

SNAPSHOT OF MEDICAL PLANS

AETNA HMO (offered in CA only)



- In-network coverage only
- \$35/\$50 office co-pays for most services
- \$15/\$35/\$60 retail prescription copays

Monthly Employee Premium	
Employee only	\$145.00
Employee plus 1	\$310.00
Family	\$445.00

AETNA POS (traditional PPO)

- In- & out-of-network coverage
- \$750/\$1,500 in-network deductible
- \$35/\$50 office co-pays / 20% coinsurance for most in-network services
- \$15/\$35/\$60 retail prescription copays

Monthly Employee Premium	
Employee only	\$208.00
Employee plus 1	\$440.00
Family	\$635.00

AETNA BASIC PPO (high deductible, catastrophic PPO)

- In- & out-of-network coverage
- \$4,250/\$8,500 in-network deductible
- 20% coinsurance for most in-network services
- 20% retail/mail order prescriptions

Monthly Employee Premium	
Employee only	\$ 65.00
Employee plus 1	\$180.00
Family	\$250.00

SNAPSHOT OF DENTAL PLANS (you can elect dental without medical coverage)

AETNA DMO



- In-network coverage only
- Pre-determined co-pays for most services
- Orthodontia covered

Monthly Employee Premium	
Employee only	\$ 8.00
Employee plus 1	\$ 15.00
Family	\$ 23.00

AETNA PDO

- In- & out-of-network coverage
- \$50/\$150 in-network deductible
- Orthodontia not covered
- \$1,500 in-network annual maximum

Monthly Employee Premium	
Employee only	\$ 40.00
Employee plus 1	\$ 74.00
Family	\$110.00

Visit www.aetna.com to find an in-network doctor or dentist, check claim status, order ID cards, etc.



MORE SNAPSHOTS

VISION SERVICE PLAN (VSP) (you can elect vision without medical and/or dental)



- Company-paid (no payroll deductions)
- Services include an eye exam, glasses or contact lenses every 12 months & frames every 24 months

Visit www.vsp.com to find in-network providers and get more information.

GROUP LIFE INSURANCE & AD&D (METLIFE)



- You will be automatically enrolled in \$50,000 Company-paid Life/AD&D insurance at no cost to you (no payroll deductions) and, if you terminate employment, you have [conversion rights](#) that give you the opportunity to convert to an individual life insurance policy.
- Make sure to submit the [Life Insurance Beneficiary Form](#)

VOLUNTARY BENEFITS (TRANSAMERICA & NATIONWIDE)



- This is your one-time opportunity to enroll in Group Accident and Critical Illness at group rates with no underwriting within 30 days of your initial eligibility
- You can enroll anytime for pet insurance

For Unscripted employees, visit www.warnerhorizon.com/benefits For

WAG employees, visit www.wagbenefits.com

For WB Television employees, visit www.benefitsfortvhires.com

The information contained herein presents only the highlights of certain benefit programs available to eligible production employees (and dependents) effective August 1, 2023. It is not intended as a complete description of each program. Although every effort has been made to ensure that this information is accurate, the provisions of the legal documents that describe the programs will govern in the case of any discrepancy. The plan sponsor, or any successor, reserves the right to amend, modify, suspend, or terminate any program in whole or in part, at any time and for any reason. Please note that these programs do not create an employment contract between you and the Company, and do not give you any right, express or implied, of continued employment with the Company.

