



Universal Orlando Resort

2022 BENEFITS OPEN ENROLLMENT GUIDE

For Full-Time/Regular Team Members



myBenefits





SCOT LAFERTÉ
SENIOR VICE PRESIDENT, HUMAN RESOURCES
UNIVERSAL ORLANDO RESORT

Dear fellow Team Member,

I hope you and your families are safe and well, and that you are taking the necessary steps to stay that way.

At Universal, our Team Members create a legacy of unforgettable experiences every day for our guests. It is you who bring our amazing experiences to life. We realize and respect that our Team Members are critical to our success, and as such, we strive to offer an inclusive environment where our Team Members are proud to work. In addition to providing an extraordinary place to work, we are committed to offering comprehensive benefits that meet the diverse needs of our workforce.

We continually review our health programs to ensure they provide the right level of support, are competitive, and are cost effective. It is important for you to review this enrollment guide as it highlights key details of the available plans and offers tools to help validate that you are selecting the best health plans for you and your family. Be sure to familiarize yourself with the changes this year, so you know what to expect.

I realize and respect this has been a challenging time for so many and encourage you to please continue to focus on your health and well-being. Take the time to make yourself and your family a priority.

Thank you for being a part of the Universal family!

Scot

TABLE OF CONTENTS

What's Changing	4	• Dependent Care Flexible Spending Account	11
How to Enroll	5	• Short-Term and Long-Term Disability	11
What Happens If You Don't Enroll	6	• Life and Accidental Death & Dismemberment (AD&D) Insurance.....	11
Your Benefits Enrollment Options	6	Benefits for Real Life	12
• Medical	7	Cost of Coverage	14
• Dental	9	Annual Notifications	15
• Vision	10		



Open Enrollment is Nov. 4-19, 2021

As we reflect on all we have accomplished together in 2021, we are inspired by the dedication of our Team Members and how you have gone above and beyond to help Universal Orlando reopen its gates and get back to the business of making memories. Looking ahead, we see a bright future, full of amazing memories — for our Team Members and our guests. And you can feel confident knowing that your Universal Orlando benefits will continue to support the things that matter most to you — the health and well-being of you and your family.

As we approach our 2022 Open Enrollment, we want to remind you that this is your opportunity to take a fresh look at the benefits you have today and determine if they are meeting your current needs. More importantly, it's an opportunity to take a careful look at all your options and consider which benefits will best meet your anticipated needs for 2022.

[Read this guide to understand your options and how to enroll.](#)

WHAT'S CHANGING FOR 2022

BENEFITS ELIGIBILITY

Eligibility for coverage is expanding to include all domestic partners and civil union arrangements for the following benefits in all 50 states:

- Medical, Dental and Vision
- Life and AD&D Insurance
- Flexible Spending Account (must be a tax-eligible dependent for expense reimbursement)
- Employee Assistance Program
- Business Travel Accident

In addition, eligibility for child life insurance is being expanded to age 26.

MEDICAL

While you will continue to have access to robust medical benefits, there are a few changes for 2022:

- New deductibles for the Cigna OA Plan: Annual deductibles will increase to:
 - In-Network: \$450/person and \$1,350/family
 - Out-of-Network: \$750/person and \$2,250/family
- New emergency room copays: There will be a \$25 copay increase for emergency room visits:
 - Cigna LocalPlus IN Plan: \$175 to \$200
 - Cigna OA and Cigna OA Plus In-Network Plans: \$150 to \$175
- Cigna's nurse advocates will provide care management, when needed, to bring together the right resources and people to meet your needs.

Money-Saving Pharmacy Enhancements

For Cigna medical participants:

- Participating in the **SaveOnSP Program** reduces your cost to \$0 for specialty drugs. If you do not enroll in the SaveOnSP Program for your eligible specialty drugs, your cost will be 30% of the cost of the medication. You must also use Exclusive Home Delivery through Accredo for specialty drugs (exceptions will be made for HIV specialty medications and prescriptions filled at TeamCare)

If you currently use a specialty drug, you'll receive a letter later this year with instructions on how to enroll.

- **The Patient Assurance Program** can help you manage chronic diabetes and reduce your cost for insulin by helping you ensure that you are taking the medication as prescribed.

LIFE INSURANCE

Prudential will replace Cigna as the new life insurance administrator on January 1, 2022.

Enhanced Dependent Life Insurance Options

You will now have the flexibility to make **separate coverage elections** for your spouse/domestic partner and eligible children up to age 26.

Your current Dependent Life Insurance coverage will not automatically roll over for all options:

- If you are enrolled in the \$10,000 coverage option for Dependent Life Insurance, you must enroll to keep this coverage. It will not roll over to 2022. All other options will default to your current coverage since we have your spouse on file for \$20,000–\$50,000 coverage options.
- Evidence of Insurability (EOI) will be required if you are enrolling your spouse/domestic partner for coverage of \$20,000 or more.
- You must enroll if you want Child Life Insurance. Each dependent child may be covered with a benefit option of \$10,000.

LONG-TERM DISABILITY (LTD)

MetLife will replace New York Life as the LTD administrator on January 1, 2022.

2022 Benefits

You may have access to more benefits than we cover in this guide, like tuition reimbursement and adoption assistance. Go to **UOBenefits.com** to see what you're eligible for.

