



2026 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 2026. 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
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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	<p>Medical: Cigna Open Access Plus</p> <p>Behavioral Health/Substance Abuse: Cigna Behavioral Health</p> <p><i>Note: If you are referred to an out-of-network provider by an in-network provider, out-of-network benefits still apply</i></p>	<p>Use Any Provider</p> <p>To receive the highest level of medical benefits, use Cigna Open Access Plus providers</p>
Network Service Area	National	
Savings/ Reimbursement Account	<p>HSA established automatically to help pay for current or future expenses (including deductible)</p> <p>Disney Contribution: \$500 per person \$1,000 per family</p> <p>Optional Employee Contribution Maximum: \$3,600 per person \$7,150 per family</p> <p>The maximum assumes you and your enrolled spouse/partner earn 2026 wellness rewards (\$300 each), which are deposited to your HSA</p> <p>Catch-up Contribution: If you are age 55 or older, you may be eligible to contribute an additional \$1,000</p>	
Calendar Year Deductible	<p>\$1,800 per person \$3,600 per family Medical and pharmacy combined</p> <p>All family members contribute toward the family deductible</p>	<p>\$3,300 per person \$6,600 per family Medical and pharmacy combined</p> <p>All family members contribute toward the family deductible</p>
Calendar Year Out-of-Pocket Maximum For Covered Expenses	<p>\$4,200 per person \$8,400 per family Medical and pharmacy combined</p> <p>All family members contribute toward the family out-of-pocket maximum. Once a family member's out-of-pocket expenses reaches \$6,850, that member pays \$0 for eligible expenses for the rest of the year.</p>	<p>\$8,200 per person \$16,400 per family Medical and pharmacy combined</p> <p>All family members contribute toward the family out-of-pocket maximum</p>
Medical Plan Annual Maximum	Unlimited	
Medical Plan Lifetime Benefit	Unlimited	
Benefits For Most Covered Services	You pay 20% of negotiated rate after calendar year deductible	You pay 50% based on two times the allowable Medicare reimbursement rate after calendar year deductible ¹
Preventive Care Benefits	You pay \$0 for covered services. Contact Cigna for details	You pay 50% based on two times the allowable Medicare reimbursement rate after calendar year deductible ¹
Emergency/Urgent Care Services	You pay 20% of negotiated rate after calendar year deductible	

¹For 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	You pay \$0 for MDLIVE virtual visits. For virtual care outside MDLIVE, you pay the same amount you would pay to see that provider in person.	
Inpatient Facility Services	You pay 20% of negotiated rate after calendar year deductible	You pay 50% based on two times the allowable Medicare reimbursement rate after calendar year deductible. ¹ 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	You pay 20% of negotiated rate after calendar year deductible	You pay 50% based on two times the allowable Medicare reimbursement rate after calendar year deductible ¹
Chiropractic Care	You pay 20% of negotiated rate after calendar year deductible, up to 35 visits per calendar year (in- and out-of-network combined)	You pay 50% based on two times the allowable Medicare reimbursement rate after calendar year deductible, ¹ up to 35 visits per calendar year (in- and out-of-network combined)
Fertility Treatment	Family building benefit administered by WIN provides a lifetime maximum of \$75,000 for fertility, surrogacy, and adoption services, including coverage for egg and sperm freezing ² You pay 20% 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	You pay 20% of negotiated rate after calendar year deductible, up to 50 visits per calendar year for cardiac, physical, and occupational visits combined (unlimited physical, speech, and occupational therapy visits for mental health conditions; in- and out-of-network combined). Speech therapy allows up to 50 separate visits. Contact Cigna for details	You pay 50% based on two times the allowable Medicare reimbursement rate after calendar year deductible, ¹ up to 50 visits per calendar year for cardiac, physical, and occupational visits combined (unlimited physical, speech, and occupational therapy visits for mental health conditions; in- and out-of-network combined). Speech therapy allows up to 50 separate visits. Contact Cigna for details
Hearing Aids	You pay 30% of negotiated rate after calendar year deductible, up to \$6,000 for hearing aids (up to two devices) for each covered individual, every 36 months. 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	You pay 20% of negotiated rate after calendar year deductible, up to 10 visits per calendar year (in- and out-of-network combined)	You pay 50% based on two times the allowable Medicare reimbursement rate after calendar year deductible, ¹ up to 10 visits per calendar year (in- and out-of-network combined)
Preauthorization Requirements	Your doctor is responsible for obtaining any required authorization from Cigna	
Behavioral Health³	You pay 20% of negotiated rate after calendar year deductible. Contact Cigna for details	You pay 50% based on two times the allowable Medicare reimbursement rate after calendar year deductible ¹

