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DXC Benefits. *As unique as you.*

# 2023 Benefits Annual Enrollment Reference Guide

Visit [myDXCbenefits.com](https://myDXCbenefits.com) now to explore all your benefits options.



Look for the [Click & Explore](#) icon throughout this guide to discover more information.



# Take Action

Benefits Annual Enrollment is your one opportunity to review and make changes to your benefits for 2023. Take time to explore your options and consider your needs carefully so you can make the best decisions for the year ahead.

Not only could your needs have changed, but things about your plan could have changed too, including your options and prices, the network of doctors and other health care providers, and how your prescription drugs are covered.

## Start Exploring

Visit [myDXCbenefits.com](https://myDXCbenefits.com) to learn everything that's new for 2023, find detailed FAQs and link to the carrier websites and interactive pricing tool.

## Enroll November 14–29

Log in to the [DXC Benefits Service Center enrollment portal](#) to find your personalized benefits options available through the Aon Active Health Exchange. Use the Help Me Choose decision support tool and enroll for 2023. If you're logging in for the first time, register as a new user and follow the prompts to set up your username and password.

## If You Don't Take Action

Your current medical, dental, vision, supplemental life and accidental death & dismemberment, short- and long-term disability coverages will continue at 2023 prices unless the plan is no longer available to you.

Your Flexible Spending Account (FSA) and/or Health Savings Account (HSA) enrollment will default to waive for 2023—tax-favored accounts require you to make an active election each year.

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# Make the Right Choices for You

As you prepare for Benefits Annual Enrollment, ask yourself the **right** questions to make sure you're ready to make the **right** choices for you and your family.

## 1 Are my providers in the carrier's network?

Choose an insurance carrier whose network includes providers (doctors, specialists, hospitals) that can support your care. Seeing out-of-network providers costs you more by having to pay higher billed amounts, a higher deductible and higher coinsurance. Health care providers can leave and join carriers' provider networks at any time.



**TAKE ACTION:** Take time to [explore your carrier](#) and make sure they are right for you. Even if you can keep your current insurance carrier, always check the provider networks before making a final decision. Also, always confirm that your providers are in-network when you choose your plans and when you access care throughout the year.

## 2 What's the right plan for me?

You want to get the right amount of coverage for your needs at the best price. When you enroll on the [DXC Benefits Center enrollment portal](#), you can find resources to help you make the right choices for your needs and cost preferences.



**TAKE ACTION:** Use the [Help Me Choose](#) tool, a step within the online enrollment process, to see which plan option might be a good fit for you and your family. When you enroll, you can also compare your options side by side and see how other people rate their health carriers.

## 3 What if I have additional questions?

Review the FAQs at [myDXCbenefits.com](#). You can also contact the DXC Benefits Center from 8 a.m. to 8 p.m. ET, Monday through Friday. Just call 1.877.627.4015.

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# Medical and Prescription Drug Coverage

DXC offers you five different medical plans to choose from: Bronze, Bronze Plus, Silver, Gold and Platinum. Each medical plan is available through a variety of national and some regional insurance carriers.

Explore the key features for each medical plan and then compare the pricing from the different insurance carriers available to decide which one is the best option for you and your family.

Features	Bronze	Bronze Plus	Silver	Gold	Platinum
Offers a Health Savings Account (HSA), with a DXC contribution for participating in the <a href="#">Healthy Behaviors Wellness Program</a> .	✓	✓	✓		
Both medical and prescription expenses count toward fulfilling the deductible and out-of-pocket maximum.	✓	✓	✓		
Has an “embedded deductible” — once an individual meets their individual deductible, they pay their coinsurance for medical and prescription expenses.	✓			✓	✓
Expenses for all covered family members count toward one annual family deductible. Once the family deductible is met, the coinsurance for medical and prescription expenses applies for all covered family members.		✓	✓		
Has copays for primary care physician (PCP) visits, specialist visits and prescription drug expenses. These copays do not count toward meeting your deductible.				✓	✓
Has coinsurance for urgent, emergency, inpatient and outpatient care (if not considered an office visit) after meeting your deductible.	✓	✓	✓	✓	✓
Has no cost for preventive care, including certain preventive drugs.	✓	✓	✓	✓	✓

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**Live in California or Hawaii?** Your options and considerations are different, depending on the insurance carrier you choose.

**California:** See [page 9](#) for more information.

**Hawaii:** See [page 12](#) for more information.



If you enroll in one of the high deductible health plan (HDHP) options — Bronze, Bronze Plus or Silver — you have access to the [DXC Healthy Behaviors Wellness Program](#), administered by Virgin Pulse, and can earn incentives for completing wellness activities.

# How the Medical Plans Work for In-Network Care

For all the medical plans, preventive care, including certain preventive medications, is covered at 100% without needing to meet your deductible first.

STEP 1

STEP 2

STEP 3

	STEP 1	STEP 2	STEP 3
<b>Bronze</b>	<p><b>Meet the Deductible</b></p> <p>You pay all covered medical and prescription expenses up to the deductible.</p> <p><b>Employee Only Deductible:</b> \$3,300</p> <p><b>All other coverage levels:</b> \$6,000</p>	<p><b>Pay Coinsurance</b></p> <p>After you reach the deductible, you pay 25% coinsurance for covered medical and prescription expenses.</p>	<p><b>Reach the Out-of-Pocket Maximum</b></p> <p>You pay nothing more for covered in-network expenses!</p> <p><b>Employee Only Out-of-Pocket Maximum:</b> \$6,400</p> <p><b>All other coverage levels:</b> \$12,800</p>
<b>Bronze Plus</b>	<p><b>Meet the Deductible</b></p> <p>You pay all covered medical and prescription expenses up to the deductible.</p> <p><b>Employee Only Deductible:</b> \$2,450</p> <p><b>All other coverage levels:</b> \$4,900</p>	<p><b>Pay Coinsurance</b></p> <p>After you reach the deductible, you pay 25% coinsurance for covered medical and prescription expenses.</p>	<p><b>Reach the Out-of-Pocket Maximum</b></p> <p>You pay nothing more for covered in-network expenses!</p> <p><b>Employee Only Out-of-Pocket Maximum:</b> \$3,900</p> <p><b>All other coverage levels:</b> \$7,800</p>
<b>Silver</b>	<p><b>Meet the Deductible</b></p> <p>You pay all covered medical and prescription expenses up to the deductible.</p> <p><b>Employee Only Deductible:</b> \$1,500</p> <p><b>All other coverage levels:</b> \$3,000</p>	<p><b>Pay Coinsurance</b></p> <p>After you reach the deductible, you pay 25% coinsurance for covered medical and prescription expenses.</p>	<p><b>Reach the Out-of-Pocket Maximum</b></p> <p>You pay nothing more for covered in-network expenses!</p> <p><b>Employee Only Out-of-Pocket Maximum:</b> \$3,800</p> <p><b>All other coverage levels:</b> \$7,600</p>

