

Annual Enrollment

2023

A GUIDE TO YOUR BENEFITS



**WARNER BROS.
DISCOVERY**

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Summary of Material Modifications (SMM)

Portions of this document serve as the Summary of Material Modifications (SMM) for the Warner Bros. Discovery, Inc. Flexible Spending Account Plan. The information on pages 16 and 17 outlines the changes to the Flexible Spending Account program effective January 1, 2023. The changes apply only to eligible employees of Warner Bros. Discovery, Inc., who are paid on U.S. payroll, and its eligible subsidiaries (collectively “Warner Bros. Discovery”). If there are any discrepancies between the information in this SMM and the Plan documents, the Plan documents will govern. The Company reserves the right to amend, modify, suspend or terminate any and all of its employee benefits plans or programs at any time for any reason. Participation in a Plan is neither a contract, nor a guarantee of future employment.

Annual Enrollment 2023 Tools & Resources

We want the enrollment process to be seamless and easy. Take advantage of these tools and resources available to you:

- Warner Bros. Discovery Benefits Center – Visit www.wbd.com/benefitscenter:
 - **October 17** – Access provider finder links and make a one-on-one appointment with a benefits specialist
 - **October 24** – Access the Plan Decision Tool, see your cost of coverage and enroll

The Warner Bros. Discovery Benefits Center is here to help. Starting October 17, call **(855) 722-0243** with any questions.



Things You Need to Know

- If you have coverage in medical, prescription drugs, dental and/or vision for 2023, you will receive a new ID card for each benefit. Also, if you elect to participate in the HealthCare FSA during Annual Enrollment, you will receive an FSA debit card. There is also new carrier contact information. Review the contact chart in this guide on pages 22 and 23 for complete details.
- You will see enhancements to all of the PPO medical options, including a higher plan coinsurance when you use out-of-network providers, new maximums per prescription for brand medications, removal of prescription drug generic step therapy and increased benefits for hearing aids, wigs and enteral/parenteral nutrition.

Additional updates to the PPO medical options include changes to certain preauthorization services. Also, fertility medications must be preauthorized by Progyny and filled through Progyny Rx. For additional details regarding preauthorization services (such as genetic testing, bariatric surgery, outpatient sleep study medications and associated durable medical equipment) please contact Blue Cross and Blue Shield of Illinois (BCBSIL) or refer to the Medical Summary Plan Description.

- For the fully-insured Kaiser HMO medical options and Cigna DHMO, please refer to the resources available on the Warner Bros. Discovery Benefits Center for details about 2023 plan design changes.

- The amount you pay each paycheck for medical, dental and vision is subject to change each year. You may see an increase in the cost you pay for coverage. You will see your contributions for each benefit option when you enroll.
- The 2023 Flexible Spending Account (FSA) administrator will be Smart-Choice. You need to make an election if you want to participate in the Health Care FSA in 2023.
- The 2023 Employee Assistance Program (EAP) will be administered by Lyra. You and your covered dependents will each have up to 16 free face-to-face visits per year.

Enrolling in and Making Changes to Your 2022 Benefits

If you experience a qualified status change and need update your 2022 benefits, visit the AT&T Benefits Center at www.att.com/benefitscenter. The Warner Bros. Discovery Benefits Center will be available to enroll in 2023 benefits only.



PPO Medical Options

You have the choice of three PPO medical options administered by Blue Cross and Blue Shield of Illinois (BCBSIL):



- PPO
- PPO Plus HSA
- PPO Basic HSA

You pay for the medical option you choose through contributions automatically deducted from your paycheck. Contributions are based on the medical option you choose, your salary band as of September 1, 2022, and the dependents you cover.

All PPO options have the following features:

- In-network preventive care is covered at 100%
- You can choose any provider, but you pay less when you use in-network providers
- You are not required to choose a primary care physician or get a referral to see a specialist
- You pay the full amount for services until you reach your deductible, which varies based on the medical option you choose
- Once you meet your deductible, you pay a portion for covered services (coinsurance)
- If you enroll in the PPO Plus HSA or PPO Basic HSA medical option and make minimum quarterly Health Savings Account (HSA) contributions through payroll deduction, you have the added advantage of an HSA Company contribution to your Fidelity HSA to help you cover your deductible and pay for eligible expenses. Learn more about the HSA on pages 13 – 15.

For more information about the PPO options, review the resources available at the Warner Bros. Discovery Benefits Center.

NEW for 2023

- If you enroll in a PPO medical option, you will receive a new medical ID card from BCBSIL and a new prescription ID card from CVS Caremark in the mail by January 1, 2023. Use these cards when you go to a provider or fill a prescription in 2023.
- Higher plan coinsurance will be available when you use out-of-network providers. Remember, you generally pay less when you go in-network, so it's always a good idea to use providers in the BCBSIL network.
- Updated preauthorization requirements for certain services. Also, fertility medications must be preauthorized by Progyny and filled through Progyny Rx. For additional details regarding preauthorization services (such as genetic testing, bariatric surgery, outpatient sleep study medications and associated durable medical equipment), please refer the resources available on the Warner Bros. Discovery Benefits Center.
- The hearing aid benefit will increase to \$5,000 every 36 months.
- All PPO options will provide coverage for wigs once per year for cancer or alopecia diagnosis.
- All PPO options will provide coverage for medically necessary enteral nutrition and parenteral nutrition.

Pay Less with In-Network Providers

The PPO options through BCBSIL use the BlueCard PPO network (the Blue Open Access POS network in Georgia). Because you receive the highest level of benefits when you use in-network providers, you should always check to see if your providers are in the network before you receive care.

Visit www.bcbsil.com/wbd to find a provider. Once you enroll in a PPO option and receive your ID card in the mail, you can also call the number on the back of your ID card to find in-network providers.

If your primary residence is Hawaii, your medical coverage will be provided through the HMSA or Kaiser Hawaii HMO.

PPO Medical Options – Which One is Right for You?

