefits, use Cigna Open Access Plus providers

Note: If you are referred to an out-of-network provider by an in-network provider, out-of-network benefits still apply

### NETWORK SERVICE AREA

NATIONAL

### SAVINGS/ REIMBURSEMENT ACCOUNT

HSA established automatically to help pay for current or future expenses (including deductible). Any 2022 wellness rewards you and your enrolled spouse/partner earn will be deposited in your HSA

#### DISNEY CONTRIBUTION

INDIVIDUAL: \$500  
FAMILY: \$1,000

#### OPTIONAL EMPLOYEE CONTRIBUTION MAXIMUM

INDIVIDUAL: \$2,850  
FAMILY: \$5,700

CATCH-UP CONTRIBUTION: If you are age 55 or older, you may be eligible to contribute an additional \$1,000

### CALENDAR YEAR DEDUCTIBLE

INDIVIDUAL: \$1,600 FAMILY: \$3,200  
Medical and pharmacy combined

All family members contribute toward the family deductible

INDIVIDUAL: \$3,100 FAMILY: \$6,200  
Medical and pharmacy combined

All family members contribute toward the family deductible

### CALENDAR YEAR OUT-OF-POCKET MAXIMUM FOR COVERED EXPENSES

INDIVIDUAL: \$4,000 FAMILY: \$8,000  
Medical and pharmacy combined

All family members contribute toward the family out-of-pocket maximum. If expenses for a family member reach \$6,850, the plan will pay 100% of that individual's eligible expenses for the remainder of the year

INDIVIDUAL: \$8,000 FAMILY: \$16,000  
Medical and pharmacy combined

All family members contribute toward the family out-of-pocket maximum

### MEDICAL PLAN ANNUAL MAXIMUM

UNLIMITED

### MEDICAL PLAN LIFETIME BENEFIT

UNLIMITED

### BENEFITS FOR MOST COVERED SERVICES

Plan pays **80%** of negotiated rate after calendar year deductible

Plan pays **50%** based on two times the allowable Medicare reimbursement rate after calendar year deductible\*

### PREVENTIVE CARE BENEFITS

Plan pays **100%** for covered services. Contact Cigna for details

Plan pays **50%** based on two times the allowable Medicare reimbursement rate after calendar year deductible\*

\* For some covered services, an allowable Medicare reimbursement rate is not established. In these cases, the maximum reimbursable charge is based on the amount charged for that service by 80% of health care professionals in the area where it is received. Expenses applied to in-network deductibles and out-of-pocket maximums do not apply to out-of-network deductibles and out-of-pocket maximums, and vice versa.

# PLAN FEATURES (CONT.)

## CONSUMER CHOICE

mycigna.com 1-800-577-7498

### IN NETWORK

### OUT OF NETWORK

#### EMERGENCY/ URGENT CARE SERVICES

Plan pays **80%** of negotiated rate after calendar year deductible

#### VIRTUAL CARE

Access to primary care and counseling services from local board-certified providers by phone or video using the MyPremise Health app. Plan pays **80%** of negotiated rate after calendar year deductible

Not covered

#### INPATIENT FACILITY SERVICES

Plan pays **80%** of negotiated rate after calendar year deductible

Plan pays **50%** based on two times the allowable Medicare reimbursement rate after calendar year deductible.\* You or your doctor must contact Cigna before admission or procedure, or an additional **\$500** deductible may apply, which does not apply to the out-of-pocket maximum. It is your responsibility to make sure Cigna is contacted

#### X-RAY/LABORATORY/IMAGING SERVICES

Plan pays **80%** of negotiated rate after calendar year deductible

Plan pays **50%** based on two times the allowable Medicare reimbursement rate after calendar year deductible\*

#### CHIROPRACTIC CARE

Plan pays **80%** of negotiated rate after calendar year deductible, up to 35 visits per calendar year (in- and out-of-network combined) for all conditions

Plan pays **50%** based on two times the allowable Medicare reimbursement rate after calendar year deductible,\* up to 35 visits per calendar year (in- and out-of-network combined) for all conditions

#### FERTILITY TREATMENT

Family building benefit administered by WINFertility provides a lifetime maximum of **\$75,000** for fertility, surrogacy and adoption services, including coverage for egg and sperm freezing.\*\* Plan pays **80%** of negotiated rate for covered fertility services in-network after calendar year deductible. Contact Cigna for details

Not covered

#### TRANSGENDER BENEFITS

Coverage is provided for transgender benefits. Contact Cigna for details

#### CARDIAC REHAB, PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY

Plan pays **80%** of negotiated rate after calendar year deductible, up to 50 visits per calendar year (unlimited physical, speech and occupational therapy visits for autism spectrum disorders; in- and out-of-network combined) for all conditions. Speech therapy requires preauthorization. Contact Cigna for details

Plan pays **50%** based on two times the allowable Medicare reimbursement rate after calendar year deductible,\* up to 50 visits per calendar year (unlimited physical, speech and occupational therapy visits for autism spectrum disorders; in- and out-of-network combined) for all conditions. Speech therapy requires preauthorization. Contact Cigna for details