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## How the Medical Plans Work for In-Network Care (continued)

STEP 1

STEP 2

STEP 3

Gold	<p><b>Pay Copays and Meet the Deductible</b></p> <p>You pay a set copay for office visits and prescription expenses.</p> <p>For other services, you pay all covered medical expenses up to the deductible.</p> <p><b>Employee Only Deductible:</b> \$800</p> <p><b>All other coverage levels:</b> \$1,600</p>	<p><b>Pay Coinsurance</b></p> <p>After you reach the deductible, you pay 25% coinsurance for covered medical expenses.</p> <p>You continue to pay copays for office visits and prescription expenses.</p>	<p><b>Reach the Out-of-Pocket Maximum</b></p> <p>You pay nothing more for covered in-network expenses!</p> <p><b>Employee Only Out-of-Pocket Maximum:</b> \$3,600</p> <p><b>All other coverage levels:</b> \$7,200</p>
Platinum	<p><b>Pay Copays and Meet the Deductible</b></p> <p>You pay a set copay for office visits and prescription expenses.</p> <p>For other services, you pay all covered medical expenses up to the deductible.</p> <p><b>Employee Only Deductible:</b> \$250</p> <p><b>All other coverage levels:</b> \$500</p>	<p><b>Pay Coinsurance</b></p> <p>After you reach the deductible, you pay 15% coinsurance for covered medical expenses.</p> <p>You continue to pay copays for office visits and prescription expenses.</p>	<p><b>Reach the Out-of-Pocket Maximum</b></p> <p>You pay nothing more for covered in-network expenses!</p> <p><b>Employee Only Out-of-Pocket Maximum:</b> \$2,300</p> <p><b>All other coverage levels:</b> \$4,600</p>

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# Medical Plan Coverage

The following is a brief summary of the coverage provided by each medical plan. You can find additional details in the [DXC Benefits Center enrollment portal](#). For the most comprehensive information about any specific coverage, [contact the carrier](#) directly.

Features	Bronze	Bronze Plus	Silver	Gold	Platinum
<b>Annual Deductible</b> (individual/family)	<b>In-network:</b> \$3,300/\$6,600 <b>Out-of-network:</b> \$3,300/\$6,600	<b>In-network:</b> \$2,450/\$4,900 <b>Out-of-network:</b> \$2,450/\$4,900	<b>In-network:</b> \$1,500/\$3,000 <b>Out-of-network:</b> \$1,500/\$3,000	<b>In-network:</b> \$800/\$1,600 <b>Out-of-network:</b> \$1,600/\$3,200	<b>In-network:</b> \$250/\$500 <b>Out-of-network:</b> \$5,000/\$10,000
<b>Type of Deductible</b>	Traditional	True Family		Traditional	
<b>Annual Out-of-Pocket Maximum</b> (individual/ family)	<b>In-network:</b> \$6,400/\$12,800 <b>Out-of-network:</b> \$12,800/\$25,600	<b>In-network:</b> \$3,900/\$7,800 <b>Out-of-network:</b> \$11,500/\$23,000	<b>In-network:</b> \$3,800/\$7,600 <b>Out-of-network:</b> \$8,000/\$16,000	<b>In-network:</b> \$3,600/\$7,200 <b>Out-of-network:</b> \$7,200/\$14,400	<b>In-network:</b> \$2,300/\$4,600 <b>Out-of-network:</b> \$11,500/\$23,000
<b>Preventive Care</b>	Covered 100%; no deductible				
<b>Doctor's Office Visit</b>	You pay 25% after deductible			You pay \$25 for PCP/ \$40 for specialist with no deductible	
<b>Emergency Room</b>				You pay 25% after deductible	You pay 15% after deductible
<b>Urgent Care</b>					
<b>Inpatient Care</b>					
<b>Outpatient Care</b>				If not an office visit, you pay 25% after deductible	If not an office visit, you pay 15% after deductible

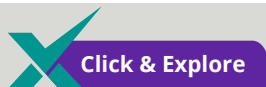
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[Learn more](#) about annual deductibles and annual out-of-pocket maximums to make sure you understand how these features work when choosing and using your health plan benefits.



# Medical Plan Coverage: Additional Considerations

## 1 Who needs to be covered under your medical plan?

Four different coverage levels are available: Employee Only, Employee and Spouse, Employee and Child(ren), Employee and Family.

## 2 How much out-of-pocket expenses can you afford?

- Consider how much you could afford to pay out-of-pocket when you access care.
- If you have the funds to cover your deductible in case of an unexpected illness or injury, then an HDHP option may be a good choice for you.

## 3 Do you require out-of-network coverage?

- Out-of-network charges will not count toward your in-network annual deductible and out-of-pocket maximum.
- The same goes for in-network charges — they will not count toward your out-of-network annual deductible and out-of-pocket maximum.
- Some insurance carriers in CA, CO, DC, GA, MD, OR, VA and WA do not cover out-of-network expenses.

## 4 Do you have out-of-area dependents?

- Regional plans (including Kaiser) generally do not offer in-network coverage outside the plan's usual coverage area, except for emergency situations.
- You may want to choose a national carrier.
- Call the insurance carrier to confirm your options.