HOW TO ENROLL

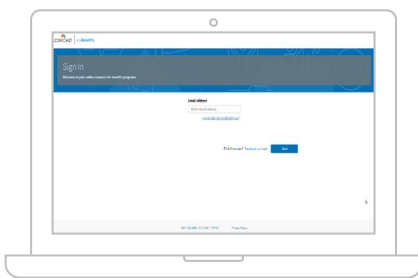
ENTER THE ONLINE UNIVERSE OF BENEFITS

Enrolling is easy. You can find benefits information and enroll through the myBenefits site — access it on any device from anywhere.



myBenefits

1. Log in to [UOBenefits.com](https://uobenefits.com)

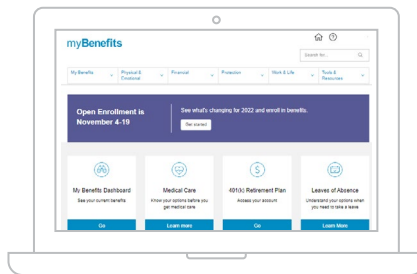


If this is your first time visiting the site

since UOBenefits became myBenefits in August, you have to complete a one-time registration to create new credentials. Do not enter your email address on this screen. Instead, click the **Create an account** link and follow the instructions.

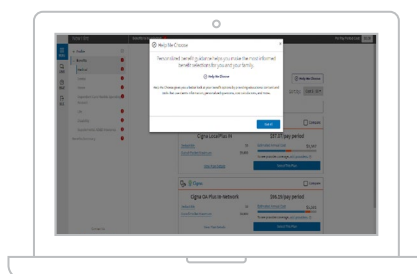
Once you have created your account, sign in with your new password. **Be sure you have access to your phone and email** — you may be prompted to enter security codes from one or both sources to verify your login.

2. Click the **Get Started** button on the purple box on the homepage to go to the Open Enrollment page.



3. Use the resources to make sure you understand your options and what's changing for 2022 before you enroll.

4. Click the **Enroll Now** button to begin the enrollment process. Use the *Help Me Choose* tool for guidance on the options based on your personalized information.



After you enroll, you may need to:

- **Verify your dependents:** If you're covering a dependent for the first time, you will need to submit documentation proving your dependent meets the eligibility requirements. You'll receive instructions in the mail after you enroll.
- **Review and update your beneficiaries:** Your beneficiary is the person who receives your Life and/or Accidental Death & Dismemberment (AD&D) benefit if you pass away, so you'll want to make sure the benefit goes to the person(s) you would like to receive the money.
- **Submit the Evidence of Insurability form:** Only required if you increase Supplemental Life Insurance coverage or are enrolling yourself or a dependent for the first time.

Need help?

Use the chat for virtual assistance or to connect with a benefits representative. You can also call the Benefits Service Center at **844-405-2085**, M-F, 9 a.m. to 7 p.m., ET.

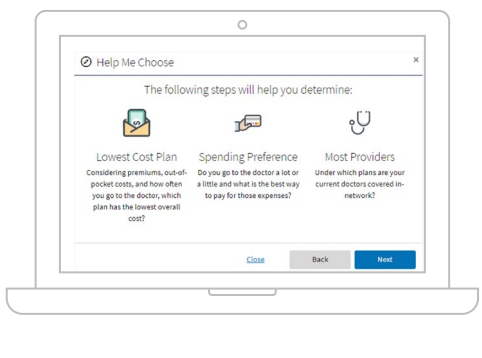
WHAT HAPPENS IF YOU DON'T ENROLL

If you don't take any action, most of your 2021 benefit coverage will continue through 2022. However, you won't be able to contribute to a Dependent Care FSA in 2022. In addition, not all Dependent Life Insurance will continue (see page 11), but you can make changes to your life insurance elections at any time.

You won't be able to change most of your benefits elections until the next Open Enrollment, unless you have a qualifying life event, such as marriage, divorce, or the birth or adoption of a child.

Introducing Help Me Choose

Making enrollment decisions will be a bit easier this year with the introduction of the *Help Me Choose* tool. (Goodbye, Alex.) This tool is built into the enrollment process and can help you decide which benefit plans make the most sense for you and your family. Just answer a few questions and receive a recommendation based on your preferences.



Your Benefits Enrollment Options

You can enroll or make changes to the following benefits during Open Enrollment:

- Medical
- Dental
- Vision
- Dependent Care Flexible Spending Account*
- Supplemental Life and AD&D Insurance for you
- Dependent Life and AD&D Insurance for your spouse/ domestic partner and/or your children
- Short-Term Disability

ELIGIBILITY

You: You are eligible for the benefits described in this guide as long as you are a Regular (Full-time) Team Member. If your employment status changes, you'll have different benefit options.

Your dependents: In general, your spouse/domestic partner and children up to age 26 are eligible for coverage. For the vision plan, unmarried dependent children living in Florida can be covered until age 30. For full details of eligibility of dependents, go to [UOBenefits.com](https://uobenefits.com).

*Certain Team Members, including City Walk Team Members and individuals classified as highly compensated employees, are not eligible to participate in the Dependent Care Flexible Spending Account.




AUTOMATIC BENEFITS

Universal Orlando pays the full cost of some of your benefits. You're automatically enrolled in these benefits — no action required.