Before you choose your medical option, consider the following:

1. Your Contributions

The amount you pay each month differs based on the medical option you choose, your salary band and the dependents you cover. You can see your 2023 contribution rates when you enroll.

2. Deductible

The deductible is the amount you pay out of your pocket before the Warner Bros. Discovery, Inc. Group Health Plan (the “Plan”) starts to pay benefits, other than for preventive care services from in-network providers, which are covered without having to meet the deductible.

The deductible amount varies based on the medical option you choose and the dependents you cover. Each medical option has a different deductible for in-network and out-of-network care.

If you enroll in the PPO Plus HSA or PPO Basic HSA medical option and you are covering any dependents, you must meet the family deductible before the plan pays coinsurance.

3. Out-of-Pocket Maximum

The out-of-pocket maximum is the most you will pay for covered services each year and protects you from catastrophic health care expenses.

The out-of-pocket maximum varies based on the medical option you choose and whether or not you’re covering any dependents. Each medical option has a different out-of-pocket maximum for in-network and out-of-network care. You are protected financially from in-network expenses that are above the out-of-pocket maximum, as well as out-of-network expenses up to the Maximum Non-Network Reimbursement Program (MNRP).

Out-of-network costs above the maximum allowed amount are not eligible expenses and do not count towards your annual deductible or annual out-of-pocket maximum. You are responsible for paying any out-of-network costs above the maximum allowed amount; the Program does not cover out-of-network costs above the MNRP.

4. Health Savings Account

If you enroll in the PPO Plus HSA or PPO Basic HSA option, establish a Health Savings Account (HSA) at Fidelity and contribute minimum quarterly amounts through payroll deduction, the Company provides a pre-tax contribution to your HSA, depending on your election.

Learn more about the HSA on pages 13 – 15.



Comparing the PPO Options

	PPO		PPO Plus HSA*		PPO Basic HSA*	
	In-Network	Out-of-Network**	In-Network	Out-of-Network**	In-Network	Out-of-Network**
Deductible	\$750 individual/ \$1,500 family	\$1,500 individual/ \$3,000 family	\$1,500 individual/ \$3,000 family	\$3,000 individual/ \$6,000 family	\$3,000 individual/ \$6,000 family	\$6,000 individual/ \$12,000 family
Qualifies for Health Savings Account*** (HSA) Contributions	No		Employee pre-tax contributions, quarterly Company contribution if employee quarterly contribution minimums are met		Employee pre-tax contributions, quarterly Company contribution if employee quarterly contribution minimums are met	
Health Care Flexible Spending Account (FSA)	Yes		Limited Purpose Health Care FSA (dental, vision and preventive care expenses only)		Limited Purpose Health Care FSA (dental, vision and preventive care expenses only)	
Out-of-Pocket Maximum	\$3,000 individual/ \$6,000 family	\$6,000 individual/ \$12,000 family	\$4,000 individual/ \$8,000 family	\$8,000 individual/ \$16,000 family	\$7,000 individual/ \$14,000 family	\$14,000 individual/ \$28,000 family
Coinsurance	Covered at 90% after deductible	Covered at 60% of maximum allowable amount after deductible	Covered at 80% after deductible	Covered at 60% of maximum allowable amount after deductible	Covered at 70% after deductible	Covered at 60% of maximum allowable amount after deductible
Preventive Care****	In-Network – Covered at 100% no deductible					
	Out-of-Network – Covered at 60% of maximum allowable amount after deductible					
Emergency Room Care (non-emergency visits to the ER are not covered)	Emergencies covered at 90% after deductible		Emergencies covered at 80% after deductible		Emergencies covered at 70% after deductible	
Maternity Care	Covered at 90% after deductible	Covered at 60% of maximum allowable amount after deductible	Covered at 80% after deductible	Covered at 60% of maximum allowable amount after deductible	Covered at 70% after deductible	Covered at 60% of maximum allowable amount after deductible
Behavioral Health & Substance Abuse	Covered at 90% after deductible	Covered at 60% of maximum allowable amount after deductible	Covered at 80% after deductible	Covered at 60% of maximum allowable amount after deductible	Covered at 70% after deductible	Covered at 60% of maximum allowable amount after deductible
Infertility Treatment*****	Covered at 90% after deductible	Covered at 60% of maximum allowable amount after deductible	Covered at 80% after deductible	Covered at 60% of maximum allowable amount after deductible	Covered at 70% after deductible	Covered at 60% of maximum allowable amount after deductible
	4 Smart Cycles of fertility benefits through Progyny per covered family					
Retail Prescription Drugs Purchased at Participating Pharmacies (30-Day Supply) †						
Generic	Covered at 90%, you pay max \$50 per Rx		Covered at 80% after deductible††, you pay max \$50 per Rx		Covered at 70% after deductible††, you pay max \$50 per Rx	
Preferred Brand	Covered at 90%, you pay max \$65 per Rx		Covered at 80% after deductible††, you pay max \$65 per Rx		Covered at 70% after deductible††, pay max \$65 per Rx	
Non-Preferred Brand	Covered at 50%, you pay max \$100 per Rx		Covered at 50% after deductible††, you pay max \$100 per Rx		Covered at 50% after deductible††, you pay max \$100 per Rx	
Maintenance Medication	If you are taking a maintenance medication (a medication you take on a regular basis), the first two prescriptions (of a 30-day supply each) that you fill at a retail pharmacy will be charged at the 30-day coinsurance percentage. Thereafter, if you choose to continue to refill your prescription at a retail pharmacy every month instead of opting for a 90-day supply through mail-order or a participating CVS retail pharmacy, you will pay the full cost of your medication(s).					

* Family unit must meet family deductible before coinsurance is available.

** Out-of-network reimbursement is based on the maximum allowable amount for eligible expenses. Amounts above the maximum allowable amount do not count toward your deductible or out-of-pocket maximum. When you reach the out-of-pocket maximum, you will still be responsible for any charges above the maximum allowable amount.