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# California: Medical Plan Coverage

Each insurance carrier in California can choose to offer each medical plan either as an option that offers in- and out-of-network benefits (e.g., a PPO) or an option that offers in-network benefits only (e.g., an HMO).

Review the information below to see which insurance carriers offer out-of-network benefits for the medical plan coverage you're considering:

Insurance Carrier	Bronze	Bronze Plus	Silver	Gold	Gold II	Platinum
<b>Aetna</b>	In- and out-of-network			In- and out-of-network	N/A	In- and out-of-network
<b>Anthem</b>	In-network only			In-network only	N/A	In-network only
<b>Cigna</b>	In- and out-of-network			In- and out-of-network	N/A	In-network only
<b>Health Net</b>	In- and out-of-network			N/A	In-network only	In- and out-of-network
<b>Kaiser Permanente</b>	In-network only			N/A	In-network only	In-network only
<b>UnitedHealthcare</b>	In- and out-of-network			In- and out-of-network	N/A	In- and out-of-network

Insurance carriers can choose to offer either the standard Gold option or a Gold II option — not both.

The Gold II option only offers in-network benefits. The Gold option is offered by Aetna, Anthem, Cigna and UnitedHealthcare.

The Gold II option is offered by Health Net and Kaiser Permanente.



## California: Medical Plan Coverage (continued)

The following is a brief summary of the coverage provided by each medical plan for California residents. You can find additional details on the [DXC Benefits Center enrollment portal](#). For the most comprehensive information about any specific coverage, [contact the carrier](#) directly.

**IMPORTANT:** You are required to have a primary care physician if you live in Northern California and choose Health Net as your insurance carrier, or if you live in Southern California and choose Health Net as your insurance carrier and Gold II or Platinum as your coverage level.

Features	Bronze	Bronze Plus	Silver	Gold	Gold II	Platinum
<b>Annual Deductible</b> (individual/family)	<b>In-network:</b> \$3,300/\$6,600 <b>Out-of-network:</b> \$3,300/\$6,600	<b>In-network:</b> \$2,450/\$4,900 <b>Out-of-network:</b> \$2,450/\$4,900	<b>In-network:</b> \$1,500/\$3,000 <b>Out-of-network:</b> \$1,500/\$3,000	<b>In-network:</b> \$800/\$1,600 <b>Out-of-network:</b> \$1,600/\$3,200	<b>In-network:</b> None <b>Out-of-network:</b> N/A	<b>In-network:</b> \$250/\$500 <b>Out-of-network:</b> \$5,000/\$10,000
<b>Annual Out-of-Pocket Maximum</b> (individual/ family)	<b>In-network:</b> \$6,400/\$12,800 <b>Out-of-network:</b> \$12,800/\$25,600	<b>In-network:</b> \$3,900/\$7,800 <b>Out-of-network:</b> \$11,500/\$23,000	<b>In-network:</b> \$3,800/\$7,600 <b>Out-of-network:</b> \$8,000/\$16,000	<b>In-network:</b> \$3,600/\$7,200 <b>Out-of-network:</b> \$7,200/\$14,400	<b>In-network:</b> \$5,400/\$10,800 <b>Out-of-network:</b> N/A	<b>In-network:</b> \$2,300/\$4,600 <b>Out-of-network:</b> \$11,500/\$23,000
<b>Preventive Care</b>	Covered 100%; no deductible					
<b>Doctor's Office Visit</b>	You pay 25% after deductible			You pay \$25 for PCP visit		
<b>Emergency Room</b>				You pay \$40 for specialist visit		
<b>Urgent Care</b>				You pay 25% after deductible	You pay 30% after deductible	You pay 15% after deductible
<b>Inpatient Care</b>						
<b>Outpatient Care</b>				If not an office visit, you pay 25% after deductible	If not an office visit, you pay 30% after deductible	If not an office visit, you pay 15% after deductible



## California: Medical Plan Coverage (continued)

### Anthem

Anthem does not offer out-of-network coverage in California.

### Health Net

Health Net Bronze Plus and Silver plans vary slightly from the standard plans on the previous page and use a traditional “embedded” deductible and annual out-of-pocket maximum (e.g., if you cover dependents, no covered member will pay more than \$2,800 toward the family deductible). Remember that Health Net does not offer out-of-network coverage in Northern California.

Features	Bronze Plus	Silver
<b>Annual Deductible</b> (individual/family)	<b>In-network:</b> \$2,450/\$4,900 (\$2,800 embedded) <b>Out-of-network:</b> \$2,450/\$4,900 (\$2,800 embedded)	<b>In-network:</b> \$1,500/\$3,500 (\$2,800 embedded) <b>Out-of-network:</b> \$1,500/\$3,500 (\$2,800 embedded)
<b>Annual Out-of-Pocket Maximum</b> (individual/ family)	<b>In-network:</b> \$3,900/\$7,800 (\$3,900 embedded) <b>Out-of-network:</b> \$11,500/\$23,000 (\$11,500 embedded)	<b>In-network:</b> \$3,800/\$7,600 (\$3,800 embedded) <b>Out-of-network:</b> \$8,000/\$16,000 (\$8,000 embedded)

### Kaiser Permanente

Kaiser Bronze Plus and Silver plans vary slightly from the standard plans on the previous page and use a traditional “embedded” deductible and annual out-of-pocket maximum. Remember that Kaiser does not offer out-of-network coverage.