- Basic Life Insurance (1x your annual salary), Basic Accidental Death & Dismemberment (1x your annual salary)
- Long-Term Disability
- Travel Accident Insurance, and
- Employee Assistance & Work/Life Programs

MEDICAL

You have three medical plan options through Cigna that offer comprehensive coverage, including free in-network preventive care. Only the Cigna Open Access Plus plan offers out-of-network coverage. If you enroll in one of the other plans and choose to see an out-of-network provider, you are responsible for the full cost of your care unless you have a true emergency.

	Cigna LocalPlus IN	Cigna OA Plus In-Network	Cigna Open Access Plus	
			<i>In-Network</i>	<i>Out-of-Network</i>
Cost Per Paycheck	\$	\$ \$	\$ \$ \$	
Deductible	No deductible	No deductible	\$450/\$1,350	\$750/\$2,250
Physician Network	Cigna LocalPlus	Open Access Plus, OA Plus, Choice Fund OA Plus (must stay in-network)	Open Access Plus, OA Plus, Choice Fund OA Plus	N/A
Doctor On Demand	\$0	\$0	\$0	N/A
Preventive Care Visits	\$0	\$0	\$0	40%
 TeamCare Visits	\$10	\$10	\$10	N/A
Primary Care Physician Office Visit	\$20	\$20	\$25	40%
Specialist Office Visit	\$45	\$40	\$50	40%
Convenience Clinic	\$20	\$20	\$25	\$25
Urgent Care	\$55	\$40	\$40	\$40
Emergency Room	\$200	\$175	\$175	\$175
Diagnostic Test (e.g., X-rays, lab work)				
• Preferred Lab (e.g., Quest, LabCorp, TeamCare, physician's office)	\$0	\$0	\$0	N/A
• Nonpreferred (outpatient facility)	\$50	\$50	\$50	40%
MRIs/MRAs/PET & CAT Scans				
 • Cost-Efficient Locations*	\$125	\$125	10%	40%
• Outpatient	\$275	\$275		
Outpatient Surgical Services				
 • Cost-Efficient Locations*	\$125	\$125	10%	40%
• Outpatient	\$250	\$250		
Inpatient Hospital				
• Facility	\$250/day (5-day max)	\$200/day (5-day max)	10%	40%
• Surgeon's Fee	\$0	\$0	\$0	40%
Annual Out-of-Pocket Maximum	\$4,700/\$9,000	\$4,700/\$9,000	\$4,700/\$9,000	\$6,000/\$12,000

* Refer to myCigna.com website for a listing of cost-efficient locations or call Cigna Member Services at **800-244-6224**.

Go to UOBenefits.com and select **Medical** from the Health & Wellness section to see other covered services.

If there is a dollar amount, you pay the fixed cost when you receive care. The deductible does not apply.

If there is a percentage, you are responsible for the full cost until you meet your deductible. After you meet the deductible, you pay the listed percentage of the cost (until you reach the annual out-of-pocket maximum), and the plan pays the rest.

PRESCRIPTION DRUGS

If you enroll in a Universal Orlando medical plan, you automatically receive prescription drug benefits.

	Walgreens Located In TeamCare	In-Network Pharmacies ²	Out-of-Network Pharmacies <i>Cigna Open Access Plus Plan Only</i>
Generic	\$5	\$15	40% No maximum
Brand-Name Preferred¹	\$20 + 10% Max per Rx: \$70	\$30 + 15% Max per Rx: \$85	40% No maximum
Brand-Name Non-Preferred¹	\$35 + 10% Max per Rx: \$85	\$50 + 15% Max per Rx: \$100	40% No maximum
Specialty Drugs: On SaveOnSP List			
• Enrolled in SaveOnSP	\$0	\$0 through Accredo	Not covered
• Not enrolled in SaveOnSP	30% coinsurance	30% coinsurance	Not covered
Specialty Drugs: Not on SaveOnSP List	\$0	Above tier pricing applies	Above tier pricing applies

¹ **Important:** If you request a brand-name drug when a generic is available, you are responsible for the cost difference as well as the cost of the generic. Be sure to ask your doctor about cost-effective options for your medications.

² Specialty drugs must be filled through Accredo.

TEAMCARE MEDICAL AND PHARMACY SERVICES

TeamCare — our on-site medical and pharmacy facility located in B-2 (next to Gate 2) — provides quality, convenient and cost-effective services to members of the Universal Orlando family. The staff at AdventHealth Medical Group and Walgreens are committed to providing compassionate service, maintaining strict confidentiality and continually seeking ways to improve our Team Members' health.

Medical

Available Monday–Friday
\$10 per service

Pharmacy

Available Monday–Friday
\$5 copay for generics and reduced copays for brand-name drugs

The TeamCare facility is an excellent resource for a wide range of medical care, including:

- Preventive care, such as health screenings, annual checkups and physicals
- Routine checkups
- Immunizations
- General health issues
- Chronic illness, such as diabetes, heart disease, thyroid issues, hypertension and asthma

Get convenient virtual care

You can connect with a board-certified, U.S.-based physician over video chat, 24/7, 365 days a year. Participants in a Cigna medical plan can get virtual care at no cost through Doctor On Demand. If you are not enrolled in a UO medical plan, you can use Doctor On Demand for a fee. Get more details at UOBenefits.com.