*** Not a Warner Bros. Discovery sponsored Plan.

**** Please contact Blue Cross and Blue Shield of Illinois for a list of in-network preventive services covered at 100%.

***** Preauthorization required for all infertility care through Progyny. Contact Progyny at (866) 430-6685 or visit www.wbd.com/benefitscenter for more information.

† Prescription drug coverage is subject to the CVS Caremark formulary. Learn more about the CVS Caremark formulary by calling CVS Caremark Customer Care at (877) 817-8525. Review the Summary Plan Description to see what amount the Plan pays for retail prescription drugs purchased at non-participating pharmacies.

†† Preventive prescription drugs are not subject to the deductible.

Keeping Your Well-Being in Mind – Fertility Services

If you enroll in a PPO medical option, you'll have access to coverage for fertility treatments through Progyny, including In-vitro fertilization (IVF) and Intrauterine insemination (IUI). You and your network providers determine the most effective treatment for you, based on your individual and unique needs. To find a provider in the Progyny network, visit www.progyny.com/find-a-provider.

In addition, you will also have a dedicated patient care advocate assigned to you to guide you on your fertility journey. Your advocate will be there to answer questions, make recommendations, and offer support every step of the way.

Note: You must enroll in a PPO medical option and obtain preauthorization from Progyny for fertility benefits. If you fail to obtain preauthorization, you will be required to pay the full cost of these services. Additionally, all fertility medications must be filled by Progyny Rx, the fertility services pharmacy, for medications to be covered under the program. For more information, call Progyny at **(866) 430-6685**.



Prescription Drugs – PPO Options

When you enroll in a PPO option, you have prescription drug coverage through CVS Caremark. Your CVS Caremark prescription ID card is separate from your BCBSIL medical ID card.

CVS Caremark features a network of more than 68,000 participating pharmacies including Walmart and Costco. You can use any pharmacy in the CVS Caremark network or visit a CVS retail pharmacy to fill up to a 30-day supply of non-maintenance medications. Your 90-day supply of maintenance medications (a medication you take on a regular basis) and mail-order prescriptions can be filled at either a CVS retail pharmacy (also located in Target stores) or through mail-order.

To find in-network pharmacies, register at www.caremark.com or call **(877) 817-8525**.

NEW for 2023

- The maximum per script you'll pay for preferred brand-name drugs has decreased and there is now a cap on the amount you'll pay for non-preferred drugs in all of the PPO options.
- There is no longer a generic step-therapy requirement for non-specialty drugs.
- If you are enrolled in a PPO medical option, you will receive a new ID card from CVS Caremark by January 1, 2023.

Generic Drugs

When you fill your prescription, a generic drug will automatically be dispensed, if available. If you request a brand-name drug (preferred or non-preferred) when a generic equivalent is available, you will pay the generic coinsurance amount plus a penalty – the difference between the brand cost and the generic cost (your total cost will never be more than the full price of the brand drug). The difference in cost will count toward your out-of-pocket maximum.

Maintenance Medications

If you are taking a maintenance medication, the first two prescriptions (of a 30-day supply each) that you fill at a retail pharmacy will be charged at the 30-day supply coinsurance percentage.

Thereafter, if you choose to continue to refill your 30-day supply at a retail pharmacy every month instead of opting for a 90-day supply through mail order or at a participating CVS retail pharmacy, you will pay the full cost of your medication.

Prescription Drug Formulary

Prescription drug coverage under the BCBSIL medical options is subject to the CVS Caremark formulary. A formulary is a list of prescription drugs covered by your medical option, both generic and brand name, that have been selected by a committee of health care experts and found to be clinically effective and affordable.

Learn more about the 2023 CVS Caremark formulary by calling CVS Caremark Customer Care on or after October 17 at **(877) 817-8525**.

PPO Plus HSA and PPO Basic HSA – Preventive Prescription Drugs

Preventive medications help prevent disease and manage existing conditions to assist in avoiding future complications. If you enroll in the PPO Plus HSA or PPO Basic HSA medical option, drugs on the HDHP Preventive Therapy Drug List are not subject to your annual deductible. This means that you will pay only the coinsurance for these medications, even if you have not met

your deductible. Drugs listed as preventive by the Affordable Care Act will be covered at 100%.

All other prescription drugs will be subject to the annual deductible. In consultation with your doctor, consider using medications on the preventive drug lists to reduce your annual cost for many prescriptions.

To view a complete list of preventive medications covered by this program, visit www.caremark.com.

Specialty Pharmacy

CVS Caremark is the exclusive specialty medication provider for the PPO options.

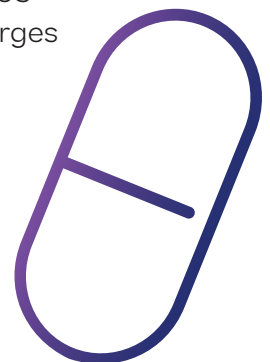
When you are enrolled in the CVS Caremark Specialty Pharmacy Program, you will receive access to education, tools and support from a clinician-led team to better understand your treatment and manage your condition.

If you are prescribed a specialty medication, be sure to use the CVS Caremark Specialty Pharmacy Program to fill the medication. After the first fill, you must use the CVS Caremark Specialty Pharmacy Program or you will pay the entire cost of the medication.

To get started, call CVS Caremark Specialty Customer Care at **(800) 237-2767**. Representatives are available Monday – Friday from 8 a.m. until 8 p.m. and Saturdays from 9 a.m. until 1 p.m. ET.

Save Money – Use Network Pharmacies

You pay the least out of your pocket when you use pharmacies that are in the network. If you use a non-network pharmacy, you'll pay 50% of the in-network retail cost PLUS any amount the pharmacy charges over the in-network retail cost. Find network pharmacies by visiting www.caremark.com.



If You Reside in Hawaii

If your primary residence is in Hawaii, your medical coverage will be provided through the HMSA or Kaiser Hawaii HMO. Refer to resources on the Warner Bros. Discovery Benefits Center for details about 2023 plan design changes.