¹For 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.

²You may be required to pay the initial cost of some services and file a claim for reimbursement. Some benefits may be taxable.

³The **Employee Assistance Program (EAP)** through **Cigna Behavioral Health** pays **100%** of the first 10 **in-network** visits (per topic), 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
	<i>Note: If you are referred to an out-of-network provider by an in-network provider, out-of-network benefits still apply</i>	
Network Service Area	National	
Savings/ Reimbursement Account	HRA established automatically (if eligible) to help pay for current or future expenses (including deductible) with any 2026 wellness rewards you and your enrolled spouse/partner earn. No employee contributions allowed Optional employee contributions to Health Care FSA: Up to \$3,300 in 2026	
Calendar Year Deductible	\$1,200 per person \$2,400 per family	\$2,300 per person \$4,600 per family
	<i>All family members contribute toward the family deductible. Claims for a family member are covered at the plan coinsurance when an individual's deductible is satisfied or when the family deductible is satisfied, whichever happens first</i>	
Calendar Year Out-of-Pocket Maximum For Covered Expenses	\$6,000 per person \$12,000 per family Medical and pharmacy combined	\$12,000 per person \$24,000 per family Medical and pharmacy combined
	<i>All family members contribute toward the family out-of-pocket maximum. Claims for a family member are covered at 100% when an individual's out-of-pocket maximum is satisfied or when the family out-of-pocket maximum is satisfied, whichever happens first</i>	
Medical Plan Annual Maximum	Unlimited	
Medical Plan Lifetime Benefit	Unlimited	
Benefits For Most Covered Services	You pay 30% of negotiated rate after calendar year deductible	You pay 60% based on two times the allowable Medicare reimbursement rate after calendar year deductible ¹
Preventive Care Benefits	You pay \$0 for covered services. Contact Cigna for details	You pay 60% based on two times the allowable Medicare reimbursement rate after calendar year deductible ¹
Emergency/Urgent Care Services	You pay 30% of negotiated rate after calendar year deductible, plus you pay a separate: <ul style="list-style-type: none"> • \$150 copay per ER visit (waived if admitted) • \$50 copay per urgent care facility visit 	

¹For 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	You pay \$0 for MDLIVE virtual visits. For virtual care outside MDLIVE, you pay the same amount you would pay to see that provider in person	
Inpatient Facility Services	You pay 30% of negotiated rate after calendar year deductible	You pay 60% based on two times the allowable Medicare reimbursement rate after calendar year deductible. ¹ 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	You pay 30% of negotiated rate after calendar year deductible	You pay 60% based on two times the allowable Medicare reimbursement rate after calendar year deductible ¹
Chiropractic Care	You pay 30% of negotiated rate after calendar year deductible, up to 35 visits per calendar year (in- and out-of-network combined)	You pay 60% based on two times the allowable Medicare reimbursement rate after calendar year deductible, ¹ up to 35 visits per calendar year (in- and out-of-network combined)
Fertility Treatment	Family building benefit administered by WIN provides a lifetime maximum of \$75,000 for fertility, surrogacy, and adoptionservices, including coverage for egg and sperm freezing ² You pay 30% 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	You pay 30% of negotiated rate after calendar year deductible, up to 50 visits per calendar year for cardiac, physical, and occupational visits combined (unlimited physical, speech, and occupational therapy visits for mental health conditions; in- and out-of-network combined). Speech therapy allows up to 50 separate visits. Contact Cigna for details	You pay 60% based on two times the allowable Medicare reimbursement rate after calendar year deductible, ¹ up to 50 visits per calendar year for cardiac, physical, and occupational visits combined (unlimited physical, speech, and occupational therapy visits for mental health conditions; in- and out-of-network combined). Speech therapy allows up to 50 separate visits. Contact Cigna for details
Hearing Aids	You pay 30% of negotiated rate after calendar year deductible, up to \$6,000 for hearing aids (up to two 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	You pay 30% of negotiated rate after calendar year deductible, up to 10 visits per calendar year (in- and out-of-network combined)	You pay 60% based on two times the allowable Medicare reimbursement rate after calendar year deductible, ¹ up to 10 visits per calendar year (in- and out-of-network combined)
Preauthorization Requirements	Your doctor is responsible for obtaining any required authorization from Cigna	You are responsible for obtaining any required authorization from Cigna
Behavioral Health³	You pay 30% of negotiated rate after calendar year deductible. Contact Cigna for details	You pay 60% based on two times the allowable Medicare reimbursement rate after calendar year deductible. ¹