#### HEARING AIDS

Plan pays **80%** of negotiated rate after calendar year deductible, up to **\$6,000** for hearing aids (up to 2 devices) for each covered individual, every three years. Includes testing, fitting and repairs up to allowance. Services can be accessed through Amplifon or hearing aids can be purchased from an out-of-network retailer

#### ACUPUNCTURE

Plan pays **80%** of negotiated rate after calendar year deductible, up to 10 visits per calendar year (in- and out-of-network combined) for all conditions

Plan pays **50%** based on two times the allowable Medicare reimbursement rate after calendar year deductible,\* up to 10 visits per calendar year (in- and out-of-network combined) for all conditions

#### PREAUTHORIZATION REQUIREMENTS

Your doctor is responsible for obtaining any required authorization from Cigna

#### BEHAVIORAL HEALTH†

Plan pays **80%** of negotiated rate after calendar year deductible. Prior authorization required. For Applied Behavioral Analysis (ABA), contact Cigna for details

Plan pays **50%** based on two times the allowable Medicare reimbursement rate after calendar year deductible\*

\* For some covered services, an allowable Medicare reimbursement rate is not established. In these cases, the maximum reimbursable charge is based on the amount charged for that service by **80%** of health care professionals in the area where it is received. Expenses applied to in-network deductibles and out-of-pocket maximums do not apply to out-of-network deductibles and out-of-pocket maximums, and vice versa.

\*\* You may be required to pay the initial cost of some services and file a claim for reimbursement. Some benefits may be taxable.

† The Employee Assistance Program (EAP) through Cigna Behavioral Health pays **100%** of the first five in-network visits (per concern), then plan coverage begins. Note: The number of free EAP visits has been expanded to ten through 2022.

# MEDICAL COVERAGE – PPOs (cont.)

Disney offers a choice of medical plan options to help you take care of yourself and your family.



## PLAN FEATURES

### BASIC PPO

mycigna.com 1-800-577-7498

#### IN NETWORK

**MEDICAL:** Cigna Open Access Plus  
**BEHAVIORAL HEALTH/SUBSTANCE ABUSE:**  
 Cigna Behavioral Health

Note: If you are referred to an **out-of-network** provider by an **in-network** provider, **out-of-network** benefits still apply

#### OUT OF NETWORK

**USE ANY PROVIDER**  
 To receive the highest level of medical benefits,  
 use **Cigna Open Access Plus** providers

#### PROVIDER NETWORK

#### NETWORK SERVICE AREA

NATIONAL

#### SAVINGS/ REIMBURSEMENT ACCOUNT

HRA established automatically (if eligible) to help pay for current or future expenses (including deductible) with any 2022 wellness rewards you and your enrolled spouse/partner earn. No employee contributions allowed

Optional employee contributions to Health Care FSA: Up to **\$2,750** in 2022

#### CALENDAR YEAR DEDUCTIBLE

**INDIVIDUAL: \$1,200    FAMILY: \$2,400**

**INDIVIDUAL: \$2,300    FAMILY: \$4,600**

All family members contribute toward the family deductible. Claims for a family member are covered at the plan coinsurance when his/her individual deductible is satisfied or when the family deductible is satisfied, whichever happens first

#### CALENDAR YEAR OUT-OF-POCKET MAXIMUM FOR COVERED EXPENSES

**INDIVIDUAL: \$6,000    FAMILY: \$12,000**  
 Medical and pharmacy combined

**INDIVIDUAL: \$12,000    FAMILY: \$24,000**

All family members contribute toward the family out-of-pocket maximum. Claims for a family member are covered at **100%** when his/her individual out-of-pocket maximum is satisfied or when the family out-of-pocket maximum is satisfied, whichever happens first

#### MEDICAL PLAN ANNUAL MAXIMUM

UNLIMITED

#### MEDICAL PLAN LIFETIME BENEFIT

UNLIMITED

#### BENEFITS FOR MOST COVERED SERVICES

Plan pays **70%** of negotiated rate after calendar year deductible

Plan pays **40%** based on two times the allowable Medicare reimbursement rate after calendar year deductible\*

#### PREVENTIVE CARE BENEFITS

Plan pays **100%** for covered services. Contact Cigna for details

Plan pays **40%** based on two times the allowable Medicare reimbursement rate after calendar year deductible\*

\* For some covered services, an allowable Medicare reimbursement rate is not established. In these cases, the maximum reimbursable charge is based on the amount charged for that service by **80%** of health care professionals in the area where it is received. Expenses applied to **in-network** deductibles and out-of-pocket maximums do not apply to **out-of-network** deductibles and out-of-pocket maximums, and vice versa.