Expats

If you are an expat, your medical, dental and vision coverage will be provided through the Warner Bros. Discovery Cigna International plan. Refer to resources on the Warner Bros. Discovery website for details about 2023 plan design changes.

HMO Medical Options

Kaiser Permanente HMO and Health Savings HMO are fully-insured medical options that are offered to employees living in California, Georgia, Washington state and the Washington, D.C., metro area. Except for emergencies, coverage is only available for eligible services received from in-network providers.

The HMO and Health Savings HMO options both have the following features:

- **Annual deductible** – You pay the full cost of services up to the deductible. The deductible is higher in the Health Savings HMO option than in the HMO option.
- **Coinsurance** – Once you meet your deductible, you pay 20% of the cost of all other services, called coinsurance.
- **Out-of-pocket maximum** – Once you pay for a certain amount through your deductible and coinsurance, the Program pays 100% of your in-network medical costs. This is called the out-of-pocket maximum.
- **When receiving care:**
 - You must receive care from HMO network doctors, hospitals and pharmacies, except in an emergency.

- Your primary care physician (PCP) will coordinate your care and provide referrals to specialists or other physicians. You can choose your PCP or one will be assigned to you.
- Emergency care is covered both in and out-of-network, but you (or a family member or representative) must call your PCP or Kaiser's Member Services within 48 hours of receiving care.

If you enroll in the Health Savings HMO, establish a Health Savings Account (HSA) at Fidelity and contribute minimum quarterly amounts through payroll deduction, the Company provides a pre-tax contribution to your HSA. Learn more on pages 13 – 15.

My Health Manager

In each region, Kaiser participants have access to My Health Manager, an online wellness resource that you can use to email your doctor's office, manage prescriptions, view past visits and test results, and schedule routine appointments on the go. Visit <http://kp.org/registernow> to set up your account and learn more.

Health Savings HMO – Preventive Drug List

If you're enrolled in a Health Savings HMO medical option, you can get prescription drugs on Kaiser's preventive drug list at little or no cost, even before you meet your deductible. The list includes drugs for conditions such as hypertension, high cholesterol, diabetes, asthma and more.

Comparing the HMO Options

	Kaiser HMO	Kaiser Health Savings HMO
Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,500 Family: \$3,000 Note: For Kaiser California – The maximum deductible per individual is limited to \$3,000. See below for more information.
Eligible For Health Savings Account (HSA)	No	The Company provides a quarterly contribution when you make minimum quarterly contributions.
Health Care Flexible Spending Account (FSA)	Yes	Limited Purpose Health Care FSA (dental, vision and preventive care expenses only)
Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000	Individual: \$4,000 Family: \$8,000 Note: For Kaiser California – The maximum out-of-pocket maximum per individual is limited to \$4,000. See below for more information.
Coinsurance	Covered at 80% after deductible	Covered at 80% after deductible
PCP & Specialist Visits	Covered at 80% after deductible	Covered at 80% after deductible
Preventive Care	Covered at 100% no deductible	Covered at 100% no deductible

Pharmacy benefits vary by region. For more details about HMO options, contact Kaiser Member Services.

Individual Deductibles and Out-of-Pocket Maximums in the California Health Savings HMO

There is an individual deductible and out-of-pocket maximum for each individual when an employee covers at least one other dependent. The maximum deductible per person is \$3,000 and the out-of-pocket maximum is \$4,000.

For example, if you are enrolled in family coverage under the Kaiser California Health Savings HMO, your family out-of-pocket maximum is \$8,000, with a maximum of \$4,000 per person. If you incur a \$4,000 medical expense, you would satisfy your individual out-of-pocket maximum of \$4,000 and the Program will pay covered expenses for you at 100%. The Program would not begin to pay covered expenses for your other family members at 100% until you met the \$8,000 combined family out-of-pocket maximum.



Dental Benefits

Dental coverage helps pay for routine dental care, as well as many basic and major restorative services. Coverage is based on coinsurance with an annual deductible and annual maximum benefit. Orthodontia is typically covered with a lifetime benefit maximum. Review the resources available at www.wbd.com/benefitscenter for more information on the dental benefits available, what is not covered, and what you will pay for services.

Benefits under the Warner Bros. Discovery Gold, Silver and Bronze dental options are administered by Cigna. Cigna offers a nationwide network of providers. You may also have a Dental Health Maintenance Organization (DHMO) option available to you depending on where you live.

NEW for 2023

- There are no plan design changes to the PPO dental options for 2023. However, you will receive a new ID card in the mail if you enroll in coverage. Use this card for services you receive in 2023.
- Refer to resources at www.wbd.com/benefitscenter for details about 2023 plan design changes to the DHMO.

2023 Dental Cost Sharing*

	Gold		Silver		Bronze		DHMO
	Network	Non-Network**	Network	Non-Network**	Network	Non-Network**	Network
Annual Deductible	\$25 individual \$75 family	\$200 individual \$600 family	\$50 individual \$150 family	\$200 individual \$600 family	\$100 individual \$300 family	\$200 individual \$600 family	N/A
Annual Maximum Benefit	\$3,000 per individual	\$750 per individual	\$2,000 per individual	\$750 per individual	\$1,000 per individual	\$750 per individual	N/A
Coinsurance	Covered at 90% after deductible	Covered at 50% after deductible	Covered at 80% after deductible	Covered at 50% after deductible	Covered at 70% after deductible	Covered at 50% after deductible	Covered at 60% – 80%

*Services subject to limitations **Reasonable and customary limits are applicable on all non-network services

Find a Cigna Dentist – If you want to receive the in-network benefit, it's important that you review the network carefully and be sure you are using Cigna participating providers. To find the network Cigna Provider Directory, go to www.wbd.com/benefitscenter.

Vision Benefits

The Warner Bros. Discovery Gold, Silver and Bronze vision options are administered by EyeMed. With each option, you have access to a range of independent providers, as well as leading optical retail outlets.