¹For 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.

²You may be required to pay the initial cost of some services and file a claim for reimbursement. Some benefits may be taxable.

³The **Employee Assistance Program (EAP)** through **Cigna Behavioral Health** pays **100%** of the first ten **in-network** visits (per topic), 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	<p>Medical: Network</p> <p>Behavioral Health/Substance Abuse: Cigna Behavioral Health</p> <p>All medical care must be coordinated through your PCP</p>
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	<p>HRA established automatically (if eligible) to help pay for current or future expenses (including deductible) with any 2026 wellness rewards you and your enrolled spouse/partner earn. No employee contributions allowed</p> <p>Optional employee contributions to Health Care FSA: Up to \$3,300 in 2026</p>
Calendar Year Deductible	<p>\$400 per person \$800 per family</p> <p>All family members contribute toward the family deductible</p> <p>Claims for a family member are covered at the plan coinsurance when an individual's deductible is satisfied or when the family deductible is satisfied, whichever happens first</p>
Calendar Year Out-of-Pocket Maximum For Covered Expenses	<p>\$3,500 per person \$7,000 per family</p> <p>Medical and pharmacy combined</p> <p>All family members contribute toward the family out-of-pocket maximum. Claims for a family member are covered at 100% when an individual's out-of-pocket maximum is satisfied or when the family out-of-pocket is satisfied, whichever happens first</p>
Medical Plan Annual Maximum	Unlimited
Medical Plan Lifetime Benefit	Unlimited
Benefits For Most Covered Services	<p>You pay \$25 copay for network office visits, including diagnostics (\$0 for MDLIVE virtual visits; \$10 copay at Center for Living Well)</p> <p>No copay for well child exam</p> <p>You pay \$40 copay for network specialist visits</p> <p>You pay 10% of negotiated rate after calendar year deductible for most other covered services</p> <p>No benefits are payable outside the network, except in the case of emergency</p>
Preventive Care Benefits	You pay \$0 for covered services. Contact Cigna for details
Emergency/Urgent Care Services	<p>You pay \$200 copay per ER visit (waived if admitted)</p> <p>You pay \$50 copay per urgent care facility visit; \$0 for MDLIVE virtual visits</p>
Virtual Care	You pay \$0 for MDLIVE virtual visits. For virtual care outside MDLIVE, you pay the same amount you would pay to see that provider in person
Inpatient Facility Services	<p>CA: You pay \$0</p> <p>Other locations: You pay 10% of negotiated rate after calendar year deductible</p>

