Disney Benefits by your side

2023 Benefits Summary

A comprehensive comparison of 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 2023. When you're ready to enroll, go to the Disney Benefits Portal.

Glossary

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

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

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	
	IN NETWORK	**OUT OF NETWORK**
Provider Network	**Medical:** Cigna Open Access Plus **Behavioral Health/Substance Abuse:** Cigna Behavioral Health	**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 2023 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: **$3,050** | Family: **$6,150** **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*
Emergency/Urgent Care Services	Plan pays **80%** of negotiated 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 (continued)	Consumer Choice mycigna.com | 1-800-577-7498	
	IN NETWORK	OUT OF NETWORK
Virtual Care through CLW/Premise Health	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 adoptionservices, 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 for covered services. 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 ten **in-network** visits (per concern), then plan coverage begins.

Medical Coverage—PPOs (continued)

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	**OUT OF NETWORK**
Provider Network	**Medical:** Cigna Open Access Plus **Behavioral Health/Substance Abuse:** Cigna Behavioral Health	**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	**HRA** established automatically (if eligible) to help pay for current or future expenses (including deductible) with any 2023 wellness rewards you and your enrolled spouse/partner earn. No employee contributions allowed Optional employee contributions to Health Care FSA: Up to **$2,850** in 2023	
Calendar Year Deductible	Individual: **$1,600** | Family: **$3,200**	Individual: **$3,100** | Family: **$6,200**
	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** 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 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*
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)	

* 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 (continued)	Basic PPO mycigna.com | 1-800-577-7498	
	IN NETWORK	OUT OF NETWORK
Virtual Care through CLW/Premise Health	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 adoptionservices, 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 for covered services. 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. 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 ten **in-network** visits (per concern), then plan coverage begins.

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:** 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 2023 wellness rewards you and your enrolled spouse/partner earn. No employee contributions allowed Optional employee contributions to **Health Care FSA**: Up to **$2,850** in 2023
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
Emergency/Urgent Care Services	**$200** copay per **ER** visit (waived if admitted) **$50** copay per urgent care facility visit (waived if admitted)
Virtual Care through CLW/Premise Health	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

Plan Features (continued)	Cigna HMO mycigna.com | 1-800-577-7498
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 adoptionservices, 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 for covered services. Contact **Cigna** for details
Cardiac Rehab, Physical, Speech and Occupational Therapy	**$20** copay per visit. Must be referred by **PCP**. Speech Therapy requires preauthorization
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**	**$20** copay per outpatient office visit. Plan pays **90%** of negotiated rate after calendar year deductible for all other services

* 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 ten **in-network** visits (per concern), then plan coverage begins.

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 2023 wellness rewards you and your enrolled spouse/partner earn. No employee contributions allowed Optional employee contributions to Health Care FSA: Up to **$2,850** in 2023		
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		Individual: **$1,500** | Family: **$3,000** 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 maximum is satisfied, whichever happens first*		
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
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 (continued)	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 through CLW/Premise Health	Access to primary care and counseling services from local board-certified providers by phone or video using the MyPremise Health app through CLW/Premise Health. $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
Medical Plan Annual Maximum	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 for covered services. 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**. Speech Therapy requires preauthorization	**$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**	**$20** copay per outpatient office visit. Plan pays **90%** of negotiated rate after calendar year deductible for all other services	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 ten **in-network** visits (per concern), then plan coverage begins.

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** or call **1-800-375-0596**.

For more information about Kaiser Permanente, go to **my.kp.org/disney** or call **1-800-464-4000**.