Vision coverage helps pay for eye exams, frames, lenses, and contact lenses for you and your dependents. If you have coverage, the basic exam is covered at no cost to you if you use a network provider.

Vision coverage is based on discounts and coinsurance. You will also have access to providers who perform laser vision-correction procedures at a discounted price. Review the resources available at www.wbd.com/benefitscenter for more information.

NEW for 2023

There are no plan design changes to the vision options for 2023. However, you will receive a new ID card in the mail from EyeMed by January 1, 2023, if you enroll in coverage.

2023 Vision Cost Sharing*

	Gold		Silver		Bronze		
	Network	Non-Network	Network	Non-Network	Network	Non-Network	
Annual Maximum Benefit	\$400 per individual	\$100 per individual	\$300 per individual	\$100 per individual	\$100 per individual		No coverage
Coinsurance	Covered at 90%	Covered at 50%	Covered at 80%	Covered at 50%	Covered at 70%		
Service Limits	Every calendar year						
Exam	Covered at 100%	Covered at 50%	Covered at 100%	Covered at 50%	Covered at 100%		
Lenses (Single/Bifocal/Trifocal)	Coinsurance applies						
Frames	Coinsurance applies						
Contact Lenses	Coinsurance applies						

*Services subject to limitations

Find an EyeMed Provider, Vision Care Information & Tools – To receive the highest level of benefits, it's important that you review the network carefully and be sure you are using EyeMed participating providers. To find an in-network provider, visit <https://member.eyemedvisioncare.com/wbd>. Get access to EyeMed information and resources through the EyeMed Members mobile app available from the app store on your mobile device.

Health Savings Account (HSA)

If you enroll in the PPO Plus HSA, PPO Basic HSA or Kaiser Health Savings HMO medical option and you are eligible for an HSA, you can establish one with any financial institution of your choice. For those contributing by payroll deductions, your HSA administrator will be Fidelity. An HSA is a tax-advantaged savings account that can be used to pay for eligible health care expenses, including your annual deductible and coinsurance.

An HSA offers the following features:

- You can start, stop or change your contribution at any time up to the IRS limit. However, you must contribute minimum quarterly amounts through payroll deduction to receive a quarterly HSA Company contribution.
- HSA funds can be used for eligible health care expenses now and in the future (even after you retire or leave the Company).
- You have the option of investing all or a portion of your money in your HSA in a full array of investment options through Fidelity.
- The money in your account is yours to keep. If you don't use all of the money in your HSA by year end, you keep the remaining balance. There is no limit to how much you can accumulate in your HSA.

An HSA has triple tax savings in most states. Contributions are taken out of your paycheck pre-tax and grow tax deferred. They also can be withdrawn to pay for eligible health care expenses free of federal taxes and, in many cases, state taxes.* If you use your HSA to pay for ineligible expenses, you will be taxed on those amounts and will be subject to an additional 20% penalty.

* In California and New Jersey, state income taxes apply to your HSA contributions. Other states may vary in their tax treatment of earnings and withdrawals from the federal tax treatment. For more information, consult your personal tax advisor.

HSA Eligibility

You can establish an HSA if you:

- Enroll in the PPO Plus HSA, PPO Basic HSA or Health Savings HMO
- Are not enrolled in any part of Medicare
- Are not claimed as a dependent on someone else's tax return
- Do not have other low-deductible health plan coverage through a spouse/partner, or participate in a Health Care FSA
- Do not live in Hawaii or Puerto Rico

Important

The HSA offered by Fidelity Investments is not an arrangement established or maintained by Warner Bros. Discovery. Rather, an HSA that you open with Fidelity Investments is an arrangement between you and Fidelity Investments that is established and maintained by Fidelity Investments, the HSA trustee. It is Warner Bros. Discovery's intention to comply with Department of Labor guidance set forth in Field Assistance Bulletin No. 2004-1, which specifies that an HSA is not an ERISA plan if certain requirements are satisfied. Warner Bros. Discovery can assist with your HSA pre-tax payroll contributions and the Company HSA contribution, but Warner Bros. Discovery does not provide legal advice or investment advice or information with regard to your Fidelity HSA.

2023 HSA Company Contributions and IRS Limits

When you contribute a minimum quarterly amount through payroll deductions to an HSA established with Fidelity, the Company will make a contribution to your account each quarter. The HSA Company contribution is based on your medical option and coverage tier you are enrolled in on the last day of each quarter (as of end of November for Q4) as follows:

Your Medical Option	Coverage Tier	If You Contribute:	The Company will Contribute:
PPO Basic HSA	Individual	\$230 minimum quarterly or \$1,000 year-to-date	\$250 quarterly
	Family*	\$461 minimum quarterly or \$2,000 year-to-date	\$500 quarterly
PPO Plus HSA or Health Savings HMO	Individual	\$115 minimum quarterly or \$500 year-to-date	\$125 quarterly
	Family*	\$230 minimum quarterly or \$1,000 year-to-date	\$250 quarterly

* Family coverage constitutes coverage of one or more dependents (i.e. Employee + Spouse, Employee + Child(ren) or Employee + Spouse and Child(ren))

IRS Limits

The 2023 IRS maximum contribution is \$3,850 if you elect employee only coverage and \$7,750 if you elect family coverage (inclusive of any Company contribution). If you are age 55 or older, you can make an additional \$1,000 catch-up contribution to your account each year. Limits are reviewed by the IRS annually and may be adjusted.

Once you have met the minimum year-to-date amount, you will receive a Company contribution in future quarters during the plan year as long as you maintain eligibility for an HSA.