Features	Bronze Plus	Silver
<b>Annual Deductible</b> (individual/family)	<b>In-network:</b> \$2,450/\$4,900 (\$2,800 embedded)	<b>In-network:</b> \$1,500/\$3,000 (\$2,800 embedded)
<b>Annual Out-of-Pocket Maximum</b> (individual/ family)	<b>In-network:</b> \$3,900/\$7,800 (\$3,900 embedded)	<b>In-network:</b> \$3,800/\$7,600 (\$3,800 embedded)

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# Hawaii: Medical Plan Coverage

Review the information below to see which insurance carriers offer out-of-network benefits for the coverage levels you're considering:

Features	HMSA Gold	Kaiser Gold	HMSA Platinum	Kaiser Platinum
<b>Annual Deductible</b> (individual/family)	<b>Combined in-network and out-of-network:</b> \$200/\$600	<b>In-network:</b> \$200/\$400	<b>In-network:</b> N/A	<b>In-network:</b> N/A
		<b>Out-of-network:</b> Not covered	<b>Out-of-network:</b> \$100/\$300	<b>Out-of-network:</b> Not covered
<b>Annual Out-of-Pocket Maximum</b> (individual/family)	<b>Combined in-network and out-of-network:</b> \$2,200/\$6,600	<b>In-network:</b> \$2,200/\$4,400	<b>Combined in-network and out-of-network:</b> \$2,500/\$7,500	<b>In-network:</b> \$2,500/\$7,500
		<b>Out-of-network:</b> N/A		<b>Out-of-network:</b> N/A

The **HMSA Gold** and **Kaiser Gold** options have a traditional deductible. Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

The **HMSA Platinum** and **Kaiser Platinum** options don't have an in-network deductible. Keep in mind, though, that as a trade-off for no deductible, the Platinum coverage level is usually more expensive per paycheck.



## Hawaii: Medical Plan Coverage (continued)

The following is a brief summary of the coverage provided by each medical plan for Hawaii residents. You can find additional details in the [DXC Benefits Center enrollment portal](#). For the most comprehensive information about any specific coverage, [contact the carrier](#) directly.

**IMPORTANT:** You are required to have a primary care physician if you choose Kaiser Permanente as your insurance carrier.

Features	HMSA Gold	Kaiser Gold	HMSA Platinum	Kaiser Platinum
<b>Preventive Care</b>	100% covered; deductible waived for most services	100% covered; deductible waived	100% covered	100% covered
<b>Doctor's Office Visit</b>	You pay \$12	You pay \$15	You pay \$12	You pay \$15
<b>Emergency Room</b>	You pay 20% after deductible	You pay 20%; deductible waived	You pay 20%	You pay \$75
<b>Urgent Care</b>	You pay \$12	You pay \$15	You pay \$12	You pay \$15
<b>Inpatient Care</b>	You pay 20% after deductible	You pay 10% after deductible	You pay 10%	You pay \$75 per day
<b>Outpatient Care</b>	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service



### Waiving Medical Coverage?

If you elect “no medical coverage” for next year, the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form (HC-5). A copy of this form will be sent to you through the U.S. mail. By completing this form, you claim to be exempt from coverage requirements under the Prepaid Health Care Act. After completing it, please return it to the DXC Benefits Center at the address provided.

# Hawaii: Prescription Drug Coverage

Your prescription drug coverage depends on the medical plan you choose and your insurance carrier. Each carrier's pharmacy benefit manager has its own rules about how prescriptions are covered. Before choosing a plan and carrier, make sure you're comfortable with the carrier's coverage for prescription drugs you and your covered family members need.

Features	HMSA Gold	Kaiser Gold	HMSA Platinum	Kaiser Platinum
<b>Preventive Drugs</b> (determined by the insurance carrier, as required by the Affordable Care Act)	You pay \$0 You must have a doctor's prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service			
<b>Prescription Drug Annual Out-of-Pocket Maximum</b> (individual/family)	\$3,000/\$7,200	Included in medical out-of-pocket maximum	\$3,000/\$5,700	Included in medical out-of-pocket maximum
<b>30-day retail supply</b>				
<b>Tier 1:</b> Generally lowest cost options	You pay \$7	You pay \$5 for generic maintenance drugs; \$10 for other generic drugs	You pay \$5	You pay \$5 for generic maintenance drugs; \$10 for other generic drugs
<b>Tier 2:</b> Generally medium cost options	You pay \$35	You pay \$35	You pay \$30	You pay \$35
<b>Tier 3:</b> Generally highest cost options	You pay \$75	Not covered	You pay \$70	Not covered
<b>90-day mail-order supply</b>				
<b>Tier 1:</b> Generally lowest cost options	You pay \$14	You pay \$10 for generic maintenance drugs; \$20 for other generic drugs	You pay \$10	You pay \$10 for generic maintenance drugs; \$20 for other generic drugs
<b>Tier 2:</b> Generally medium cost options	You pay \$70	You pay \$70	You pay \$60	You pay \$70
<b>Tier 3:</b> Generally highest cost options	You pay \$150	Not covered	You pay \$140	Not covered



# Prescription Drug Coverage

Your prescription drug coverage depends on the medical plan you choose and your insurance carrier. Each carrier's pharmacy benefit manager has its own rules about how prescriptions are covered. Before choosing a plan and carrier, make sure you're comfortable with the carrier's coverage for prescription drugs you and your covered family members need.

Features	Bronze	Bronze Plus	Silver	Gold	Platinum
<b>Preventive Drugs</b> (determined by the insurance carrier, as required by the Affordable Care Act)	You pay \$0 You must have a doctor's prescription for the medication — even for products sold over the counter (OTC) — and you must use an in-network retail pharmacy or mail-order service				
<b>30-day prescription retail supply</b>					
<b>Tier 1:</b> Generally lowest cost options	You pay 100% until you meet the deductible, then you pay 25% up to your out-of-pocket maximum			You pay \$10	You pay \$8
<b>Tier 2:</b> Generally medium cost options				You pay \$40	You pay \$30
<b>Tier 3:</b> Generally highest cost options				You pay \$60	You pay \$50
<b>90-day prescription mail-order supply</b>					
<b>Tier 1:</b> Generally lowest cost options	You pay 100% until you meet the deductible, then you pay 25% up to your out-of-pocket maximum			You pay \$25	You pay \$20
<b>Tier 2:</b> Generally medium cost options				You pay \$100	You pay \$75
<b>Tier 3:</b> Generally highest cost options				You pay \$150	You pay \$125

**Hawaii residents:** please refer to page 14 for additional information on Prescription Drug Coverage

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# Prescription Drug Coverage: Additional Considerations



**TAKE ACTION:** If you or a covered family member regularly takes medication, explore the [carrier preview site](#) or call the medical insurance carrier before you enroll and tell them you are considering medical coverage offered through the Aon Active Health Exchange. You can also enter information about your prescription drugs into the Help Me Choose tool when you enroll, to help you find the plan that best meets your needs.