Plan Features	Consumer Choice	Basic PPO	Cigna HMO
Provider Network	Express Scripts		
Retail Benefits (30-Day Supply or Less)	Plan pays **80%** after calendar year deductible. Certain drugs may be covered at **100%** and/or not subject to deductible. See Prescription Drug lists at **Benefits.Disney.com** or contact **Express Scripts** for details	**Generic:** Up to an **$4** copay **Brand:** You pay **35%** of the cost, up to **$80** per prescription Only National Preferred Formulary drugs are covered. Some drugs require preauthorization	
Home Delivery Benefits (90-Day Supply Maximum) Same pricing available over-the-counter at Walgreens, Center for Living Well and Pharmacy for Living Well	Plan pays **80%** after calendar year deductible. Certain drugs may be covered at **100%** and/or not subject to deductible. See Prescription Drug lists at **Benefits.Disney.com** or contact **Express Scripts** for details	**Generic:** Up to an **$8** copay **Brand:** You pay **30%** of the cost, up to **$160** per prescription Only National Preferred Formulary drugs are covered. Some drugs require preauthorization	
Annual Prescription Deductible	Individual: **$1,600** Family: **$3,200** Medical and pharmacy combined	None	
Pharmacy Out-of-Pocket Maximum	Individual: **$4,000** Family: **$8,000** Medical and pharmacy combined	Individual: **$6,000** Family: **$12,000** Medical and pharmacy combined	Individual: **$3,500** Family: **$7,000** Medical and pharmacy combined
Preauthorization/ Step Therapy/ Specialty Medications	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	Value Select HMO	AdventHealth CastCare Orlando Health Cast Advantage	Kaiser HMO (CA) Kaiser HMO (WA)
Provider Network	Express Scripts		Kaiser Permanente
Retail Benefits (30-Day Supply or Less)	**Generic:** Up to an **$4** copay **Brand:** You pay **35%** of the cost, up to **$100** per prescription	**Generic:** Up to an **$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
Home Delivery Benefits (90-Day Supply Maximum) Same pricing available over-the-counter at Walgreens, Center for Living Well and Pharmacy for Living Well	**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: $10** copay (CA: 100-day supply; WA: 90-day supply) **Brand: $25** copay (CA: 100-day supply; WA: 90-day supply) Only formulary-listed drugs are covered
	Only National Preferred Formulary drugs are covered. Some drugs require preauthorization		
Annual Prescription Deductible	None		
Pharmacy Out-of-Pocket Maximum	Individual: **$3,500** | Family: **$7,000** Medical and pharmacy combined		Individual: **$1,500** | Family: **$3,000** Medical and pharmacy combined
Preauthorization/ Step Therapy/ Specialty Medications	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**		Please consult with your **Kaiser** pharmacist

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 **wekeepyousmiling.com/disney** or call **1-866-902-4835**.

Plan Features	Value	Advantage	DeltaCare USA (Managed care option)
Provider Network	**Delta Dental PPO** To receive the highest level of benefits, use **Delta Dental PPO** dentists. **Referrals are not required for specialty care**		**DeltaCare USA** Managed care option—all dental care must be coordinated through your network dentist. **Referrals to a specialist must be obtained from the plan prior to visit. Pediatric referrals are available for children through age 7**
Network Service Area	Nationwide		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	**$25** (**$75** for **out-of-network** care) per person Does not apply to preventive, diagnostic or orthodontic services		None
Annual Maximum Benefit	**$750** per person (**$500** for **out-of-network** care)	**$2,000** per person (**$1,500** for **out-of-network** care)	None 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**
	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**		
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 o**ut-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**
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

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** 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**
Routine Eye Exam	Plan pays **100%**	Plan pays up to **$19**	Plan pays **100%**	Plan pays up to **$19**
Lenses Benefit	**$40** 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	**$10** 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
Frames Benefit	Plan pays up to **$130** (up to **$150** for featured frame brands) with **20%** discount if price exceeds maximum; available every other calendar year Plan pays up to **$70** at **Costco**	Plan pays up to **$22**	Plan pays up to **$155** (up to **$175** for featured frame brands) with **20%** discount if price exceeds maximum; available once per calendar year Plan pays up to **$85** at **Costco**	Plan pays up to **$22**
Contact Lenses (In lieu of lenses and frames)	**$40** copay for contact lenses exam (fitting and evaluation); plan pays up to **$130** for contact lenses (materials); available every other calendar year	Plan pays up to **$130**	**$10** copay for contact lenses exam (fitting and evaluation); plan pays up to **$155** for contact lenses (materials); available every other calendar year	Plan pays up to **$130**
Computer Vision Care	None		**$10** copay for lenses every calendar year. Plan pays up to **$90** for frames, with **20%** discount if price exceeds the maximum; available every other calendar year	None
Additional Discounts	• **30%** discount on additional pairs of glasses purchased from the same provider on the day of your exam • **20%** discount on additional pairs of glasses purchased within 12 months of your last covered exam • Average **15%** off the regular price of laser vision correction or **5%** off the promotional price; discounts only available from **VSP**-contracted facilities			

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

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** and may require **Evidence of Insurability (EOI)**
- You will pay for supplemental coverage through after-tax contributions from your paycheck
- Cost of this coverage is based on your age

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

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.

Accidental Death & 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. If you're newly eligible, you will be automatically enrolled in **Supplemental LTD** unless you actively decline coverage during enrollment. If you elect **Supplemental LTD** after this time, **Evidence of Insurability (EOI)** will be required. 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 working in a state that does not have a required state disability program,* the Company provides a **Basic STD** benefit at no cost to you. You may also purchase additional coverage, paid with after tax contributions from your paycheck. If you're newly eligible and enrolling for the first time, **Evidence of Insurability (EOI)** is not required. If you previously declined **Supplemental STD**, EOI will be required. 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

* Required state disability programs apply if you work 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, 2023. 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 the Disney Benefits Portal for additional information about your Disney benefits.

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