Timing of Company Contributions

If you contribute the quarterly minimums through payroll deduction, and are eligible to contribute to an HSA at the end of each applicable quarter, you'll receive the Company contribution as follows:

- First quarter Company contribution will be made in mid-April
- Second quarter Company contribution will be made in mid-July
- Third quarter Company contribution will be made in mid-October
- Fourth quarter Company contribution will be made in mid-December based on your actual HSA contributions for October and November and your projected HSA contributions for December (the projection is based on your HSA contribution election in effect at the end of November)

If you terminate employment, unless you are on a period of Notice and Severance, you will not receive Company contributions for quarters after your termination date. If you do not meet the minimum HSA contribution for a specific quarter, you will not retroactively receive the HSA Company contribution for prior quarters, even if your total annual HSA contribution is greater than the four-quarter minimum total.

Setting Up Your HSA

When you enroll in your benefits, you will be able to elect the amount of your payroll contribution. To set up your HSA or manage your HSA account throughout the year, including withdrawals and investing, go to Fidelity at www.netbenefits.com.

Paying for Expenses

To pay for eligible medical, prescription drug, dental and vision expenses, you can use your HSA debit card or reimburse yourself from your HSA.

If you use your HSA to pay for ineligible expenses, or for a medical expense that was incurred before your HSA was established, you will be taxed and subject to an additional 20% penalty. You are responsible for the tax consequences associated with any contributions to and withdrawals from your HSA.

If your partner is not a tax dependent, amounts may not be reimbursed from your HSA to cover expenses incurred by your partner or his or her child (unless that individual qualifies as a tax dependent). However, your partner may set up his or her own HSA if he or she is eligible. For more information, consult your personal tax advisor.

For IRS purposes, save your receipts and other records to show that you used your HSA money to pay for or reimburse yourself for eligible expenses.

Note: To get reimbursed, you must have enough money in your account to cover the expense. If you don't, you will need to pay the expense out of pocket and then reimburse yourself from your HSA when you have a sufficient balance.

Long-Term Account Growth

Your HSA balance, including the HSA Company contribution, is always yours. You can use it to pay for current expenses or save it for the future. And if you leave the Company, you can take your full balance with you.

There is no limit to the amount you can accumulate in your HSA over time. You can accumulate enough in your HSA to pay the full cost of your deductible and out-of-pocket maximum or you can use the account to save for eligible medical expenses in retirement.

You can choose to invest all or a portion of your account in a full array of investment options through Fidelity NetBenefits® at www.netbenefits.com. Some options require a minimum account balance before you can invest.

Note: Expense reimbursements can only come from amounts that are not invested. For additional details, call Fidelity NetBenefits® at **(800) 354-3435** to speak to a representative.

How Much Should You Contribute

There isn't one right answer, however, you may want to consider contributing at least the minimum quarterly amount to get the HSA Company contribution or the amount to cover your annual deductible. Remember, your contributions come out of your paycheck pre-tax, which means you get a valuable tax advantage.

Saving for Future Medical Expenses

Fidelity estimates that the average 65-year old couple retiring in 2022 will need approximately \$315,000* to cover future medical costs.

If you're looking to save for the future, an HSA allows you to roll over unused balances from year to year, which may help you save for future medical expenses.

* Estimate based on a hypothetical 65-year old couple retiring in 2022, 65-years-old using actuarial mortality tables.



Health Care Flexible Spending Account (FSA)

The Health Care FSA allows you to set aside money on a pre-tax basis to pay for eligible health care expenses. If you elect to contribute, payroll contributions will be taken in equal amounts from each of your paychecks for the remaining pay periods left in the year. You can be reimbursed for your full annual contribution amount at any time during the year. The Health Care FSA is administered by Smart-Choice.

NEW for 2023

- The administrator of the Health Care FSA will change from YSA to Smart-Choice.
- If you enroll in the Health Care FSA, you will receive a new debit card to use for expenses.
- If you want to use Auto Reimbursement for medical, dental and vision expenses, you must visit the Warner Bros. Discovery Benefits Center at www.wbd.com/benefitscenter or log in to the Smart-Choice app to elect this option.

You may set aside up to \$2,850 in the 2023 Health Care FSA to pay for eligible health care expenses. This is the individual limit; your spouse/partner may contribute to his/her own Health Care FSA at his/her employer as well. You can't deduct funds from your account to cover expenses incurred by your partner (unless he or she qualifies as an eligible tax dependent).

Due to IRS regulations, if you enroll in the PPO Plus HSA, PPO Basic HSA or Health Savings HMO option and participate in a Health Savings Account, your Health Care FSA will be designated as "limited" and can only be used for eligible dental, vision and preventive care expenses.

A helpful list of health care expenses that the IRS considers eligible for reimbursement are described in www.irs.gov/pub/irs-pdf/p502.pdf.

It's Important to Plan Carefully

If you elect to participate in the Health Care FSA in 2023 and you don't use all the money you've set aside by December 31, 2023, and submit a claim for reimbursement by March 31, 2024, you will forfeit any remaining 2023 FSA balance in your account. You can file your 2022 claims by visiting the Warner Bros. Discovery Benefits Center.

If you elected to participate in the Health Care FSA in 2022, you have until March 31, 2023, to submit eligible expenses you incurred in 2022 or you will forfeit any remaining balance in your account. You can submit your 2022 claims to the AT&T Benefits Center through December 31, 2022. Any 2022 claims submitted on or after January 1, 2022, should be sent to the Warner Bros. Discovery Benefits Center.

Getting Reimbursed for Your Health Care FSA Expenses

You can get reimbursed for your health care expenses in three ways:

- **Debit Card** – When you enroll in the Health Care FSA, you will receive a debit card from Smart-Choice. You can use this card to pay for eligible expenses at the point of service. Be sure to save detailed receipts or digital copies of all your eligible expenses in case you need to validate your reimbursement. A “paid receipt” or credit card receipt is generally not considered valid documentation.
- **Auto Reimbursement** – You can pay out of pocket and elect to have your CVS Caremark prescription drug claims, Cigna dental claims and EyeMed vision claims reimbursed automatically via Auto Reimbursement. You can also elect to have your BCBSIL medical claims reimbursed automatically via Auto Reimbursement if you do not have a Limited Purpose Health Care FSA. Log in to the Warner Bros. Discovery Benefits Center at www.wbd.com/benefitscenter or download the Smart-Choice app to elect this option. Please note, if you elect to get reimbursed via Auto Reimbursement, your debit card will only work for eligible prescription drug expenses and will be declined for all other charges.
- **File a Claim** – For all other eligible expenses, you can pay for your health care service or purchase up front and manually file a claim for reimbursement with Smart-Choice.