Here are some important questions to address:

- 1 Is my drug on the formulary?**

A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. If your drug isn't on a carrier's formulary, you pay more for it.
- 2 How much will my drug cost?**

Your prescription cost depends on how your medication is classified by your insurance carrier — either Tier 1, 2 or 3. The higher the tier, the more you'll pay.
- 3 Will I pay a penalty if I choose a brand name drug?**

Since many brand name drugs are expensive, some medical insurance carriers require you to pay the copay or coinsurance of a higher tier — plus the cost difference between brand name and generic drugs — if you choose a brand name drug when a generic drug is available.
- 4 Is my drug considered “preventive” (covered 100%)?**

The Affordable Care Act requires that certain preventive care drugs be covered at 100% when you fill them in network — but each insurance carrier determines which drugs it considers “preventive.” If a drug isn't on the preventive drug list, you'll have to pay your portion of the cost.
- 5 Will my doctor have to provide more information before my prescription can be approved?**

Many carriers require approval or prior authorization of certain medications before covering them. This may apply for costly medications that have lower-cost alternatives or aren't considered medically necessary.

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## Prescription Drug Coverage: Additional Considerations (continued)

### 6 Will I have a step therapy program?

If you switch insurance carriers and this applies to one of your medications, it means that you'll need to try using the most cost-effective version first — usually the generic. A more expensive version will only be covered if the first drug isn't effective in treating your condition.

### 7 Are there any quantity limits for my medication?

Certain drugs have quantity limits — for example, a 30-day supply — to reduce costs and encourage proper use.

### 8 How do I take advantage of mail-order service?

You'll likely need a new 90-day prescription from your doctor. Since mail order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime.

### 9 I'm Medicare eligible — is there other information I need to know?

Yes, read an [important notice](#) to Medicare eligible participants regarding prescription drug coverage and Medicare.

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# How Much Will Your Coverage Cost?

With the Aon Active Health Exchange, you can choose the medical plan that's right for you and your family from the insurance carrier offering it at the best price.



**TAKE ACTION:** Before you enroll, check out the [interactive pricing tool](#) to compare the costs of your health care options (you'll need the access code, which was provided in the 2023 Benefits Annual Enrollment preview email you received in early November). When you enroll, you can use the Help Me Choose tool to compare your options based on costs as well as your preferred providers, health care needs and prescription drugs.

In addition to the carrier and coverage level that you choose, consider additional factors that can impact how much you pay:

- Your credit amount from DXC (this varies by your salary band, geographic region and whether you choose to cover family members)
- Use of tobacco products (\$10 surcharge per week)
- Covering your spouse/domestic partner in a DXC medical plan if they have access to subsidized coverage through their own employer (\$25 working spouse/domestic partner surcharge per week).

Pay LESS now and MORE when you need care	Pay MORE now and LESS when you need care
<ul style="list-style-type: none"> <li>• Bronze, Bronze Plus and Silver coverage levels cost less per paycheck, but deductibles are higher.</li> <li>• You can enroll in a Health Savings Account (HSA) when you enroll in a Bronze, Bronze Plus or Silver coverage level.</li> <li>• Employees who enroll in the Bronze, Bronze Plus or Silver coverage levels may participate in the Healthy Behaviors Wellness Program and earn incentives in the form of company contributions to your Health Savings Account.</li> </ul>	<ul style="list-style-type: none"> <li>• The Gold and Platinum coverage levels generally cost more per paycheck, but their deductibles are lower.</li> <li>• If you don't expect to have a lot of health care needs next year, you could be spending money for benefits you don't use.</li> </ul>

**IMPORTANT:** Pricing tool cost comparisons and surcharges are not applicable to CWA employees.

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# Health Savings Account (HSA)

An HSA helps you save for the future. Set aside a few dollars from each paycheck now and then have access to funds for health care expenses that come up. The HSA can be used to pay current and future health care expenses with tax-free dollars.

- You must enroll in the Bronze, Bronze Plus or Silver medical plans to be eligible.
- For 2023, DXC will make contributions to your HSA for participating in various activities under the [Healthy Behaviors Wellness Program](#).
- You can also make pre-tax contributions. The IRS limits the total amount of pre-tax money that can be put into an account each year (\$3,850 for employee only and \$7,750 for all other coverage levels, including DXC's contribution).
- You can change or stop your contributions at any time.
- Your balance rolls over year-to-year, so you can use it now or save for future health care expenses, even after you retire.
- When your balance reaches \$1,000, you can invest your money in several investment options.
- Bronze, Bronze Plus or Silver medical plan participants can also contribute to a Limited Purpose Health Flexible Spending Account (LPFSA) for vision and dental expenses for additional tax savings (see page 26 for additional information).
- There is no minimum balance required.
- If you leave DXC, you can take your account with you.

## Getting Started

When you enroll for the first time, you will need to set up your HSA. Your account is provided by UMB Financial Services and administered by Alight Smart-Choice Accounts. You may be contacted by UMB Financial Services to validate your identity, as with opening any bank account.

## Using Your HSA

There are easy and convenient ways to access the money in your account:

- **Debit Card:** Use the card to pay out-of-pocket expenses at the point of purchase. Your card can also be used to get cash at ATMs to pay yourself back (ATM fees may apply) for eligible health care expenses that you pay out-of-pocket.
- **Online Bill Pay:** Pay health care expenses directly from your account. You can schedule one-time or recurring payments online.

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## HSA Savings Adds Up

### DXC Contributions

Up to \$950 for employee only or \$1,500 all other coverage levels



### Your Contributions

Up to \$2,900\* for employee only or \$6,250\* for all other coverage levels



### Interest and Investment Returns

(Interest earnings are not guaranteed)



### Tax-Free Account Growth and Savings

\* These amounts are the 2023 annual maximum total contributions minus Healthy Behaviors Wellness Program contribution. If you are age 55 or older, you can contribute up to another \$1,000 in catch-up contributions.