# PLAN FEATURES (CONT.)

## BASIC PPO

mycigna.com 1-800-577-7498

### IN NETWORK

### OUT OF NETWORK

#### EMERGENCY/ URGENT CARE SERVICES

Plan pays **70%** of negotiated rate after calendar year deductible, plus you pay a separate:

- **\$150** copay per ER visit (waived if admitted)
- **\$50** copay per urgent care facility visit (waived if admitted)

#### VIRTUAL CARE

Access to primary care and counseling services from local board-certified providers by phone or video using the MyPremise Health app. Plan pays **70%** of negotiated rate after calendar year deductible

Not covered

#### INPATIENT FACILITY SERVICES

Plan pays **70%** of negotiated rate after calendar year deductible

Plan pays **40%** based on two times the allowable Medicare reimbursement rate after calendar year deductible.\* You or your doctor must contact Cigna before admission or procedure, or an additional **\$500** deductible may apply, which does not apply to the out-of-pocket maximum. It is your responsibility to make sure Cigna is contacted

#### X-RAY/LABORATORY/ IMAGING SERVICES

Plan pays **70%** of negotiated rate after calendar year deductible

Plan pays **40%** based on two times the allowable Medicare reimbursement rate after calendar year deductible\*

#### CHIROPRACTIC CARE

Plan pays **70%** of negotiated rate after calendar year deductible, up to 35 visits per calendar year (in- and out-of-network combined) for all conditions

Plan pays **40%** based on two times the allowable Medicare reimbursement rate after calendar year deductible,\* up to 35 visits per calendar year (in- and out-of-network combined) for all conditions

#### FERTILITY TREATMENT

Family building benefit administered by WINFertility provides a lifetime maximum of **\$75,000** for fertility, surrogacy and adoption services, including coverage for egg and sperm freezing.\*\* Plan pays **70%** of negotiated rate for covered fertility services **in-network** after calendar year deductible. Contact Cigna for details

Not covered

#### TRANSGENDER BENEFITS

Coverage is provided for transgender benefits. Contact Cigna for details

#### CARDIAC REHAB, PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY

Plan pays **70%** of negotiated rate after calendar year deductible, up to 50 visits per calendar year (unlimited physical, speech and occupational therapy visits for autism spectrum disorders; in- and out-of-network combined) for all conditions. Speech therapy requires preauthorization. Contact Cigna for details

Plan pays **40%** based on two times the allowable Medicare reimbursement rate after calendar year deductible,\* up to 50 visits per calendar year (unlimited physical, speech and occupational therapy visits for autism spectrum disorders; in- and out-of-network combined) for all conditions. Speech therapy requires preauthorization. Contact Cigna for details

#### HEARING AIDS

Plan pays **70%** of negotiated rate after calendar year deductible, up to **\$6,000** for hearing aids (up to 2 devices) for each covered individual, every three years. Includes testing, fitting and repairs up to allowance. **\$20 copay per routine hearing exam when medically necessary.** Services can be accessed through Amplifon or hearing aids can be purchased from an out-of-network retailer

#### ACUPUNCTURE

Plan pays **70%** of negotiated rate after calendar year deductible, up to 10 visits per calendar year (in- and out-of-network combined) for all conditions

Plan pays **40%** based on two times the allowable Medicare reimbursement rate after calendar year deductible,\* up to 10 visits per calendar year (in- and out-of-network combined) for all conditions

#### PREAUTHORIZATION REQUIREMENTS

Your doctor is responsible for obtaining any required authorization from Cigna

You are responsible for obtaining any required authorization from Cigna

#### BEHAVIORAL HEALTH†

Plan pays **70%** of negotiated rate after calendar year deductible. Prior authorization required. For Applied Behavioral Analysis (ABA), contact Cigna for details

Plan pays **40%** based on two times the allowable Medicare reimbursement rate after calendar year deductible.\* Requires preauthorization

\* For some covered services, an allowable Medicare reimbursement rate is not established. In these cases, the maximum reimbursable charge is based on the amount charged for that service by **80%** of health care professionals in the area where it is received. Expenses applied to **in-network** deductibles and out-of-pocket maximums do not apply to **out-of-network** deductibles and out-of-pocket maximums, and vice versa.

\*\* You may be required to pay the initial cost of some services and file a claim for reimbursement. Some benefits may be taxable.

† The Employee Assistance Program (EAP) through Cigna Behavioral Health pays **100%** of the first five **in-network** visits (per concern), then plan coverage begins. Note: The number of free EAP visits has been expanded to ten through 2022.

# MEDICAL COVERAGE – HMOs

Disney offers a choice of medical plan options to help you take care of yourself and your family.



## PLAN FEATURES

### CIGNA HMO

mycigna.com 1-800-577-7498

#### PROVIDER NETWORK

**MEDICAL:** Cigna Network  
**BEHAVIORAL HEALTH/SUBSTANCE ABUSE:** Cigna Behavioral Health  
All medical care must be coordinated through your **PCP**

#### NETWORK SERVICE AREA

Available in all states except Hawaii, Montana, Nebraska, North Dakota, South Dakota and Wyoming, and certain ZIP codes in Central Florida

#### SAVINGS/ REIMBURSEMENT ACCOUNT

**HRA** established automatically (if eligible) to help pay for current or future expenses (including deductible) with any 2022 wellness rewards you and your enrolled spouse/partner earn. No employee contributions allowed

Optional employee contributions to **Health Care FSA:** Up to **\$2,750** in 2022

#### CALENDAR YEAR DEDUCTIBLE

**INDIVIDUAL: \$300    FAMILY: \$600**

All family members contribute toward the family deductible

Claims for a family member are covered at the plan coinsurance when his/her individual deductible is satisfied or when the family deductible is satisfied, whichever happens first