Save Receipts

You should save your receipts in case you are asked to validate your reimbursement. Documentation of expenses submitted for reimbursement should include the following information:

- Date of service or purchase
- Detailed description of service or purchase
- Provider or merchant name
- Patient name
- Patient portion or amount owed



Life Insurance

Basic Life Insurance

You are automatically enrolled in basic life insurance if you are eligible. The program will compensate you or your beneficiaries up to one times your covered compensation, up to a maximum of \$2 million.

Review the resources available at www.wbd.com/benefitscenter to learn more about basic life benefits.

NEW for 2023

The minimum basic life coverage will increase to \$50,000.

It's Important to Evaluate Your Life Insurance to Be Sure You Have the Coverage You Need – Take the time to review your life insurance coverage and designate your beneficiaries. It's also important to keep your beneficiary designations up to date. If you're unsure of how much life insurance you need, visit www.prudential.com/ezlifeneeds to access a free life insurance estimator.

Optional Group Life & Dependent Term Life Coverage

If you had Optional Group Life (OGL) coverage immediately prior to your last day at work, you may retain your coverage during the duration of your salary continuation period. The OGL program, offered by Prudential, offers eligible employees the opportunity to purchase employee coverage and/or dependent term life coverage for their spouse/partner and/or dependent children.

Life insurance rates are based on your (or your spouse/partner's) age as of January 1. When you enroll on www.wbd.com/benefitscenter, your rate for 2023 will be reflected.



Enrolling

Enrollment Checklist

Before you enroll, be sure to:

- **Review your options.** Read this guide carefully and learn about your options for 2023. Starting October 17, visit www.wbd.com/benefitscenter for even more information, including provider finder links and decision-support tools.
- **Decide who you're going to cover.** You can elect to cover your spouse, partner and/or eligible dependent children. Please have each dependent's date of birth and Social Security number available when you're ready to enroll.
 - If you add a new dependent to coverage who isn't currently covered, you will need to complete the dependent verification process.
- **Decide if you want to enroll in or change your medical, dental or vision coverage.** Your 2022 election will carry forward to 2023 if you do not take action.
- **Decide if you want to participate in the Health Care Flexible Spending Account.** Your 2022 election will not carry forward.
- **If eligible, decide if you want to contribute to your Health Savings Account.** Make an election during Annual Enrollment to have deductions start in January.
- **Evaluate your life insurance needs** and decide if you want to change your coverage.
- **Review your life and Optional Group Life insurance beneficiaries,** especially if you've had a recent life change.



Important Enrollment Information

It's important that you understand your options and review your choices to be sure that you're enrolled in the benefits that fit your needs. **When you enroll, you're choosing your benefits for an entire year – January 1 through December 31.** You cannot make changes during the year except in certain benefits if you have a qualified change in status, such a marriage or the birth of a child.

Need Help?

Get personalized, one-on-one counseling with a benefits specialist. **Starting October 17,** schedule an appointment at the Warner Bros. Discovery Benefits Center – www.wbd.com/benefitscenter. Appointments are available from 9 a.m. until 7 p.m. ET during Annual Enrollment.



How to Enroll

You can make your elections online:

- Starting October 24, visit www.wbd.com/benefitscenter.
- Use your AT&T Benefits Center credentials to log in. You will need to answer a few security questions and then you will access the site.
- If you do not have AT&T Benefits Center login information, follow the instructions to set up a login and password.
- Select “Enroll Now” to make your selections for 2023.
- When you're done enrolling, be sure to review and print your confirmation statement for your records.

If you have questions or need help enrolling, you should call the Warner Bros. Discovery Benefits Center at **(855) 722-0243**. Representatives are available Monday through Friday from 8 a.m. to 8 p.m. ET.

If You Don't Enroll

If you don't enroll during the Annual Enrollment period, you will have the following coverages:

Benefit	2023 Default Coverage
<ul style="list-style-type: none">• Medical• Dental• Vision• Life Insurance	Same coverage as 2022
Health Care Flexible Spending Account	No participation
Health Savings Account	No employee HSA contributions on January 1, 2023

Who's an Eligible Dependent

If you're eligible* for benefits, your eligible dependents may include:

- Your spouse or partner**
- Your child(ren) up to the end of the month in which the child reaches the age of 26, regardless of marital status. Child(ren) means:
 - Your biological child(ren)
 - Child(ren) you have legally adopted or who are placed with you for adoption
 - Your stepchild(ren). Stepchild(ren) are the child(ren) of your spouse/partner
 - Child(ren) for whom either you or your spouse/partner is a legal guardian. The term does not include wards of the state who are placed with you for adoption
 - Foster child(ren)
 - Child(ren) you are required to cover under the terms of a Qualified Medical Child Support Order (QMCSO)
 - Your disabled child(ren) who is mentally or physically disabled before the end of the month in which the child reaches the age of 26. You must provide satisfactory evidence of disability in order for your disabled child(ren) to be eligible for coverage

If you decide to add new dependents to coverage, be sure to have each dependent's Social Security number available. You will need it to enroll.

* Eligibility for benefits may vary. Please refer to the applicable Summary Plan Description (SPD) for eligibility requirements. SPDs are available at www.wbd.com/benefitscenter.

** Please note that unless your partner is a tax dependent, the value of the coverage will be taxed and shown as taxable income on your W-2.

Dependent Children

Dependent children are covered through the end of the month in which they turn age 26. COBRA coverage may be available for up to 36 months after their coverage ends.