DENTAL

Universal Orlando offers two dental plan options through Cigna: Preferred and Premier. Both plans provide free preventive care when you use an in-network provider.

After you pay the annual deductible, the plan starts paying non-preventive care benefits.

Services	Preferred		Premier	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Deductible				
• Individual	\$25	\$100	\$25	\$50
• Family	\$75	\$300	\$75	\$150
Preventive & Diagnostic Care	Plan pays 100% (no deductible)	Plan pays 70% (no deductible)	Plan pays 100% (no deductible)	Plan pays 80% (no deductible)
Basic Restorative Care	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 70%
Major Restorative Care	Plan pays 50%	Plan pays 40%	Plan pays 50%	Plan pays 50%
Orthodontia¹ (coverage for eligible children up to age 19)	Plan pays 50% (no deductible)	Plan pays 50% (no deductible)	Plan pays 50% (no deductible)	Plan pays 50% (no deductible)
Orthodontia Lifetime Maximum	\$750	\$750	\$1,000	\$1,000
Annual Plan Maximum² (per participant)				
• Base (no WellnessPlus Credit)	\$1,000	\$750	\$1,600	\$1,400
• WellnessPlus First Year Participant	\$1,150	\$850	\$1,800	\$1,550
• WellnessPlus Second+ Year Participant	\$1,300	\$950	\$2,000	\$1,700

¹ There is a one-year waiting period for new enrollees.

² The Annual Plan Maximum includes both in-network and out-of-network benefits.

Earn the WellnessPlus Benefit

You'll get more than just a great smile when you get preventive dental care. Every year you get preventive care, you earn a higher annual maximum benefit for the following plan year. This means the plan will cover more services if you re-enroll for dental coverage.

- **If you received preventive care during the 2021 plan year**, your Annual Plan Maximum for in-network services will increase by \$150 (Preferred) or \$200 (Premier) for 2022.
- **If you received preventive care during the 2020 AND 2021 plan years**, your Annual Plan Maximum for in-network services will increase by \$300 (Preferred) or \$400 (Premier) for 2022.

Make sure you get preventive care between January 1 and December 31, 2022, to earn the WellnessPlus credit for 2023.



VISION

The vision plan, administered by VSP, covers eye exams, lenses and frames. You may visit in-network or out-of-network providers, but you'll save when you see a provider in the VSP Choice network. When you use the plan, you will either pay a copay (a fixed amount), or you will have an allowance (the maximum amount the plan will pay and you will be responsible for any cost over the allowance).

Plan Feature	In-Network	Out-of-Network
Vision Exam (once every calendar year)	\$5 copay	You pay the cost over \$45
Frames (once every <i>other</i> calendar year)	\$150 ¹ allowance, plus 20% discount on out-of-pocket cost	You pay the cost over \$70
Lenses (once every calendar year)	<ul style="list-style-type: none"> • \$20 copay for single vision, lined bifocal and lined trifocal lenses • \$30 allowance for light-reactive (photochromic) lenses • 20-25% discount on other lens options (anti-reflective coating, scratch coating, etc.) 	You pay the cost over: <ul style="list-style-type: none"> • \$40 for Single • \$60 for Bifocal • \$80 for Trifocal • \$125 for Lenticular
Contact Lenses (once every calendar year instead of glasses)	\$150 allowance for contacts and contact lens exam; plus a 15% discount on contact lens fitting exams	You pay the cost over \$150
Laser Vision Correction	15% average discount on retail or 5% discount on promotional price	N/A

¹Frame allowance for featured brands and at Visionworks locations is \$200. Frame allowance at Costco, Walmart and Sam's Club is \$80.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The Dependent Care Flexible Spending Account allows eligible Team Members to pay for child/elder care assistance with pre-tax dollars. You can contribute up to \$5,000 per household and potentially save money on federal income taxes. The \$5,000 contribution maximum is an IRS limit for a calendar year.

Plan carefully! The money doesn't roll over from year to year.

Go to [UOBenefits.com](https://uobenefits.com) to see if you are eligible to participate.

SHORT-TERM AND LONG-TERM DISABILITY

You may purchase Short-Term Disability. This coverage provides benefits if you are unable to work due to a non-work-related illness/injury if deemed disabled for a period of more than seven consecutive days. This benefit equals 66.6% of your average income (over the prior 26 weeks) not to exceed \$1,500 per week for up to 26 weeks of disability.

You automatically receive Long-Term Disability, and Universal Orlando pays the full cost of your coverage.

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

Universal Orlando automatically provides you with Basic Life and AD&D insurance. If you want additional coverage, you can enroll in supplemental coverage for yourself and/or coverage for your dependents.

SUPPLEMENTAL LIFE INSURANCE*

You may purchase Supplemental Life Insurance in increments equal to one, two, three, four, or five times your annual salary.

DEPENDENT LIFE INSURANCE*

For 2022, there are separate coverage elections for your spouse/domestic partner and eligible children up to age 26.

- **Spouse/domestic partner life coverage options:** \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000.
- **Child life coverage option:** \$10,000

SUPPLEMENTAL ACCIDENTAL DEATH AND DISMEMBERMENT

You may purchase Supplemental AD&D Insurance in increments of \$25,000, up to a maximum of \$250,000.