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# Dental

DXC offers you four different dental plans to choose from: Bronze, Silver, Gold and Platinum. Each plan option is available through a variety of national and some regional insurance carriers.

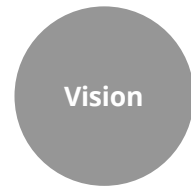
We encourage you to explore the key features for each dental plan and then compare the pricing from the different insurance carriers available to decide which one is the best option for you and your family.

Bronze	Silver	Gold	Platinum
A PPO option that covers in- and out-of-network care, but does not cover major restorative care or orthodontic expenses.	A buy-up to the Bronze option that covers in- and out-of-network care, including coverage for major restorative and orthodontic expenses for children.	An enhanced PPO option that covers in- and out-of-network care, including coverage for major restorative services and orthodontic expenses for children and adults.	<p>A dental HMO (DHMO) option that covers in-network care only, including orthodontic expenses for children and adults (not available in some areas)</p> <p>You must choose a primary care dentist to provide or coordinate all of your care. If you receive services from another provider, even one who is in-network, you may be required to pay the full cost of those services. Also, the network in this plan is very limited. Research the Platinum dental provider network carefully <b>before</b> you enroll in this option.</p>

In addition to the carrier and coverage level that you choose, your choice of an in-network provider can impact how much you pay. With most carriers, knowing that your dentist is in the network is a simple way to get the best deal when you need care.

If you choose a Bronze, Silver or Gold option, there are two Delta Dental networks — PPO and Premier. Although the benefits are the same for both, you may have to pay more if your dentist is only a part of the Premier network. You can save more by seeing a Delta Dental dentist who participates in both the PPO and Premier networks or by using any in-network dentist if you choose another insurance carrier on the exchange.

If you choose a Platinum option, the Delta Dental network goes by the name of “DeltaCare.” You need to make sure your dentist is in the DeltaCare network — not just the Delta Dental network.



# Dental Plan Coverage

Following is just a brief summary of the coverage provided by each dental plan. You can find additional details in the [DXC Benefits Center enrollment portal](#). For the most comprehensive information about any specific coverage, [contact the carrier](#) directly.

Features	Bronze	Silver	Gold	Platinum DHMO <sup>1</sup>
<b>Annual Deductible</b> (individual/family)	\$100/\$300	\$100/\$300	\$50/\$150	None
<b>Annual Maximum Benefit<sup>2</sup></b>	\$1,000 per person	\$1,500 per person	\$2,500 per person	
<b>Orthodontia Lifetime Maximum<sup>3</sup></b>	Not covered	\$1,500 per child	\$2,000 per person	Varies by insurance carrier
<b>Preventive Care</b>	Covered 100%, no deductible			Varies by insurance carrier; generally covered 100%
<b>Minor Restorative Care</b> (e.g., root canal treatment, gum disease treatment and oral surgery)	You pay 20% after deductible			Varies by insurance carrier
<b>Major Restorative Care</b> (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible	
<b>Orthodontia</b>	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults	

<sup>1</sup> Provides in-network benefits only. Not available in all areas. Only the coverage levels for which you are eligible will show as options when you enroll online.

<sup>2</sup> Orthodontia services do not count toward the annual maximum benefit.

<sup>3</sup> If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.





# Vision

DXC offers you three different vision plans to choose from: Bronze, Silver and Gold. Each plan option is available through a variety of insurance carriers.

We encourage you to explore the key features for each vision plan and then compare the pricing from the different insurance carriers available to decide which one is the best option for you and your family. Achieve greater savings and get the most out of your vision benefits by using in-network providers.

Bronze	Silver	Gold
An exam-only option that provides in-network discounts for certain materials	A PPO option that covers in- and out-of-network care	An enhanced PPO option that covers in- and out-of-network care

In addition to the carrier and plan option that you choose, how much you pay is based on your total number of dependents — enroll any combination of you, your spouse/domestic partner and your children in the option you choose.



# Vision Plan Coverage

Following is just a brief summary of the coverage provided by each vision plan. For more comprehensive information about any specific coverage, [contact the carrier](#) directly.

Features	Bronze	Silver	Gold
<b>Routine Vision Exam</b> (once per plan year)	Covered 100%	You pay \$20	You pay \$10
<b>Frames</b> (once per plan year)	Discount may apply	\$130 allowance <sup>1</sup>	\$200 allowance <sup>1</sup>
<b>Lenses (once per plan year; premium lenses may cost more)</b>			
<b>Single Vision</b>	Discount may apply	You pay \$20	You pay \$10
<b>Bifocal</b>			
<b>Trifocal</b>			
<b>Standard Progressive<sup>2</sup></b>			
<b>Lenticular</b>			
<b>Lens Enhancements</b>			
<b>UV Treatment</b>	Discount may apply	You pay \$15	
<b>Tint</b> (solid and gradient)			
<b>Standard Plastic Scratch-Resistant Coating</b>		You pay \$45	
<b>Standard Anti-reflective Coating</b>			
<b>Standard Polycarbonate — Adults</b>		You pay \$40	You pay \$15
<b>Standard Polycarbonate — Children</b>		You pay nothing	
<b>Other Add-Ons</b>		Discount only	
<b>Contacts</b>			
<b>Medically Necessary</b>	Not covered	You pay \$20	You pay \$10
<b>Elective</b>		\$130 allowance <sup>1</sup>	\$200 allowance <sup>1</sup>
<b>Fit and Evaluation</b>	Discount may apply	You pay \$20	You pay \$10
<b>Laser Surgery</b>	15% off regular price or 5% off promotional price		

<sup>1</sup> Allowance can be used for frames or elective contact lenses, but not both.

<sup>2</sup> Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

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# Additional Benefits

## Disability Income Protection

Disability insurance helps replace part of your income, so you can continue to pay your bills and daily living expenses, if you are unable to work due to pregnancy, illness or injury. You have options for Short-Term Disability (STD) coverage and Long-Term Disability (LTD) coverage — both are voluntary benefits. Your cost for coverage depends on the elections you make.