Plan Features (continued)	Cigna HMO mycigna.com 1-800-577-7498
X-Ray/Laboratory/Imaging Services	You pay 10% of negotiated rate after calendar year deductible at outpatient facility and \$0 at a contracted independent facility
Chiropractic Care	You pay \$20 copay, up to 35 visits per calendar year
Fertility Treatment	Family building benefit administered by WIN provides a lifetime maximum of \$75,000 for fertility, surrogacy, and adoption services, including coverage for egg and sperm freezing, across all Disney-sponsored plans, including pharmacy ¹ You pay 10% of negotiated rate for covered fertility services in-network after calendar year deductible. Contact Cigna for details on covered fertility services
Transgender Benefits	Coverage is provided for transgender benefits for covered services. Contact Cigna for details
Cardiac Rehab, Physical, Speech, and Occupational Therapy	You pay \$20 copay per visit (\$0 when for a mental health substance use disorder). Must be referred by PCP . Speech Therapy requires preauthorization
Hearing Aids	You pay 10% of negotiated rate after calendar year deductible for in-network and out-of-network services, up to \$6,000 for hearing aids (up to two devices) for each covered individual, every 36 months. Includes testing, fitting and repairs up to allowance. You pay \$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	You pay \$20 copay, up to 10 visits per calendar year for all conditions
Preauthorization Requirements	All medical care must be coordinated through your PCP
Behavioral Health²	CA: You pay \$20 copay for outpatient services Other locations: You pay \$20 copay per outpatient office visit. You pay \$0 for all other services. Contact Cigna for coverage details

¹You may be required to pay the initial cost of some services and file a claim for reimbursement. Some benefits may be taxable. This maximum does not apply in California.

²The **Employee Assistance Program (EAP)** through **Cigna Behavioral Health** pays **100%** of the first 10 **in-network** visits (per topic), then plan coverage begins.

Medical Coverage—Regional Plans



Disney offers a choice of medical plan options to help you take care of yourself and your family—including Health Maintenance Organization (HMO) options and options that work similar to how an HMO works, based on your zip code.

Plan Features	Value Select HMO mycigna.com 1-800-577-7498 <i>(Eligible Southern California residents only)</i>	AdventHealth CastCare mycigna.com 1-800-577-7498 Orlando Health Cast Advantage mycigna.com 1-800-577-7498 <i>(Eligible Central Florida residents only)</i>	Kaiser HMO (CA) my.kp.org/disney 1-800-464-4000 Kaiser HMO (WA) kp.org/wa 1-888-901-4636 <i>(Eligible Washington State residents only)</i>
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 2026 wellness rewards you and your enrolled spouse/partner earn. No employee contributions allowed Optional employee contributions to Health Care FSA: Up to \$3,300 in 2026		
Calendar Year Deductible	\$400 per person \$800 per family All family members contribute toward the family deductible <i>Claims for a family member are covered at the plan coinsurance when an individual's deductible is satisfied or when the family deductible is satisfied, whichever happens first</i>		None
Calendar Year Out-of-Pocket Maximum For Covered Expenses	\$3,500 per person \$7,000 per family Medical and pharmacy combined <i>All family members contribute toward the family out-of-pocket maximum. Claims for a family member are covered at 100% when an individual's out-of-pocket maximum is satisfied or when the family out-of-pocket maximum is satisfied, whichever happens first</i>		\$1,500 per person \$3,000 per family Medical and pharmacy combined
Medical Plan Annual Maximum	Unlimited		
Medical Plan Lifetime Benefit	Unlimited		
Benefits For Most Covered Services	You pay \$15 copay for network office visits, including diagnostics (\$0 for MDLIVE virtual visits) (\$10 at Center for Living Well) \$0 for well child exam You pay \$40 copay for network specialist visits You pay 10% of negotiated rate after calendar year deductible for most other covered services	You pay \$25 copay for network office visits, including diagnostics For virtual care coverage, visit AdventHealth or Orlando Health (\$10 at Center for Living Well) You pay \$40 copay for network specialist visits You pay 10% of negotiated rate after calendar year deductible for most other covered services	Network office visits, including diagnostics CA: You pay \$25 copay WA: You pay \$20 copay Network specialist visits CA: You pay \$40 copay WA: You pay \$30 copay
Preventive Care Benefits	You pay \$0 for covered services. Contact Cigna for details	You pay \$0 for covered services. Contact provider network for details	You pay \$0 for covered services. Contact Kaiser for details