#### CALENDAR YEAR OUT-OF-POCKET MAXIMUM FOR COVERED EXPENSES

**INDIVIDUAL: \$3,500    FAMILY: \$7,000**

Medical and pharmacy combined

All family members contribute toward the family out-of-pocket maximum. Claims for a family member are covered at **100%** when his/her individual out-of-pocket maximum is satisfied or when the family out-of-pocket is satisfied, whichever happens first

#### MEDICAL PLAN ANNUAL MAXIMUM

**UNLIMITED**

#### MEDICAL PLAN LIFETIME BENEFIT

**UNLIMITED**

#### BENEFITS FOR MOST COVERED SERVICES

**\$20** copay for network office visits (**\$10** at Center for Living Well)  
**\$40** copay for network specialist visits  
Plan pays **90%** of negotiated rate after calendar year deductible for most other covered services

No benefits are payable outside the network, except in the case of emergency

#### PREVENTIVE CARE BENEFITS

Plan pays **100%** for covered services. Contact **Cigna** for details



# PLAN FEATURES (CONT.)

## CIGNA HMO

mycigna.com 1-800-577-7498

### EMERGENCY/ URGENT CARE SERVICES

**\$200** copay per ER visit (waived if admitted)  
**\$50** copay per urgent care facility visit (waived if admitted)

### VIRTUAL CARE

Access to primary care and counseling services from local board-certified providers by phone or video using the MyPremise Health app. **\$10** copay per visit

### INPATIENT FACILITY SERVICES

Plan pays **90%** of negotiated rate after calendar year deductible

### X-RAY/LABORATORY/ IMAGING SERVICES

Plan pays **90%** of negotiated rate at outpatient facility and **100%** at a contracted independent facility

### CHIROPRACTIC CARE

Self-refer to a contracted provider for up to 35 visits per calendar year; **\$20** copay per visit

### FERTILITY TREATMENT

Family building benefit administered by WINFertility provides a lifetime maximum of **\$75,000** for fertility, surrogacy and adoption services, including coverage for egg and sperm freezing.\* Plan pays **90%** of negotiated rate for covered fertility services **in-network** after calendar year deductible.  
Contact **Cigna** for details

### TRANSGENDER BENEFITS

Coverage is provided for transgender benefits. Contact **Cigna** for details

### CARDIAC REHAB, PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY

**\$20** copay per visit. Must be referred by PCP

### HEARING AIDS

Plan pays **90%** of negotiated rate after calendar year deductible, up to **\$6,000** for hearing aids (up to 2 devices) for each covered individual, every three years. Includes testing, fitting and repairs up to allowance. **\$20 copay per routine hearing exam when medically necessary**. Services can be accessed through Amplifon or hearing aids can be purchased from an **out-of-network** retailer

### ACUPUNCTURE

**\$20** copay, up to 10 visits per calendar year for all conditions

### PREAUTHORIZATION REQUIREMENTS

All medical care must be coordinated through your PCP

### BEHAVIORAL HEALTH\*\*

Contact **Cigna** for details

\* You may be required to pay the initial cost of some services and file a claim for reimbursement. Some benefits may be taxable.

\*\* The Employee Assistance Program (EAP) through Cigna Behavioral Health pays **100%** of the first five **in-network** visits (per concern), then plan coverage begins.  
Note: The number of free EAP visits has been expanded to ten through 2022.

# MEDICAL COVERAGE – REGIONAL HMOs

Disney offers a choice of medical plan options to help you take care of yourself and your family.



## PLAN FEATURES

### VALUE SELECT HMO

mycigna.com 1-800-577-7498

(Eligible Southern California residents only)

### ADVENTHEALTH CASTCARE

askallegiance.com/disneyah 1-855-999-1522

### ORLANDO HEALTH CAST ADVANTAGE

askallegiance.com/disneyoh 1-855-999-1522

(Eligible Central Florida residents only)

### KAISER HMO (CA)

my.kp.org/disney 1-800-464-4000

### KAISER HMO (WA)

kp.org/wa 1-888-901-4636

(Eligible Washington State residents only)

## PROVIDER NETWORK

**MEDICAL:** Cigna Value Network  
**BEHAVIORAL HEALTH/  
SUBSTANCE ABUSE:**  
Cigna Behavioral Health

All medical care must be coordinated through your PCP

**MEDICAL:** AdventHealth or Orlando Health  
**BEHAVIORAL HEALTH/  
SUBSTANCE ABUSE:**  
Cigna Behavioral Health

All medical care must be coordinated through your PCP

**MEDICAL:** Kaiser Permanente  
**BEHAVIORAL HEALTH/  
SUBSTANCE ABUSE:**  
Cigna Behavioral Health (EAP), then Kaiser providers

All care must be coordinated through Kaiser Permanente doctors and facilities

## NETWORK SERVICE AREA

Available in Los Angeles, Orange, San Bernardino and Riverside counties in Southern California. Contact **Cigna** for details

Available in certain Central Florida ZIP codes only. Contact **provider network** for details

Available in California and certain Washington State ZIP codes only. Contact **Kaiser** for details

## SAVINGS/ REIMBURSEMENT ACCOUNT

HRA established automatically (if eligible) to help pay for current or future expenses (including deductible) with any 2022 wellness rewards you and your enrolled spouse/partner earn. No employee contributions allowed

