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DXC Benefits. *As unique as you.*

2024 Benefits Reference Guide

PUERTO RICO

Benefits Annual Enrollment is November 1–15, 2023. Discover what is changing for 2024 and make sure you and your family have the benefits you need for next year.



Look for the **Click & Explore** icon throughout this guide to discover more information.



Discover What's New for 2024

We continue to bring you benefits that are as unique as you, with enhancements to help you take advantage of what's available.

NEW DXC Benefits Center

- You'll make your 2024 Benefits Annual Enrollment elections through the *New* DXC Benefits Center, managed by Businessolver, which includes a user-friendly interface and tools to help you make your choices.
- If you need assistance with your 2024 benefits, call the *New* DXC Benefits Center at **1.888.305.5499**, starting November 1. Representatives are available to help you in English or Spanish. Or ask Sofia, your new digital multilingual benefits assistant available through the [DXC Benefits Center enrollment portal](#).

CHANGES for Health Care

- As is the case every year, pricing for the medical, dental and vision plan options through the Aon Health Exchange will change in 2024. The specific amount you pay for coverage will depend on the plan and carrier you choose. With the exchange approach, you have a wide range of choices; discover the flexibility you have available to make elections that meet your specific needs for cost, coverage and other preferences.
- There are two plan enhancements for MCS:
 - The copay for using MCS MedilíneaMD is decreasing from \$25 to \$10.
 - Any member (age 18+) who completes an MCS Health Risk Assessment (HRA) in any of the MCS Care Clubs will be eligible for a reimbursement of up to \$10 monthly (maximum of \$120 every 12 months) to cover a gym membership.

CHANGES for Voluntary Benefits

- For Basic Life Insurance, we're introducing a new \$50,000 option, which you can elect if you want to avoid imputed income.
- For Supplemental Life Insurance, the rates you pay for employee and/or spouse/domestic partner coverage will now be based on the age of the covered individual. As a result, you might see higher or lower pricing for 2024. Age-based reductions of coverage will no longer apply once you reach age 70 (but do still apply for Basic Life Insurance).
- Rates are decreasing for Short-Term Disability (STD) and Long-Term Disability (LTD) in 2024, so if you currently have coverage, you'll pay less next year. If you don't already have these income protection benefits, this is a great time to enroll. Keep in mind, new enrollments in these plans are subject to Evidence of Insurability (EOI).

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Benefits Annual Enrollment is your one opportunity to review and make changes to your benefits for 2024. Take time to discover what is changing for 2024 and make sure you and your family have the benefits you need for next year.

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.

Discover What's New

Review this guide and myDXCbenefits.com to discover what is new for 2024.

Use the interactive pricing tool to preview your 2024 health plan costs. You can find a link and instructions for accessing the tool on the [Benefits Annual Enrollment page](#) at myDXCbenefits.com. You'll need the access code, which was provided in the 2024 Benefits Annual Enrollment preview email you received on October 17, 2023.

Enroll November 1–15

Log in to the *New* [DXC Benefits Center enrollment portal](#) to find your personalized benefits options available. The first time you visit the new portal, you will need to register as a new user and follow the prompts to set up your user name and password.

Validate your beneficiaries for your Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance and update if applicable.

If You Don't Take Action

Your current Medical, Dental, Vision, Supplemental Life, Supplemental AD&D, Short-Term and Long-Term Disability coverages will continue at 2024 prices unless the plan is no longer available to you.

After November 15, you cannot elect or change your benefits until 2025 Benefits Annual Enrollment, unless you have a qualified life event (such as marriage or birth/adoption).



Discover Sofia, your new virtual benefits assistant, on the right-hand side of the enrollment portal while you enroll. She is multilingual and available to provide answers to common questions, answer your specific questions, and share useful documents (e.g., Summary of Benefits and Coverage (SBC), Summary Plan Descriptions).

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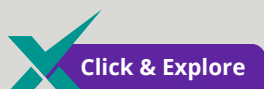
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What to Consider

As you prepare for Benefits Annual Enrollment, here are some questions to help you make the **best** choices for you and your family. Keep in mind that each of your medical plan options includes prescription drug, dental and vision coverage.

1 Are my providers in the carrier's network?

You can choose between two insurance carriers: MCS or Triple-S Salud. Choose a carrier whose network includes providers (doctors, specialists, hospitals) that can support your care. Seeing out-of-network providers costs you more because you have 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 best plan for me?