Plan Features (continued)	Value Select HMO mycigna.com 1-800-577-7498 <i>(Eligible Southern California residents only)</i>	AdventHealth CastCare mycigna.com 1-800-577-7498 Orlando Health Cast Advantage mycigna.com 1-800-577-7498 <i>(Eligible Central Florida residents only)</i>	Kaiser HMO (CA) my.kp.org/disney 1-800-464-4000 Kaiser HMO (WA) kp.org/wa 1-888-901-4636 <i>(Eligible Washington State residents only)</i>
Emergency/Urgent Care Services	You pay \$200 copay per ER visit (waived if admitted) You pay \$0 per MDLIVE urgent care visit You pay \$30 copay per urgent care facility visit	You pay \$200 copay per ER visit (waived if admitted) You pay \$50 copay per urgent care facility visit	ER visit* / Urgent care, you pay: CA: \$200 copay / \$25 copay WA: \$150 copay / \$20 copay *ER visit waived if admitted
Virtual Care	You pay \$0 for MDLIVE virtual visits. For virtual care outside MDLIVE, you pay the same amount you would pay to see that provider in person	For virtual care coverage, visit AdventHealth or Orlando Health You pay \$0	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	You pay 10% of negotiated rate after calendar year deductible		You pay \$250 copay per admission
X-Ray/Laboratory/Imaging Services	You pay 10% of negotiated rate after calendar year deductible at an outpatient facility and \$0 at a contracted independent facility		You pay \$0
Chiropractic Care	You pay \$10 copay per visit, up to 35 visits per calendar year; self-refer to a contracted provider	You pay \$20 copay per visit, up to 35 visits per calendar year; self-refer to a contracted provider	You pay \$15 copay per visit, up to 30 visits per calendar year
Fertility Treatment	Family building benefit administered by WIN provides a lifetime maximum of \$75,000 for fertility, surrogacy, and adoption services, including coverage for egg and sperm freezing across all Disney-sponsored plans, including pharmacy ¹ You pay 10% of negotiated rate for covered fertility services in-network after calendar year deductible		
	Contact Cigna for details on covered fertility services	Contact Cigna for details on covered fertility services	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 Cigna for details	Coverage is provided for transgender benefits. Contact Kaiser for details
Cardiac Rehab, Physical, Speech, and Occupational Therapy	You pay \$10 copay per visit You pay \$0 when for a mental health substance use disorder Must be referred by PCP	You pay \$20 copay per visit (\$10 copay at Center for Living Well) You pay \$0 when for a mental health substance use disorder Must be referred by PCP	You pay copay per visit: CA: \$25 copay WA: \$20 copay Exceptions apply for speech therapy. Contact Kaiser for details
Hearing Aids	You pay 10% after calendar year deductible for in-network and out-of-network services, up to \$6,000 for hearing aids (up to two devices) per person, every 36 months. You pay \$10 copay per routine hearing exam. Services can be accessed through Amplifon or hearing aids can be purchased from an out-of-network retailer	Maximum benefit of \$6,000 for up to two hearing aids per person, every 36 months. You pay \$20 copay per routine hearing exam. Services must be accessed through Amplifon or another IDS supplier	You pay \$20 copay. Plan pays up to \$3,000 per ear (if required) per person, every 36 months
Acupuncture	You pay \$10 copay, up to 10 visits per calendar year for all conditions	You pay \$20 copay, up to 10 visits per calendar year for all conditions	CA: Limited benefits. Contact Kaiser for details WA: You pay \$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 Health²	Contact Cigna for coverage details.	Contact provider network for details	Contact Kaiser for details

¹You may be required to pay the initial cost of some services and file a claim for reimbursement. Some benefits may be taxable.

²The **Employee Assistance Program (EAP)** through **Cigna Behavioral Health** pays **100%** of the first 10 **in-network** visits (per topic), 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 and Duane Reade pharmacies through Express Scripts (if enrolled in a Cigna medical option).