*You may be required to provide evidence of insurability if you are increasing your coverage amount or electing coverage for the first time when you previously declined coverage. There is a reduction to the benefit amount based upon reaching specific ages. Refer to the Universal Orlando Summary Plan Description and certificate booklets for additional information.



Benefits for Your Life

Benefits are there to protect us when we face life's expected and unexpected moments. Here are a few ways your benefits can support you.



FOR YOUR HEALTH & WELLNESS

COVID-19 resources

As COVID-19 continues to impact Team Members, we want to make sure you are aware of our benefits and resources available to support you and your family:

- COVID-19 vaccines are covered by the medical plans
- Doctor On Demand provides virtual medical and mental healthcare
- Information and resources are available on **UOTeam.com**.

Try a virtual visit for safe, convenient care

Talk to a doctor through video chat. It's free if you are enrolled in one of the UO full-time medical plans. If you are not enrolled in a UO medical plan, you can use the service for a fee.

Doctor On Demand offers 24/7 video visits from a smartphone, tablet or computer. Doctors can recommend treatment and prescribe medication and lab work. They treat many common conditions, including:

- Colds and the flu
- Sinus infections
- Rashes and skin conditions
- And more

Go to **doctorondemand.com/universalorlando** or the Doctor On Demand app to access care.

Build healthy habits (with some help)

Get your health habits in gear or keep up your momentum with support from the Get Healthy! Wellness Program. The program offers free resources that focus on all areas of health — from preventive care to weight management to smoking cessation.

Go to **UOBenefits.com** and select the **Get Healthy! Wellness Program** link from the Health & Wellness section.

Confused by the healthcare system? Meet our Healthcare Advocate

We get it — healthcare is complicated! That's why we offer a Healthcare Advocate — a free, confidential resource who knows the Universal Orlando medical plans and how to coordinate with doctors and insurers.

Call **407-224-5917** (M-F, 8 a.m. to 5 p.m., ET) or email **healthcare.advocate@universalorlando.com** to:

- Find high-quality doctors, specialists and facilities
- Schedule tests and appointments
- Identify resources to help with specific conditions
- Understand your healthcare costs and how to minimize them
- And more





FOR YOUR FINANCES

Talk to a financial coach

Understanding your current financial situation and what you should do to improve your outlook is more important than ever. An Ayco Financial Planning Coach can give you personalized support at no cost to you if you are eligible for the 401(k) Retirement Plan. Call **800-235-3428**.

Save for the future with the 401(k) Retirement Plan match

Universal Orlando will match up to 100% of the first 3% of contributions and 50% of the next 2% of your contributions to your Universal Orlando 401(k) Retirement Plan, if you are eligible. Be sure to contribute at least 5% of your eligible pay to get the full match. And don't forget ... you can now make Roth after-tax contributions to the 401(k) in addition to your pre-tax contributions!

Go to **UOBenefits.com** and select the **401(k) Retirement Plan** tile to update your contributions at any time.

Invest with discounts on stock

You can purchase Comcast Corporation Class A common stock at a 15% discount through the Employee Stock Purchase Plan if you are eligible.

Go to **UOBenefits.com** and select **Employee Stock Purchase Plan** from the Financial Benefits section for more information.

401(k) enhancements

Take advantage of the Roth after-tax contributions to the 401(k) Retirement Plan.

This change went into effect on July 1, 2021 and offers the potential for tax-free withdrawals in retirement. You might want to consider Roth contributions if you:

- Expect your tax rate to be higher in the future
- Want to contribute up to an additional \$10,000 on an after-tax basis each year, or
- Would like to build more tax-free retirement income by converting part of your current 401(k) balance to Roth (You should consult a tax advisor before you convert pre-tax money in your 401(k) to Roth since this will create a tax event for the current year).

Be on the lookout for additional enhancements to the 401(k) Retirement Plan in January!



FOR YOUR LIFE

You have free resources available to support your mental and emotional well-being, find childcare and other resources to help you manage your life. We encourage you to seek support — we all could use some this year.

Talk to a counselor — it's free and confidential

The Employee Assistance and Work/Life programs offer free, confidential, 24/7 support. You and your family members are eligible for six face-to-face or video chat sessions per year, per issue and unlimited phone consultations with a licensed behavioral health counselor. They can help with a variety of issues, including:

- Stress
- Depression
- Anxiety
- Parenting challenges
- Aging parents
- Marital advice
- Legal and financial advice
- And more

Call **877-622-4327** or log in to **mycigna.com**.

Find child care

The Employee Assistance and Work/Life programs can help you find qualified care for children and/or dependent adults if your normal care is unavailable. Call **877-622-4327** or log in to **mycigna.com**.



Cost of Coverage

Universal Orlando shares the cost of coverage with you through premiums deducted from your weekly paycheck. The cost of coverage depends on the plans you choose and who you cover.