Optional employee contributions to Health Care FSA: Up to **\$2,750** in 2022

## CALENDAR YEAR DEDUCTIBLE

**INDIVIDUAL: \$300 FAMILY: \$600**

All family members contribute toward the family deductible

Claims for a family member are covered at the plan coinsurance when his/her individual deductible is satisfied or when the family deductible is satisfied, whichever happens first

**NONE**

## CALENDAR YEAR OUT-OF-POCKET MAXIMUM FOR COVERED EXPENSES

**INDIVIDUAL: \$3,500 FAMILY: \$7,000**

Medical and pharmacy combined

All family members contribute toward the family out-of-pocket maximum. Claims for a family member are covered at **100%** when his/her individual out-of-pocket maximum is satisfied or when the family out-of-pocket is satisfied, whichever happens first

**INDIVIDUAL: \$1,500**

**FAMILY: \$3,000**

Medical and pharmacy combined

## MEDICAL PLAN ANNUAL MAXIMUM

**UNLIMITED**

## MEDICAL PLAN LIFETIME BENEFIT

**UNLIMITED**

## BENEFITS FOR MOST COVERED SERVICES

**\$10** copay for network office visits  
**\$40** copay for network specialist visits  
Plan pays **90%** of negotiated rate after calendar year deductible for most other covered services

**\$20** copay for network office visits  
**(\$10** at Center for Living Well)  
**\$40** copay for network specialist visits  
Plan pays **90%** of negotiated rate after calendar year deductible for most other covered services

**\$20** copay  
**\$30** copay for network specialist visits

No benefits are payable outside the network, except in the case of emergency

## PREVENTIVE CARE BENEFITS

Plan pays **100%** for covered services. Contact **Cigna** for details

Plan pays **100%** for covered services. Contact **provider network** for details

Plan pays **100%** for covered services. Contact **Kaiser** for details

# PLAN FEATURES (CONT.)

## VALUE SELECT HMO

mycigna.com 1-800-577-7498

(Eligible Southern California residents only)

## ADVENTHEALTH CASTCARE

askallegiance.com/disneyah 1-855-999-1522

## ORLANDO HEALTH CAST ADVANTAGE

askallegiance.com/disneyoh 1-855-999-1522

(Eligible Central Florida residents only)

## KAISER HMO (CA)

my.kp.org/disney 1-800-464-4000

## KAISER HMO (WA)

kp.org/wa 1-888-901-4636

(Eligible Washington State residents only)

### EMERGENCY/ URGENT CARE SERVICES

**\$200** copay per ER visit (waived if admitted)

**\$30** copay per urgent care facility visit (waived if admitted)

**\$200** copay per ER visit (waived if admitted)

**\$50** copay per urgent care facility visit (waived if admitted)

**\$150** copay per ER visit (waived if admitted)

**\$20** copay per urgent care facility visit

### VIRTUAL CARE

Access to primary care and counseling services from local board-certified providers by phone or video using the MyPremise Health app. **\$10** copay per visit

E-visits provide online care from a **Kaiser** provider at no cost 24/7. Video visits available via computer or mobile app

### INPATIENT FACILITY SERVICES

Plan pays **90%** of negotiated rate after calendar year deductible

**\$250** copay per admission

### X-RAY/LABORATORY/ IMAGING SERVICES

Plan pays **90%** of negotiated rate at an outpatient facility and **100%** at a contracted independent facility

Plan pays **100%**

### CHIROPRACTIC CARE

Self-refer to a contracted provider for up to 35 visits per calendar year; **\$10** copay per visit

Self-refer to a contracted provider for up to 35 visits per calendar year; **\$20** copay per visit

**\$15** copay per visit, up to 30 visits per calendar year

### FERTILITY TREATMENT

Family building benefit administered by WINFertility provides a lifetime maximum of **\$75,000** for fertility, surrogacy and adoption services, including coverage for egg and sperm freezing.\* Plan pays **90%** of negotiated rate for covered fertility services **in-network** after calendar year deductible.

Contact **Cigna** for details

Contact **Allegiance** Customer Service for details

Contact **Kaiser** for details

### TRANSGENDER BENEFITS

Coverage is provided for transgender benefits. Contact **Cigna** for details

Coverage is provided for transgender benefits. Contact **Allegiance** Customer Service for details

Coverage is provided for transgender benefits. Contact **Kaiser** for details

### CARDIAC REHAB, PHYSICAL,SPEECH AND OCCUPATIONAL THERAPY

**\$10** copay per visit. Must be referred by **PCP**

**\$20** copay per visit. Must be referred by **PCP**

**\$20** copay per visit. Limited benefits for speech therapy. Contact **Kaiser** for details

### HEARING AIDS

Plan pays **90%** after calendar year deductible, up to **\$6,000** for hearing aids (up to 2 devices) for each covered individual, every three years. Includes testing, fitting and repairs up to allowance. **\$10** copay per routine hearing exam when medically necessary. Services can be accessed through Amplifon or hearing aids can be purchased from an **out-of-network** retailer

Plan pays **90%** after calendar year deductible, up to **\$3,000** per ear for each covered individual, every three years. Includes testing, fitting and repairs up to allowance. Services must be accessed through Amplifon or another IDS supplier