Definition of a Partner

Any individual:

- Who is a Registered Domestic Partner (RDP), or
- With whom an eligible employee has entered into a same- or opposite-sex relationship pursuant to and in accordance with state or local law, such as a civil union or other legally recognized arrangement that provides similar legal benefits, protections and responsibilities under state law to those afforded to a spouse.
- Who is an adult of the same- or opposite-sex with whom an eligible employee has been in an exclusive and committed relationship that is intended to be permanent. The eligible employee and partner must:
 - be responsible for each other's welfare on a continuing basis,
 - have been in the relationship for at least six months and sharing a primary residence for at least six months,
 - both be at least 18 years old and may not be related by blood to a degree of closeness that would prohibit marriage under applicable law,
 - not be legally married to or in a legal civil union with another person,
 - and be willing to file an Affidavit of Domestic Partnership and/or Declaration of Tax Status with your Employing Company, if requested.

Contacts

Benefit	Vendor	Website	Phone / Email
General			
<ul style="list-style-type: none"> Benefits – Health and Wellness Questions Life and Optional Group Life Beneficiary Designation Eligibility and Enrollment 	Benefits for 2022: AT&T Benefits Center Benefits for 2023: Warner Bros. Discovery Benefits Center	Benefits for 2022: www.att.com/benefitscenter Benefits for 2023: www.wbd.com/benefitscenter	Benefits for 2022: (877) 722-0020 Benefits for 2023: (855) 722-0243 Available Monday – Friday, 8 a.m. to 8 p.m. ET. The Interactive Voice Response System (IVR) is available 24/7 (except for maintenance).
401(k) and Health Savings Account (HSA) Beneficiary Designation	Fidelity Service Center	www.netbenefits.com	(800) 354-3435 Domestic and International; Every business day the NYSE is open 8:30 a.m. to 8:30 p.m. ET.
HR/Payroll Services	Employee Connection	http://ec-portal.warnermedia.com/	(888) 875-4455 (toll free) • (818) 954-4636 EmployeeConnection@warnermedia.com
Health Programs			
Warner Bros. Discovery Medical Program (PPO Options)	Blue Cross and Blue Shield of Illinois (BCBSIL)	www.bcbsil.com/wbd 24/7 Service Center Live Chat: Log in to Blue Access for Members and chat with a representative 24 hours a day, 7 days a week.	Service Center – (800) 313-0983 Preauthorization – (800) 621-0965 24/7 Nurseline – (800) 299-0274 Find Doctors 24/7 – (800) 313-0983
Virtual Visits (PPO Options)	MDLIVE	www.MDLIVE.com	(888) 676-4204 Available 24/7
Warner Bros. Discovery Medical Program Prescription Drugs (PPO Options)	CVS Caremark	www.caremark.com	(877) 817-8525 Available 24/7
HMO Medical Options	Kaiser	www.kp.org Kaiser National Consumer Service Experience Live Chat: www.kp.org/choosekp	Kaiser National Consumer Service Experience – (800) 324-9208 Available Monday – Friday, 10 a.m. to 9 p.m. ET. (800) 464-4000 (CA) (888) 865-5813 (GA) (800) 966-5955 (HI Neighbor Islands) and (808) 432-5955 (Oahu) (800) 777-7902 (Mid-Atlantic) (888) 901-4636 (WA)
Hawaii Medical Option	Hawaii Medical Service Association (HMSA)	www.hmsa.com	(808) 948-6111 (Oahu) (800) 776-4672 (Neighbor Islands) Available Monday – Friday, 8 a.m. to 5 p.m. HT.
Dental Program	Cigna	www.mycigna.com	(800) 244-6224 Available 24/7
Vision Program	EyeMed	https://member.eyemedvisioncare.com/wbd	(866) 299-1358 Available Monday – Friday, 7:30 a.m. to 11 p.m., Saturday, 8 a.m. to 11 p.m. and Sunday, 11 a.m. to 8 p.m. ET.

Benefit	Vendor	Website	Phone / Email
Family Planning			
Fertility Benefits (PPO Options)	Progyny	https://progyny.com	(866) 430-6685 Patient Care Advocates are available Monday – Friday, 9 a.m. to 9 p.m. ET, except some holidays.
Savings & Money Programs			
Health Savings Account – Payroll Contributions and Eligibility	2022: AT&T Benefits Center 2023: Warner Bros. Discovery Benefits Center	2022: www.att.com/benefitscenter 2023: www.wbd.com/benefitscenter	2022: (877) 722-0020 2023: (855) 722-0243 Available Monday – Friday, 8 a.m. to 8 p.m. ET. The Interactive Voice Response System (IVR) is available 24/7 (except for maintenance).
Health Savings Account – Transactions, Balances, Investment Elections, etc.	Fidelity Service Center	www.netbenefits.com Note: The HSA offered by Fidelity Investments is not an arrangement that is established and maintained by the Company. Rather, the HSA is established and maintained by Fidelity Investments, the HSA trustee. It is the Company's intention to comply with Department of Labor guidance set forth in Field Assistance Bulletin No. 2004-1, which specifies that an HSA is not an ERISA plan if certain requirements are satisfied.	(800) 354-3435 Domestic and International; Every business day the NYSE is open 8:30 a.m. to 8:30 p.m. ET.
Health Care Flexible Spending Account (FSA)	Smart-Choice	2022: www.att.com/benefitscenter 2023: www.wbd.com/benefitscenter Once logged in, select the "Reimbursement Accounts" page to locate your accounts.	2022: (877) 722-0020 2023: (855) 722-0243 Available Monday – Friday, 8 a.m. to 8 p.m. ET. The Interactive Voice Response System (IVR) is available 24/7 (except for maintenance).

Learn More at www.wbd.com/benefitscenter

About This Guide

This brochure contains only the highlights of certain benefit programs available to eligible employees (and their dependents and/or beneficiaries) of Warner Bros. Discovery as of January 1, 2023. It is not intended as a complete description of each program. Please refer to the applicable Summary Plan Description for greater level of detail. The provisions of the plan documents will govern in the case of any discrepancy. The Company, 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, by action of the Company.

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