Short-Term Disability (STD)	Long-Term Disability (LTD)
<ul style="list-style-type: none"><li>• Weekly benefit is equal to 60% of your base salary, up to a maximum weekly benefit of \$3,462.</li><li>• Benefits start after a seven-day or 30-day waiting period, whichever you elect, and continue for up to 26 weeks from your initial date of disability — as long as you remain disabled.</li><li>• Cost of coverage is based on the option you elect (seven-day or 30-day waiting period). You will be able to see the cost per paycheck for each option when you complete Benefits Annual Enrollment.</li><li>• Since you pay for STD insurance with after-tax dollars, any benefits you receive are tax-free.</li></ul>	<ul style="list-style-type: none"><li>• LTD insurance can pick up where your STD coverage ends in the event you become disabled for more than six months.</li><li>• Monthly benefit equal to 60% of your salary, up to a maximum monthly benefit of \$15,000.</li><li>• Benefits start after a 180-day waiting period and continue up to the earlier of your disability ending or the maximum benefit duration based on age.</li><li>• Since you pay for LTD insurance with after-tax dollars, any benefits you receive are tax-free.</li></ul>

### Consider these factors when evaluating your disability needs:

#### 1 Do not wait to enroll in disability income protection.

You must enroll during Benefits Annual Enrollment to be eligible for these benefits. You cannot wait to enroll when you need this coverage.

#### 2 Consider your additional income source(s).

If you were unable to work, would other sources of income be available to you, such as sick pay, an individual short-term state disability plan or Social Security? If so, consider whether you would have enough money to pay your ongoing expenses for a period of time.

#### 3 Submit your evidence of insurability (EOI).

To elect STD or LTD, you must prove that you are in good physical health. This is called providing evidence of insurability (EOI), which is reviewed and approved by the insurance carrier and is subject to denial.

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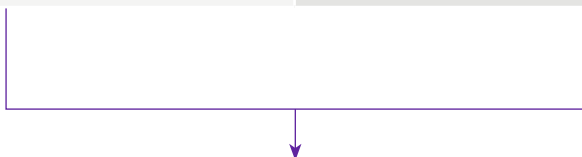
Additional Benefits

# Flexible Spending Accounts (FSAs)

FSAs help pay for qualified health care and dependent care expenses with before-tax dollars. DXC offers the following tax-advantaged FSAs.

You can elect your FSA contributions during Benefits Annual Enrollment. Once you set your annual contribution, you cannot change that amount during the year (except in the case of certain qualified life events).

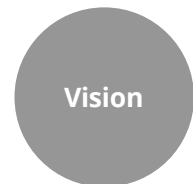
Health FSA (HFSA)	Limited Purpose Health FSA (LPHFSA)	Dependent Care FSA (DCFSA)
<ul style="list-style-type: none"> <li>You are eligible if you enroll in a Gold or Platinum medical plan option for 2023 or waive medical coverage through DXC.</li> <li>You can use the money in your account to pay for eligible out-of-pocket medical, prescription drug, dental and vision expenses.</li> <li>The 2023 contribution limit is \$3,050.</li> <li>Your entire contribution amount is credited to your account and available to use January 1, 2023.</li> </ul>	<ul style="list-style-type: none"> <li>You are eligible if you enroll in the Bronze, Bronze Plus or Silver medical plan option for 2023.</li> <li>You can use the money in your account to pay for eligible dental and vision expenses.</li> <li>The 2023 contribution limit is \$3,050.</li> <li>Your entire contribution amount is credited to your account and available to use January 1, 2023</li> </ul>	<ul style="list-style-type: none"> <li>Can be used to reimburse yourself for qualified child and dependent care expenses (e.g., for child day care expenses).</li> <li>The 2023 contribution limit is \$5,000 (or \$2,500 if you are married and filing taxes separately).</li> <li>You must have money available in your account to be reimbursed</li> </ul>



**Under IRS rules, \$570 of unused HFSA or LPHFSA funds can be carried over from 2022 to 2023, but any additional unused funds are forfeited. The carryover amount will increase to \$610 for plan year 2023.**



**Under IRS rules, unused 2022 funds are forfeited — there is no carryover into 2023**



# Life Insurance

Life insurance protects your family financially in the event of a death. DXC automatically provides basic life insurance for you free of charge. If you decide your family needs more protection, you can buy supplemental coverage for yourself and dependents.

Federal tax law requires you to pay taxes on the cost of life insurance coverage over \$50,000. This is called “imputed income” and will be added to your gross taxable income. It will be included on your paychecks and on your Form W-2 each year. The amount of imputed income is based on your age and coverage amount.

Basic Life Insurance	Supplemental Life Insurance
<ul style="list-style-type: none"><li>• DXC pays the full cost.</li><li>• Equal to one times your base annual earnings, rounded up to the next \$1,000 (up to \$1,000,000).</li><li>• Coverage amount is automatically provided as long as you remain eligible for benefits.</li></ul>	<ul style="list-style-type: none"><li>• You can choose a benefit amount equal to one, two, three, four or five times your base annual earnings. Your total life insurance benefit amount, basic plus supplemental, cannot exceed \$1,000,000.</li><li>• For your spouse/domestic partner, you can choose coverage equal to \$5,000, \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000.</li><li>• For your dependent children under age 25, you can choose a benefit equal to \$5,000, \$10,000, \$15,000, \$20,000 or \$25,000.</li><li>• Your cost depends on the level of coverage you elect.</li></ul>



## Consider these factors when evaluating your life insurance needs:

**1 Your family's needs**  
Life insurance is intended to help protect your family financially if a covered family member dies. Every situation is different, so consider your family situation carefully.

**2 Evidence of insurability (EOI)**  
To buy supplemental life insurance for yourself and/or your spouse/domestic partner, you must prove that you and/or your spouse are in good physical health. This is called providing evidence of insurability (EOI), which is reviewed and approved by the insurance carrier and is subject to denial.