You pay **\$20** copay. Plan pays up to **\$3,000** per ear (if required) for each covered individual, every 36 months. Repairs covered up to allowance after warranty expires

### ACUPUNCTURE

**\$10** copay, up to 10 visits per calendar year for all conditions

**\$20** copay, up to 10 visits per calendar year for all conditions

CA: Limited benefits. Contact **Kaiser** for details

WA: **\$20** copay per visit, up to 12 visits per calendar year

### PREAUTHORIZATION REQUIREMENTS

All medical care must be coordinated through your **PCP**

All authorizations must be coordinated through your **Kaiser** physician

### BEHAVIORAL HEALTH\*\*

Contact **Cigna** for details

Contact **provider network** for details

Contact **Kaiser** for details

\* You may be required to pay the initial cost of some services and file a claim for reimbursement. Some benefits may be taxable.

\*\* The **Employee Assistance Program (EAP)** through **Cigna Behavioral Health** pays **100%** of the first five **in-network** visits (per concern), then plan coverage begins.

Note: The number of free EAP visits has been expanded to ten through 2022.

# PRESCRIPTION DRUG COVERAGE

The information in this section applies to in-network coverage or participating network pharmacies only. Keep in mind:

- Out-of-network benefits do not apply. If you use out-of-network providers, you will be responsible for the entire cost.
- Prescription drug coverage is more cost-effective when you use generic instead of brand-name drugs. If you choose a brand-name drug over a chemically equivalent generic, you will be responsible for the entire cost difference.
- You have the option to fill non-specialty 90-day prescriptions for less than the cost of three monthly refills at Walgreens pharmacies through the Express Scripts Smart90 Program (if enrolled in a Cigna medical option).

For more information about Express Scripts, go to [express-scripts.com](http://express-scripts.com) or call **1-800-375-0596**.  
For more information about Kaiser Permanente, go to [my.kp.org/disney](http://my.kp.org/disney) or call **1-800-464-4000**.



PLAN FEATURES	CONSUMER CHOICE	BASIC PPO	CIGNA HMO
<b>PROVIDER NETWORK</b>	EXPRESS SCRIPTS		
<b>RETAIL BENEFITS (30-DAY SUPPLY OR LESS)</b>	Plan pays <b>80%</b> after calendar year deductible. Certain drugs may be covered at <b>100%</b> and/or not subject to deductible.  See Prescription Drug lists at <a href="http://Benefits.Disney.com">Benefits.Disney.com</a> or contact Express Scripts for details	<b>GENERIC:</b> Up to a <b>\$4</b> copay <b>BRAND:</b> You pay <b>35%</b> of the cost, up to <b>\$80</b> per prescription	Only National Preferred Formulary drugs are covered. Some drugs require preauthorization
<b>HOME DELIVERY BENEFITS (90-DAY SUPPLY MAXIMUM)</b>  SAME PRICING AVAILABLE OVER-THE-COUNTER AT WALGREENS, CENTER FOR LIVING WELL AND PHARMACY FOR LIVING WELL	Plan pays <b>80%</b> after calendar year deductible. Certain drugs may be covered at <b>100%</b> and/or not subject to deductible.  See Prescription Drug lists at <a href="http://Benefits.Disney.com">Benefits.Disney.com</a> or contact Express Scripts for details	<b>GENERIC:</b> Up to an <b>\$8</b> copay <b>BRAND:</b> You pay <b>30%</b> of the cost, up to <b>\$160</b> per prescription	Only National Preferred Formulary drugs are covered. Some drugs require preauthorization
<b>ANNUAL PRESCRIPTION DEDUCTIBLE</b>	<b>INDIVIDUAL: \$1,600</b> <b>FAMILY: \$3,200</b>  Medical and pharmacy combined	NONE	
<b>PHARMACY OUT-OF-POCKET MAXIMUM</b>	<b>INDIVIDUAL: \$4,000</b> <b>FAMILY: \$8,000</b>  Medical and pharmacy combined	<b>INDIVIDUAL: \$6,000</b> <b>FAMILY: \$12,000</b>  Medical and pharmacy combined	<b>INDIVIDUAL: \$3,500</b> <b>FAMILY: \$7,000</b>  Medical and pharmacy combined
<b>PRE-AUTHORIZATION/STEP THERAPY/SPECIALTY MEDICATIONS</b>	Some drugs require preauthorization/Step Therapy. Step Therapy applies for most specialty medications. Specialty drugs are required to be dispensed through Express Scripts' Accredo specialty pharmacy unit. Contact Express Scripts for details  Some medications, including compound prescriptions, will not be covered unless approved by Express Scripts through the prior authorization process		