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

3 What if I have additional questions?

Review additional materials available on [myDXCbenefits.com](#). Starting November 1, you can call the DXC Benefits Center at **1.888.305.5499**, Monday through Friday, 8 a.m. to 5 p.m. EST (extended to 8 p.m. EST during Benefits Annual Enrollment). Representatives are available to help you in English or Spanish. You can also ask Sofia, your new digital multilingual benefits assistant, questions 24/7 in the *New* [DXC Benefits Center enrollment portal](#).

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It's up to you to understand who you can cover under your medical and other benefits and the documentation required to verify your dependents' eligibility. Learn more about [benefits eligibility and dependent verification](#).

Medical Plan Options

DXC offers you four different medical plans to choose from: Bronze, Silver, Gold and Platinum. Each medical plan is available through MCS and Triple-S Salud, and includes prescription drug, dental and vision coverage.

Explore the key features for each medical plan and then compare the pricing from each insurance carrier to decide which one is the best option for you and your family. Note: There is an additional \$20 charge per paycheck if you use tobacco products, and an additional \$50 charge per paycheck if you cover a spouse/domestic partner who is offered medical benefits by their employer.

Features	Bronze	Silver	Gold	Platinum
Includes medical, prescription drug, dental and vision coverage	✓	✓	✓	✓
Covers in-network and out-of-network care	✓	✓	✓	✓
Has an in-network deductible	✓			
Has an out-of-network deductible	✓	✓	✓	✓
Has the lowest paycheck contributions	✓			
Has no cost for preventive care, including certain preventive drugs	✓	✓	✓	✓

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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.

How the Medical Plans Work for In-Network Care

For all the medical plans, preventive care, including certain preventive medications, is covered at 100%.

STEP 1

STEP 2

STEP 3

	STEP 1	STEP 2	STEP 3
Bronze	<p>Meet the Deductible</p> <p>You pay all covered medical and prescription drug expenses up to the annual deductible.</p> <p>Employee Only Deductible: \$100</p> <p>All other coverage levels: \$300</p>	<p>Pay Coinsurance</p> <p>After you reach the annual deductible, you pay a set copay for office visits (\$5, \$10, \$15), 30% coinsurance for inpatient and outpatient care, and 20%–40% coinsurance for prescription drugs.</p>	<p>Reach the Out-of-Pocket Maximum</p> <p>You pay nothing more for covered in-network expenses!</p> <p>Employee Only Out-of-Pocket Maximum: \$6,350</p> <p>All other coverage levels: \$12,700</p>
Silver	<p>No Deductible</p> <p>There is no deductible to meet, so coverage begins immediately (Step 2).</p>	<p>Pay Coinsurance</p> <p>You pay a set copay for office visits (\$10, \$15, \$20) and inpatient and outpatient care (\$150), and 20%–40% coinsurance for prescription drugs (or \$8 copay for tier 1 generics).</p>	<p>Reach the Out-of-Pocket Maximum</p> <p>You pay nothing more for covered in-network expenses!</p> <p>Employee Only Out-of-Pocket Maximum: \$6,350</p> <p>All other coverage levels: \$12,700</p>

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

STEP 1

STEP 2

STEP 3

Gold	No Deductible	Pay Coinsurance	Reach the Out-of-Pocket Maximum
	<p>There is no deductible to meet, so coverage begins immediately (Step 2).</p>	<p>You pay a set copay for office visits (\$8, \$15, \$25) and inpatient and outpatient care (\$75), and 20%–40% coinsurance for prescription drugs (or \$5 copay for tier 1 generics).</p>	<p>You pay nothing more for covered in-network expenses!</p> <p>Employee Only Out-of-Pocket Maximum: \$6,350</p> <p>All other coverage levels: \$12,700</p>
Platinum	No Deductible	Pay Coinsurance	Reach the Out-of-Pocket Maximum
	<p>There is no deductible to meet, so coverage begins immediately (Step 2).</p>	<p>You pay a set copay for office visits (\$5, \$10) and inpatient and outpatient care (\$50 per admission), and 20%–40% coinsurance for prescription drugs (or \$8 copay for tier 1 generics).</p>	<p>You pay nothing more for covered in-network expenses!</p> <p>Employee Only Out-of-Pocket Maximum: \$6,350</p> <p>All other coverage levels: \$12,700</p>