# Accidental Death and Dismemberment (AD&D) Insurance

AD&D insurance protects you and your family financially in the event of a tragic accident. DXC automatically provides basic AD&D coverage for you free of charge. If you want more protection, you can elect supplemental AD&D coverage.

Basic AD&D Insurance	Supplemental AD&D Insurance
<ul style="list-style-type: none"><li>• DXC pays the full cost.</li><li>• Equal to one times your base annual earnings, rounded up to the next \$1,000 (up to \$1,000,000).</li><li>• Coverage amount is automatically provided as long as you remain eligible for benefits.</li></ul>	<ul style="list-style-type: none"><li>• You can choose a benefit amount equal to one, two, three, four or five times your base annual earnings. Your total AD&amp;D coverage, basic plus supplemental, cannot exceed \$1,000,000.</li><li>• Your cost depends on the amount of coverage you elect.</li></ul>

AD&D coverage protects your family financially if you die or suffer a serious injury resulting from an accident. Since AD&D only pays a benefit in the event of an accident, it is not a substitute for life insurance.

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# Voluntary Optional Benefits

DXC offers voluntary optional benefits to help with your insurance, security and health needs.

Benefit	Carrier	Overview	When to Enroll	How You Pay
<b>Auto and Home Insurance</b>	<a href="#">Farmers Insurance</a>	<ul style="list-style-type: none"> <li>• Access to discounted home, auto and other property insurance (boat, RV, renters)</li> <li>• Individual policies underwritten on individual basis; therefore, premiums vary by individual</li> </ul>	<ul style="list-style-type: none"> <li>• Enroll anytime at the <a href="#">discount link</a></li> </ul>	<ul style="list-style-type: none"> <li>• Direct billing with Farmers</li> </ul>
<b>NEW! Pet Insurance</b>	<a href="#">MetLife</a>	<ul style="list-style-type: none"> <li>• <a href="#">Access to discounted insurance</a> for cats, dogs, avian and exotic animals</li> <li>• Provides various levels of coverage (reimbursement/annual deductible)</li> </ul>	<ul style="list-style-type: none"> <li>• Enroll your cat or dog anytime at the <a href="#">discount link</a></li> <li>• For your avian and exotic animals, call 1-800-GET-MET8</li> </ul>	<ul style="list-style-type: none"> <li>• Direct billing with MetLife</li> </ul>
<b>Legal Services</b>	<a href="#">MetLife Legal Plans</a> (Site password: AONEXCH)	<ul style="list-style-type: none"> <li>• NEW! Coverage is enhanced to include an additional four hours of attorney services for matters not typically covered, at no additional payroll deduction cost to you</li> <li>• Access to an affordable network of 12,000 attorneys for you and your family</li> <li>• Attorneys provide telephone and office consultations on an unlimited number of personal legal matters (except employment issues)</li> <li>• Topics include family matters, real estate, estates, civil suits, elder care, money matters, vehicle/driving and more</li> </ul>	<ul style="list-style-type: none"> <li>• Enroll during Benefits Annual Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>• Payroll deductions</li> </ul>



(continued)



## Voluntary Optional Benefits (continued)

DXC offers voluntary optional benefits to help with your insurance, security and health needs.

Benefit	Carrier	Overview	When to Enroll	How You Pay
<b>Identity Theft Protection</b>	<a href="#">Allstate</a>	<ul style="list-style-type: none"> <li>Identity theft protection, monitoring (including the dark web), restoration and \$1M identity theft insurance for you and your family</li> </ul>	<ul style="list-style-type: none"> <li>Enroll during Benefits Annual Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>Payroll deductions</li> </ul>
<b>Health Protection Plans</b> <ul style="list-style-type: none"> <li><a href="#">Hospitalization</a></li> <li><a href="#">Critical Illness</a></li> <li><a href="#">Accident</a></li> </ul>	<a href="#">Aetna</a>	<ul style="list-style-type: none"> <li>Pays lump sum cash benefits, in addition to any coverage you receive from your primary medical insurance</li> <li>You do not need to participate in a DXC medical plan to enroll</li> <li>You can cover yourself and your dependents in any of these options</li> <li>If you are otherwise eligible for an HSA, these plans are not considered "other medical coverage" that would make you ineligible</li> </ul>	<ul style="list-style-type: none"> <li>Enroll during Benefits Annual Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>Payroll deductions</li> </ul>

Visit [myDXCbenefits.com](https://myDXCbenefits.com) for easy access to all your benefits options and needs, including:

- **Commuter Reimbursement:** Save money on work-related transit and parking expenses
- **Caregiver and Parent Support:** Access free support for all your caregiving needs
- **LifeManagement Employee Assistance Program (EAP):** Access free counseling (in person or virtual) and work-life resources (e.g., legal, financial, lifestyle coaching or referrals for work life services) to help you and your family be well
- **Perks at Work:** Get discounts and save money on everyday expenses and services
- ...and so much more!

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# Still have questions?



Start with the FAQs on the 2023 Benefits page at [myDXCbenefits.com](https://myDXCbenefits.com).



Call the DXC Benefits Center at 1.877.627.4015, 8 a.m. to 8 p.m. ET, Monday through Friday. To avoid waiting on hold, we recommend scheduling a time for a representative to call you at your convenience (log in to the [DXC Benefits Center enrollment portal](#) and select the “Schedule Time with a Rep” quick link).

This overview of 2023 changes serves as a Summary of Material Modifications (SMM), providing information on various DXC Technology Company benefit plan changes that take effect January 1, 2023. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through DXC. Terms for employees covered by a collective bargaining agreement or the Service Contract Act may differ. If there is a discrepancy between the information displayed in this guide and the official plan documents, the official plan documents will govern. DXC reserves the right to amend, suspend or terminate the plan(s) or program(s) at any time. This overview does not constitute a contract of employment. Please also note that the information provided in this guide is intended to be a summary of the most common plan designs offered across insurance carriers. It does not take into account how each insurance carrier covers any state-mandated benefits, its plan administration capabilities or the approval from the state Department of Insurance of the benefits offered by the insurance carrier. If you have questions about a topic that isn't covered, please contact the insurance carrier for additional information.