# PRESCRIPTION DRUG COVERAGE—REGIONAL HMOs

## PLAN FEATURES

### PROVIDER NETWORK

### RETAIL BENEFITS (30-DAY SUPPLY OR LESS)

### HOME DELIVERY BENEFITS (90-DAY SUPPLY MAXIMUM)

SAME PRICING AVAILABLE OVER-THE-COUNTER AT WALGREENS, CENTER FOR LIVING WELL AND PHARMACY FOR LIVING WELL

### ANNUAL PRESCRIPTION DEDUCTIBLE

### PHARMACY OUT-OF-POCKET MAXIMUM

### PRE-AUTHORIZATION/STEP THERAPY/SPECIALTY MEDICATIONS

## VALUE SELECT HMO

## ADVENTHEALTH CASTCARE

## ORLANDO HEALTH CAST ADVANTAGE

## KAISER HMO (CA)

## KAISER HMO (WA)

### EXPRESS SCRIPTS

### KAISER PERMANENTE

**GENERIC:** Up to a **\$4** copay  
**BRAND:** You pay **35%** of the cost, up to **\$100** per prescription

**GENERIC:** Up to a **\$4** copay  
**BRAND:** You pay **35%** of the cost, up to **\$80** per prescription

**GENERIC:** **\$10** copay  
**BRAND:** **\$25** copay

Only National Preferred Formulary drugs are covered. Some drugs require preauthorization

Only formulary-listed drugs are covered

**GENERIC:** Up to an **\$8** copay  
**BRAND:** You pay **30%** of the cost, up to **\$200** per prescription

**GENERIC:** Up to an **\$8** copay  
**BRAND:** You pay **30%** of the cost, up to **\$160** per prescription

**GENERIC:** **\$20** copay (CA: 100-day supply)  
**BRAND:** **\$50** copay (CA: 100-day supply)

Only National Preferred Formulary drugs are covered. Some drugs require preauthorization

Only formulary-listed drugs are covered

### NONE

**INDIVIDUAL: \$3,500**  
**FAMILY: \$7,000**

Medical and pharmacy combined

**INDIVIDUAL: \$1,500**  
**FAMILY: \$3,000**

Medical and pharmacy combined

Some drugs require preauthorization/Step Therapy. Step Therapy applies for most specialty medications. Specialty drugs are required to be dispensed through Express Scripts' Accredited specialty pharmacy unit. Contact Express Scripts for details

Some medications, including compound prescriptions, will not be covered unless approved by Express Scripts through the prior authorization process

Please consult with your Kaiser pharmacist

# VISION COVERAGE

Your two vision plan options offer coverage for an annual eye exam and, like the medical and dental plan options, offer a higher level of benefits when you see a network provider. Also, when you see a network provider, the claims are filed for you. Choose an out-of-network provider and you will need to file a claim yourself. For more information, go to VSP's website at [vsp.com](http://vsp.com) or call 1-800-877-7195.



PLAN FEATURES	BASIC VISION		HIGH VISION	
	VSP NETWORK (includes VSP-participating retail locations)	OUT OF NETWORK	VSP NETWORK (includes VSP-participating retail locations)	OUT OF NETWORK
<b>ROUTINE EYE EXAM</b>	Plan pays <b>100%</b>	Plan pays up to <b>\$19</b>	Plan pays <b>100%</b>	Plan pays up to <b>\$19</b>
<b>LENSES BENEFIT</b>	<b>\$40</b> copay (includes single vision, lined bifocal, trifocal and scratch-resistant; polycarbonate lenses are included for dependent children); available every other calendar year	Limited scheduled amount on single vision, lined bifocal and trifocal lenses	<b>\$10</b> copay (includes single vision, lined bifocal, trifocal, lenticular, progressive, scratch-resistant, UV coating and anti-reflective; polycarbonate lenses are included for dependent children); available once per calendar year	Limited scheduled amount on single vision, lined bifocal and trifocal lenses
<b>FRAMES BENEFIT</b>	Plan pays up to <b>\$130</b> (up to <b>\$150</b> for featured frame brands) with <b>20%</b> discount if price exceeds maximum; available every other calendar year  Plan pays up to <b>\$70</b> at Costco	Plan pays up to <b>\$22</b>	Plan pays up to <b>\$155</b> (up to <b>\$175</b> for featured frame brands) with <b>20%</b> discount if price exceeds maximum; available once per calendar year  Plan pays up to <b>\$85</b> at Costco	Plan pays up to <b>\$22</b>
<b>CONTACT LENSES (IN LIEU OF LENSES AND FRAMES)</b>	<b>\$40</b> copay for contact lenses exam (fitting and evaluation); plan pays up to <b>\$130</b> for contact lenses (materials); available every other calendar year	Plan pays up to <b>\$130</b>	<b>\$10</b> copay for contact lenses exam (fitting and evaluation); plan pays up to <b>\$155</b> for contact lenses (materials); available once per calendar year	Plan pays up to <b>\$130</b>
<b>COMPUTER VISION CARE</b>	NONE		<b>\$10</b> copay for lenses every calendar year. Plan pays up to <b>\$90</b> for frames, with <b>20%</b> discount if price exceeds the maximum; available every other calendar year	NONE
<b>ADDITIONAL DISCOUNTS</b>	<ul style="list-style-type: none"> <li>• <b>30%</b> discount on additional pairs of glasses purchased from the same provider on the day of your exam</li> <li>• <b>20%</b> discount on additional pairs of glasses purchased within 12 months of your last covered exam</li> <li>• Average <b>15%</b> off the regular price of laser vision correction or <b>5%</b> off the promotional price; discounts only available from VSP-contracted facilities</li> </ul>			

Note: You can only get frames/lenses or contact lenses during a calendar year, not both.