		Team Member Only	Team Member and Spouse/ Domestic Partner	Team Member and Child(ren)	Full Family
MEDICAL	Cigna LocalPlus IN	\$23.73	\$59.35	\$48.48	\$83.24
	Cigna OA Plus In-Network	\$39.74	\$100.04	\$79.46	\$139.91
	Cigna Open Access Plus (OAP)	\$43.77	\$109.91	\$87.32	\$153.64
DENTAL	Cigna Preferred (PPO)	\$1.12	\$2.74	\$2.82	\$3.53
	Cigna Premier (PPO)	\$1.76	\$4.35	\$4.45	\$5.59
VISION	VSP Choice	\$0.33	\$0.66	\$0.74	\$1.06

LIFE INSURANCE

Age	Weekly Rate per \$1,000 of Coverage	
	Supplemental Coverage for You	Spouse/ Domestic Partner Coverage
Under 24	\$0.014	\$0.008
25 - 29	\$0.017	\$0.008
30 - 34	\$0.023	\$0.008
35 - 39	\$0.025	\$0.008
40 - 44	\$0.028	\$0.016
45 - 49	\$0.042	\$0.030
50 - 54	\$0.065	\$0.052
55 - 59	\$0.121	\$0.077
60 - 64	\$0.186	\$0.122
65 - 69	\$0.293	\$0.192
70+	\$0.475	\$0.192

SHORT-TERM DISABILITY

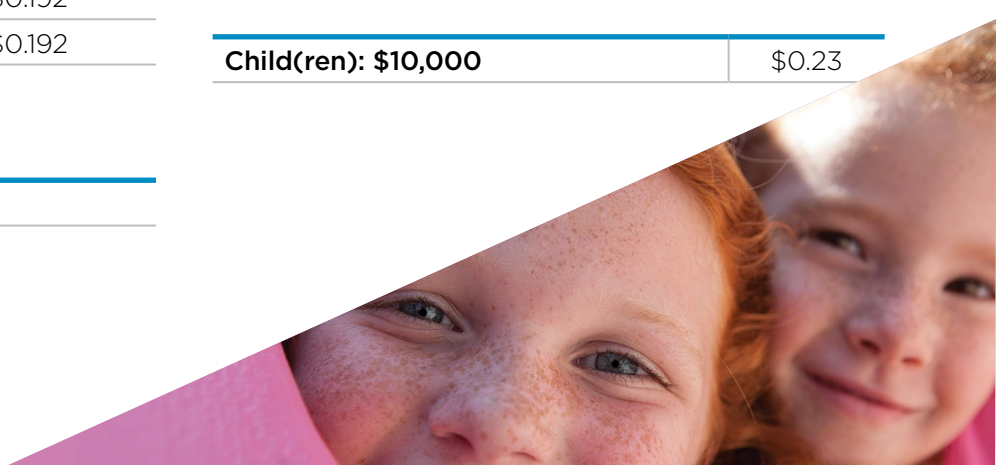
\$1.15

SUPPLEMENTAL AD&D INSURANCE

Benefit Amount	Team Member & Family
\$25,000	\$0.17
\$50,000	\$0.35
\$75,000	\$0.52
\$100,000	\$0.69
\$125,000	\$0.87
\$150,000	\$1.04
\$175,000	\$1.21
\$200,000	\$1.38
\$225,000	\$1.56
\$250,000	\$1.73

CHILD LIFE INSURANCE

Child(ren): \$10,000	\$0.23
----------------------	--------



Annual Notifications

NOTICE REGARDING WELLNESS PROGRAM

From time to time, Universal Orlando may offer voluntary wellness programs available to all Team Members. The programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You are not required to participate in the wellness program. Employees who choose to participate in a wellness program may receive a reward or incentive. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard by contacting the Benefits Service Center. Information from the wellness program will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you other services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Universal Orlando may use aggregate information it collects to design a program based on identified health risks in the workplace, Universal Orlando will never disclose any of your personal information either publicly, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Only certain individuals may receive your personally identifiable health information if needed to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Benefits Service Center.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Coverage under UO's medical program provides that maternity or newborn coverage may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, healthcare plans and insurance issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If you would like more information on maternity benefits, call the Benefits Service Center at **844-405-2085**.

NOTICE OF HIPAA SPECIAL ENROLLMENT RIGHTS

This notice informs you of your right to enroll in a group health plan sponsored by the Universal Orlando Comprehensive Health & Welfare Plan (the "Plan") under the special enrollment provisions of the Health Insurance Portability and Accountability Act (HIPAA).

If you are declining healthcare coverage for yourself and your eligible dependents when you are initially eligible or during open enrollment period because you have other coverage and you subsequently lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other non-COBRA coverage), then you may enroll yourself and your eligible dependents for healthcare benefits without waiting for the next open enrollment period. You must request enrollment no later than 31 days after the date the previous coverage ends (or after the employer stops contributing toward the other non-COBRA coverage).

In addition, if you gain a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in healthcare benefits. You must complete the enrollment process no later than 31 days after the date of such event.

If you or your dependent is covered under a Medicaid plan or under a state child health insurance plan (CHIP) and your or your dependent's coverage under such a plan is terminated as a result of eligibility, you will have 60 days from the date of the Medicaid or CHIP event to request enrollment for yourself and/or your dependents under the Plan.

If you or your dependent becomes eligible for a state's premium assistance program under Medicaid or CHIP, you will have 60 days from the date of the state determination of premium assistance to request enrollment for yourself and/or your dependents under the Plan. To request special enrollment or obtain more information, contact the Benefits Service Center at **844-405-2085**.