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Medical Plan Coverage

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

Features	Bronze ¹	Silver ²	Gold	Platinum
Annual Deductible (individual/family)	In-network: \$100/\$300 Out-of-network: \$100/\$300	In-network: none Out-of-network: \$2,000/\$4,000	In-network: none Out-of-network: \$2,000/\$4,000	In-network: none Out-of-network: \$2,000/\$4,000
Annual Out-of-Pocket Maximum (individual/family)	In-network: \$6,350/\$12,700 Out-of-network: \$6,350/\$12,700	In-network: \$6,350/\$12,700 Out-of-network: \$6,350/\$12,700	In-network: \$6,350/\$12,700 Out-of-network: \$6,350/\$12,700	In-network: \$6,350/\$12,700 Out-of-network: \$6,350/\$12,700
Preventive Care	Covered 100%; no deductible			
Primary Care Physician (PCP) Office Visit	You pay \$5 after deductible	You pay \$10	You pay \$8	You pay \$5
Specialist Office Visit	You pay \$10 after deductible	You pay \$15	You pay \$12	You pay \$10
Subspecialist Office Visit	You pay \$15 after deductible	You pay \$20	You pay \$15	You pay \$10
Emergency Room	Accident: covered 100%, no deductible Illness: \$100 copay after deductible ³	Accident: covered 100% Illness: \$75 copay ³	Accident: covered 100% Illness: \$50 copay ³	Accident: covered 100% Illness: \$35 copay ³
Inpatient Care	You pay 30% after deductible	You pay \$0 after \$150 per-admission copay	You pay \$0 after \$75 per-admission copay	You pay \$0 after \$50 per-admission copay
Outpatient Care	You pay 30% after deductible	You pay \$0 after \$150 copay	You pay \$0 after \$75 copay	You pay \$0 after \$50 copay

¹ After a total accumulated expense of \$1,200, a 40% coinsurance applies for covered drugs.

² After a total accumulated expense of \$1,500, a 40% coinsurance applies for covered drugs.

³ For Triple-S Salud participants, the copay is \$35 if referred by Teleconsulta.

⁴ A 90-day supply can be filled by mail or, for Triple-S Salud participants, at a local pharmacy through Triple-S Salud's Flex 90 Program.

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Medical Plan Coverage (continued)

Features	Bronze ¹	Silver ²	Gold	Platinum
Prescription Drugs—Retail (up to 30-day supply)				
Tier 1: Generic	You pay 20% after deductible, min. \$5	You pay \$8	You pay \$5	You pay \$5
Tier 2: Preferred Brand	You pay 20% after deductible, min. \$10	You pay 20%, min. \$15	You pay 20% up to \$20 max.	You pay \$15
Tier 2: Non-Preferred Brand	You pay 40% after deductible, min. \$25	You pay 40%, min. \$25	You pay 20%, min. \$25/max. \$75	You pay \$25
Tier 4: Specialty Pharmacy	You pay 20% after deductible, up to \$200 max.	You pay 20% up to \$150 max.	You pay 20% up to \$100 max.	You pay 20% up to \$100 max.
Prescription Drugs—Mail Order (up to 90-day supply)⁴				
Tier 1: Generic	You pay 20% after deductible	You pay 20%	You pay \$10	You pay \$10
Tier 2: Preferred Brand	You pay 20% after deductible	You pay 20%	You pay 20% up to \$50 max.	You pay \$30
Tier 2: Non-Preferred Brand	You pay 40% after deductible	You pay 40%	You pay 40% up to \$150 max.	You pay \$50

¹ After a total accumulated expense of \$1,200, a 40% coinsurance applies for covered drugs.

² After a total accumulated expense of \$1,500, a 40% coinsurance applies for covered drugs.

³ For Triple-S Salud participants, the copay is \$35 if referred by Teleconsulta.

⁴ A 90-day supply can be filled by mail or, for Triple-S Salud participants, at a local pharmacy through Triple-S Salud's Flex 90 Program.

If you go out-of-network

Out-of-network charges do not count toward your in-network out-of-pocket maximum—they only count toward your out-of-network out-of-pocket maximum.