For more information about Express Scripts, go to [express-scripts.com](https://www.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)	You pay 20% after calendar year deductible for most drugs. 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: You pay up to \$5 copay Brand: You pay 35% of the cost, up to \$80 per prescription Home delivery required for some specialty medications. Non-formulary brands are not covered	
Home Delivery Benefits (90-Day Supply Maximum)	You pay 20% after calendar year deductible for most drugs. 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: You pay up to \$10 copay Brand: You pay 30% of the cost, up to \$160 per prescription Home delivery required for some specialty medications. Non-formulary brands are not covered	
Annual Prescription Deductible	\$1,800 per person \$3,600 per family Medical and pharmacy combined	None	
Pharmacy Out-of-Pocket Maximum	\$4,200 per person \$8,400 per family Medical and pharmacy combined	\$6,000 per person \$12,000 per family Medical and pharmacy combined	\$3,500 per person \$7,000 per family 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 preauthorization process		

Prescription Drug Coverage—Regional Plans

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: You pay up to \$5 copay Brand: You pay 35% of the cost, up to \$80 per prescription		Generic: You pay \$10 copay Brand: You pay \$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)	Generic: You pay up to \$10 copay Brand: You pay 30% of the cost, up to \$160 per prescription		Generic: You pay \$20 copay (CA: 100-day supply; WA: 90-day supply)
	Only National Preferred Formulary drugs are covered. Some drugs require preauthorization. Same pricing available over-the-counter at Walgreens, Duane Reade, Center for Living Well, and Pharmacy for Living Well		Brand: You pay \$50 copay (CA: 100-day supply; WA: 90-day supply) Only formulary-listed drugs are covered
Annual Prescription Deductible	None		
Pharmacy Out-of-Pocket Maximum	\$3,500 per person \$7,000 per family Medical and pharmacy combined		\$1,500 per person \$3,000 per family 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 preauthorization 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. Must use DeltaCare USA contracted dentists
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
	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	You pay \$0 for exams, cleanings, and X-rays. The amount the plan pays for cleanings does not apply to the annual maximum benefit		You pay \$0 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	You pay 20% for fillings, root canals, and extractions		Contact Delta Dental for copay schedule. Out-of-network services are not covered
Major Coverage	You pay 60% for crowns, bridges, dentures, and implants	You pay 50% for crowns, bridges, dentures, and implants	Contact Delta Dental for copay schedule. Out-of-network services are not covered
Orthodontia	Not covered	You pay 50% ; deductible does not apply. \$2,000 lifetime maximum benefit per child to age 26 for in-network care (\$1,500 for out-of-network care)	You pay a fixed copay for a standard 24-month course of treatment: <ul style="list-style-type: none"> • Children under 19: \$1,700 • Children 19 to 26 and adults: \$1,900
Emergency Treatment, Palliative (To Relieve Pain)	You pay \$0		Contact Delta Dental for copay schedule. Out-of-network services are not covered
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		Contact Delta Dental for copay schedule. Out-of-network services are not covered. Standard copays, limitations, and exclusions apply to care for accidental injury
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	You pay \$0	Plan pays up to \$19	You pay \$0	Plan pays up to \$19
Lenses Benefit	You pay \$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	You pay \$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 every calendar year	Limited scheduled amount on single vision, lined bifocal, and trifocal lenses
Frames Benefit	\$130 allowance; 20% discount if price exceeds maximum; available every other calendar year	Plan pays up to \$22	\$155 allowance; 20% discount if price exceeds maximum; available every calendar year	Plan pays up to \$22
Contact Lenses (In lieu of lenses and frames)	You pay \$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	You pay \$10 copay for contact lenses exam (fitting and evaluation); plan pays up to \$155 for contact lenses (materials); available every calendar year	Plan pays up to \$130
Computer Vision Care	None		You pay \$10 copay for lenses every calendar year. Plan pays up to \$90 for frames, available every other calendar year	None
Additional Discounts (In-network coverage only)	<ul style="list-style-type: none"> • 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 • 40% savings on additional complete pairs of prescription glasses applies within 12 months of the initial purchase (lens and frame benefit usage) at the same provider who performed the exam 			

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. Coverage is issued by **Securian Financial**.

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. 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,* Disney 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, 2026. 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.