Note: The federal government has extended certain time frames for employee benefit plans, participants, and beneficiaries affected by the National Emergency for the Novel Coronavirus Disease (COVID-19) outbreak. HIPAA Special Enrollment Event time frames for the following will be disregarded during the "Outbreak Period:" (i) 31-day period to request special enrollment and (ii) the 60-day period for those who lose coverage under CHIP or Medicaid or who are eligible to receive premium assistance under those programs. The "Outbreak Period" is defined as March 1, 2021, until 60 days after the announced end of the National Emergency.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (HIPAA – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)

The Universal Orlando Comprehensive Health and Welfare Plan ("Plan") provides health benefits to eligible employees of UO and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact the Benefits Service Center at **844-405-2085**.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Right Act requires group health plans to provide certain benefits relating to post-mastectomy surgery. If a participant or beneficiary receiving benefits under a medical program in connection with a mastectomy elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical coverage you elect. For more information, call the Benefits Service Center at **844-405-2085**.

PROVIDER RIGHTS NOTICE

Certain health plans we offer allow enrollees to designate a primary care physician (PCP). However, please be aware that you have the right to designate any primary care provider (PCP) who participates in the plan's network (and who is available to accept you or your family members) as your PCP (including a pediatrician). In addition, you do not need prior authorization from UO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider and a list of participating healthcare professionals who specialize in primary care, pediatrics, obstetrics or gynecology, contact the Benefits Service Center at **844-405-2085**.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these

programs, contact your State Medicaid or CHIP office or dial **877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility:

ALABAMA — Medicaid

- **Website:** <http://myalhipp.com/>
- **Phone:** 855-692-5447

ALASKA — Medicaid

The AK Health Insurance Premium Payment Program

- **Website:** <http://myakhipp.com/>
- **Phone:** 866-251-4861
- **Email:** CustomerService@MyAKHIPPP.com
- **Medicaid Eligibility:** <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS — Medicaid

- **Website:** <http://myarhipp.com/>
- **Phone:** 855-MyARHIPP (855-692-7447)

CALIFORNIA — Medicaid

- **Health Insurance Premium Payment Program (HIPP):** <http://dhcs.ca.gov/hipp>
- **Phone:** 916-445-8322

COLORADO — Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

- **Health First Colorado Website:** <https://www.healthfirstcolorado.com/>
- **Health First Colorado Member Contact Center:** 800-221-3943/State Relay 711
- **CHP+:** <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
- **CHP+ Customer Service:** 800-359-1991/State Relay 711
- **Health Insurance Buy-In Program (HIBI):** <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
- **HIBI Customer Service:** 855-692-6442

FLORIDA — Medicaid

- **Website:** <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>
- **Phone:** 877-357-3268

GEORGIA — Medicaid

- **Website:** <https://medicaid.georgia.gov/programs/third-party-liability/health-insurance-premium-payment-program-hipp>
- **Phone:** 678-564-1162, ext. 2131

INDIANA — Medicaid

Healthy Indiana Plan for low-income adults 19–64

- **Website:** <http://www.in.gov/fssa/hip/>
- **Phone:** 877-438-4479

All other Medicaid

- **Website:** <https://www.in.gov/medicaid/>
- **Phone:** 800-457-4584

IOWA — Medicaid

- **Medicaid Website:** <https://dhs.iowa.gov/ime/members>
- **Medicaid Phone:** 800-338-8366
- **Hawki Website:** <http://dhs.iowa.gov/Hawki>
- **Hawki Phone:** 800-257-8563
- **HIPP Website:** <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
- **HIPP Phone:** 888-346-9562

KANSAS — Medicaid

- **Website:** <https://www.kancare.ks.gov/>
- **Phone:** 800-792-4884

KENTUCKY — Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

- **Website:** <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
- **Phone:** 855-459-6328
- **Email:** KIHIPPPROGRAM@ky.gov
- **KCHIP Website:** <https://kidshealth.ky.gov/Pages/index.aspx>
- **Phone:** 877-524-4718
- **Kentucky Medicaid Website:** <https://chfs.ky.gov>

LOUISIANA — Medicaid

- **Website:** www.medicaid.la.gov or www.ldh.la.gov/lahipp
- **Phone:** 888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)

MAINE — Medicaid

- **Enrollment Website:** <https://www.maine.gov/dhhs/ofi/applications-forms>
- **Phone:** 800-442-6003
- **TTY:** Maine relay 711
- **Private Health Insurance Premium Webpage:** <https://www.maine.gov/dhhs/ofi/applications-forms>
- **Phone:** 800-977-6740
- **TTY:** Maine relay 711

MASSACHUSETTS — Medicaid and CHIP

- **Website:** <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>
- **Phone:** 800-862-4840

MINNESOTA — Medicaid

- **Website:** <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
- **Phone:** 800-657-3739

MISSOURI — Medicaid

- **Website:** <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
- **Phone:** 573-751-2005

MONTANA — Medicaid

- **Website:** <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
- **Phone:** 800-694-3084

NEBRASKA — Medicaid

- **Website:** <http://www.ACCESSNebraska.ne.gov>
- **Phone:** 855-632-7633
- **Lincoln:** 402-473-7000
- **Omaha:** 402-595-1178

NEVADA — Medicaid

- **Medicaid Website:** <https://dhcfp.nv.gov>
- **Medicaid Phone:** 800-992-0900

NEW HAMPSHIRE — Medicaid

- **Website:** <https://www.dhhs.nh.gov/oii/hipp.htm>
- **Phone:** 603-271-5218
- **Toll free number for the HIPP program:** 800-852-3345, ext. 5218