# INSURANCE COVERAGE

## EMPLOYEE LIFE INSURANCE

Disney provides a basic life insurance benefit at no cost to you, and you may also have the option to purchase additional coverage. The levels of life insurance coverage available to you are shown on your **Personal Fact Sheet** or online **Printable Benefit Choices** during enrollment. Coverage is issued by **Securian Financial**.

### BASIC COVERAGE

- Disney provides a basic life insurance benefit equal to **one times annual base pay** for hourly employees and **two times annual base pay** for salaried employees\*
- You can also choose coverage of **\$50,000** (if less than the Company-provided amount)
- Maximum coverage is **\$1,000,000**
- If the value of your basic policy exceeds **\$50,000**, the amount Disney pays in premiums for coverage above **\$50,000** will be considered taxable income and will appear on your annual W-2 Form

\* Amount of coverage may vary based on the terms of an applicable collective bargaining agreement.

### SUPPLEMENTAL COVERAGE

- You may have access to supplemental life insurance coverage of up to eight times your annual base pay, subject to the plan coverage maximum of **\$2,000,000**
- You will pay for supplemental coverage through after-tax contributions from your paycheck
- Cost of this coverage is based on your age

## DEPENDENT LIFE INSURANCE

Disney provides a basic life insurance benefit for your dependents at no cost to you, and you may elect additional coverage for your spouse/partner and your eligible children, subject to certain limits and **Evidence of Insurability (EOI)** requirements. You may choose from several levels of coverage, and the cost for spouse/partner coverage is based on your age. If you and your spouse/partner both work for Disney, only one of you can cover each child, and neither of you may cover the other in spouse/partner life insurance.

### SPOUSE/PARTNER LIFE INSURANCE

Ten levels of coverage:

- **\$1,000\***
- **\$5,000**
- **\$10,000**
- **\$25,000**
- **\$50,000**
- **\$75,000**
- **\$100,000**
- **\$150,000**
- **\$200,000**
- **\$250,000**

### CHILD LIFE INSURANCE

Four levels of coverage:

- **\$1,000\***
- **\$5,000**
- **\$10,000**
- **\$20,000**

\* The \$1,000 option is paid for by Disney and will be the default option if you do not make an election.

# INSURANCE COVERAGE

## ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Disney provides you with basic AD&D insurance coverage at no cost to you, and you may also have the option to purchase additional coverage. Coverage is issued by Securian Financial.

### BASIC COVERAGE

- Disney provides a basic AD&D insurance benefit equal to **one times annual base pay** for hourly employees and **two times annual base pay** for salaried employees

### SUPPLEMENTAL COVERAGE

- You may have access to supplemental AD&D insurance coverage of up to four times your annual base pay, subject to the **\$2,000,000** plan maximum
- You will pay for supplemental coverage through after-tax contributions from your paycheck

## LONG-TERM DISABILITY (LTD) INSURANCE

Disney provides you with **Basic LTD** coverage at no cost to you, which pays you a benefit if you cannot work due to an illness or injury. You may also purchase additional coverage, paid with after-tax contributions from your paycheck. You will automatically be enrolled in the **Supplemental LTD** option unless you actively decline coverage during Annual Benefits Enrollment. You will still be enrolled in **Basic LTD** coverage. EOI is not required for 2022 Benefits Enrollment, however, it will be required if **Supplemental LTD** is elected at a later time. Coverage is issued by **The Hartford**.

### BASIC COVERAGE

Disney provides a **Basic LTD** benefit which pays **50%** of base pay up to a maximum of **\$2,500** per month

### SUPPLEMENTAL COVERAGE

Pays a benefit of **60%** of base pay up to a maximum of **\$30,000** per month

Benefits begin after 90 consecutive days of disability, except for California residents whose benefits begin after 180 consecutive days of disability

A minimum monthly benefit (the greater of **10%** of your monthly calculated benefit or **\$100**) applies regardless of whether you are receiving other disability benefits

## SHORT-TERM DISABILITY (STD) INSURANCE

If you are an eligible hourly employee living in a state that does not have a required state disability program,\* the Company provides a basic STD benefit at no cost to you. Coverage is issued by **The Hartford**.

### BASIC COVERAGE

Disney provides a basic STD benefit equal to **60%** of base pay up to **\$200** per week for eligible hourly employees

### SUPPLEMENTAL COVERAGE

Eligible hourly employees may elect a supplemental STD benefit, up to a combined maximum of **\$1,154** per week. You pay for supplemental coverage through after-tax contributions from your paycheck

\* Required state disability programs apply if you live in California, Hawaii, New Jersey, New York, Puerto Rico or Rhode Island.

Eligibility may vary based on your job status, location and the terms of any applicable bargaining agreement.

This summary chart has been designed to give you some key information about your benefit options and the program changes under the **Disney Signature Benefits Plan** effective January 1, 2022. However, it does not attempt to spell out all the details, provisions, limitations, restrictions and exclusions of the Plan. The Company reserves the right to amend, suspend or terminate the entire plan(s) or any part of the plan(s) at any time. See your Summary Plan Description, or go to **D Life | My Benefits (Benefits.Disney.com)** for additional information about your Disney benefits.