NEW JERSEY — Medicaid and CHIP

- **Medicaid Website:** <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
- **Medicaid Phone:** 609-631-2392
- **CHIP Website:** <http://www.njfamilycare.org/index.html>
- **CHIP Phone:** 800-701-0710

NEW YORK — Medicaid

- **Website:** https://www.health.ny.gov/health_care/medicaid/
- **Phone:** 800-541-2831

NORTH CAROLINA — Medicaid

- **Website:** <https://medicaid.ncdhhs.gov/>
- **Phone:** 919-855-4100

NORTH DAKOTA — Medicaid

- **Website:** <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
- **Phone:** 844-854-4825

OKLAHOMA — Medicaid and CHIP

- **Website:** <http://www.insureoklahoma.org>
- **Phone:** 888-365-3742

OREGON — Medicaid

- **Website:** <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
- **Phone:** 800-699-9075

PENNSYLVANIA — Medicaid

- **Website:** <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
- **Phone:** 800-692-7462

RHODE ISLAND — Medicaid and CHIP

- **Website:** <http://www.eohhs.ri.gov/>
- **Phone:** 855-697-4347 or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA — Medicaid

- **Website:** <https://www.scdhhs.gov>
- **Phone:** 888-549-0820

SOUTH DAKOTA — Medicaid

- **Website:** <http://dss.sd.gov>
- **Phone:** 888-828-0059

TEXAS — Medicaid

- **Website:** <http://gethipptexas.com/>
- **Phone:** 800-440-0493

UTAH — Medicaid and CHIP

- **Medicaid Website:** <https://medicaid.utah.gov/>
- **CHIP Website:** <http://health.utah.gov/chip>
- **Phone:** 877-543-7669

VERMONT — Medicaid

- **Website:** <http://www.greenmountaincare.org/>
- **Phone:** 800-250-8427

VIRGINIA — Medicaid and CHIP

- **Website:** <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
- **Medicaid Phone:** 800-432-5924
- **CHIP Phone:** 855-242-8282

WASHINGTON — Medicaid

- **Website:** <https://www.hca.wa.gov/>
- **Phone:** 800-562-3022

WEST VIRGINIA — Medicaid

- **Website:** <http://mywvhipp.com/>
- **Toll-free phone:** 855-MyWVHIPP (855-699-8447)

WISCONSIN — Medicaid and CHIP

- **Website:** <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
- **Phone:** 800-362-3002

WYOMING — Medicaid

- **Website:** <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility>
- **Phone:** 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

Website: www.dol.gov/agencies/ebsa

Phone: 866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

Website: www.cms.hhs.gov

Phone: 877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

AVAILABILITY OF SUMMARY HEALTH INFORMATION

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes in a standard format important information regarding covered benefits such as exclusions, cost-sharing and continuation of coverage so you may compare across options.

Continued

You are receiving this notice because the Affordable Care Act requires UO to make the SBC available to all employees. As you make your enrollment elections for the 2022 plan year, please note that the SBC containing the coverage for which you and your family are eligible can be found by logging on to **UOBenefits.com**. If you would like to receive free of charge a hard copy of the SBC document, please contact the Benefits Service Center at **844-405-2085**.

Please keep this Open Enrollment Guide with your copy of the Universal Orlando Summary Plan Description. If there are discrepancies between this guide and the official Plan Documents, the Plan Documents will win out. Participation in any or all of the UO plans does not constitute a contract of employment, implied or otherwise. All plans are subject to policy provisions and limitations. The information presented here is not meant to be a complete description of our benefit plans/programs. This 2022 Benefits Guide summarizes certain changes to UO's benefit programs, and constitutes a Summary of Material Modifications (SMM) to the Universal Orlando Comprehensive Health & Welfare Plan. Subject to changes described in this 2022 Benefits Guide, a complete description of these benefits in the form of SPDS for all of UO's benefit plans is available on **UOBenefits.com**.

Open Enrollment is Nov. 4-19, 2021
Enroll online at **UOBenefits.com**

QUESTIONS?

Call the Benefits Service Center (BSC) at **844-405-2085**, M-F, 9 a.m. to 7 p.m., ET. You can also contact providers directly:

Benefit Plan	Provider	Phone Number	Website or Email
Medical & Prescription Plans	Cigna Member Services	800-244-6224	mycigna.com
TeamCare	AdventHealth Medical Group Walgreens	407-224-CARE	UOBenefits.com
Virtual Care	Doctor On Demand	800-997-6196	doctorondemand.com/universalorlando
Dental Plans	Cigna	800-244-6224	mycigna.com
Vision Plans	VSP (Choice network)	800-877-7195	vsp.com
Disability Plan	Leave of Absence and Disability Service Center (Sedgwick)	833-300-4876	mysedgwick.com/uo
Get Healthy!	Cigna/UO	407-224-5166	GetHealthy@universalorlando.com
Employee Assistance Program (EAP) Work/Life	Cigna	877-622-4327	mycigna.com Employer ID - universal
Healthcare Advocate	Cigna	407-224-5917	Healthcare.advocate@universalorlando.com
Dependent Care Flexible Spending Account	Cigna	800-244-6224	mycigna.com

Universal elements and all related indicia TM & © 2021 Universal Studios. All rights reserved.

myBenefits