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Prescription Drug Coverage: Additional Considerations



TAKE ACTION: If you or a covered family member regularly takes any medications, 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 prescription 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'll pay more for it.
- 2 How much will my prescription drug cost?**

Your prescription drug cost depends on how your medication is classified by your insurance carrier—either Tier 1, 2, 3 or 4. The higher the tier, the more you'll pay.
- 3 Will I have to pay a penalty if I choose a brand name prescription drug?**

Because 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 prescription drug considered “preventive” (covered 100%)?**

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 Are there any quantity limits for my prescription?**

Certain drugs have quantity limits—for example, a 30-day supply—to reduce costs and encourage proper use.
- 6 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 are not considered medically necessary.
- 7 How do I take advantage of mail-order service?**

You'll likely need a new 90-day prescription from your doctor. And, because 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. Additionally, you can order a 90-day supply and pick it up at a local pharmacy through Triple-S Salud's Flex 90 Program.

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Dental

Your medical plan election automatically includes dental coverage, which is provided through the same carrier coverage level (e.g., employee, family) you select for medical care. Consider your dental care needs carefully when you make your medical plan election.

Dental Plan Coverage

Following is a brief summary of the dental coverage provided under each medical plan. You can find additional details on the [New DXC Benefits Center enrollment portal](#).

Features	Bronze	Silver	Gold	Platinum
Annual Deductible	None	None	None	None
Annual Maximum Benefit (excludes orthodontia)	\$800 per person	\$800 per person	\$1,000 per person	\$1,250 per person
Orthodontia Lifetime Maximum	N/A	N/A	\$1,000	\$2,000
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Restorative Care (e.g., fillings, endodontics, periodontics)	You pay 30%	You pay 30%	You pay 30%	You pay 30%
Major Restorative Care (e.g., implants, oral surgery)	Not covered	Not covered	You pay 50%	You pay 50%
Orthodontia	Not covered	Not covered	You pay 50% up to \$1,000 lifetime max.	You pay 0% up to \$2,000 lifetime max.

Please note: There are no out-of-network dental benefits.

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Your medical plan election automatically includes vision coverage, which is provided through the same carrier coverage level (e.g., employee, family) you select for medical care. Consider your vision care needs carefully when you make your medical plan election.

Vision Plan Coverage

Following is a brief summary of the dental coverage provided under each medical plan. You can find additional details on the [New DXC Benefits Center enrollment portal](#).

Features	Bronze	Silver	Gold	Platinum
Routine Vision Exam	In-network: \$10 specialist copay Out-of-network: included in allowance below	In-network: \$15 specialist copay Out-of-network: included in allowance below	In-network: \$12 specialist copay Out-of-network: included in allowance below	In-network: \$10 specialist copay Out-of-network: included in allowance below
Lenses and Frames				
Single Vision	Up to \$100 allowance ¹ Frequency: once every 24 months	Up to \$100 allowance ¹ Frequency: once every 24 months	Up to \$150 allowance ¹ Frequency: once every 24 months	Up to \$200 allowance ¹ Frequency: once every 12 months
Bifocal (lined)				
Trifocal (lined)				
Lenticular				
Frames				
Contact Lenses				
Elective	Up to \$100 allowance ¹	Up to \$100 allowance ¹	Up to \$150 allowance ¹	Up to \$200 allowance ¹

¹ Allowance applies to all in-network and out-of-network vision services.

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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.

Short-Term Disability (STD)	Long-Term Disability (LTD)
<ul style="list-style-type: none">• Weekly benefit is equal to 60% of your base salary, up to a maximum weekly benefit of \$3,462.• 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.• 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 for each option when you complete Benefits Annual Enrollment.• Because you pay for STD insurance with after-tax dollars, any benefits you receive are tax-free.	<ul style="list-style-type: none">• LTD insurance can pick up where your STD coverage ends in the event you become disabled for more than six months.• Monthly benefit equal to 60% of your salary, up to a maximum monthly benefit of \$15,000.• 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.• You will be able to see the cost when you complete Benefits Annual Enrollment.• Because you pay for LTD insurance with after-tax dollars, any benefits you receive are tax-free.

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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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 your 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">• DXC pays the full cost.• Equal to one times your base annual earnings, rounded up to the next \$1,000 (up to \$1,000,000).• You can choose a \$50,000 option to avoid imputed income.• Coverage amount is automatically provided as long as you remain eligible for benefits.	<ul style="list-style-type: none">• 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. Your cost depends on the coverage level elected and the employee’s age.• For your spouse/domestic partner, you can choose coverage equal to \$5,000, \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000. Your cost depends on the coverage amount elected and your spouse/domestic partner’s age.• For your dependent children, you can choose a benefit equal to \$5,000, \$10,000, \$15,000, \$20,000 or \$25,000. Your cost depends on the coverage amount elected. Children are eligible for this coverage to the end of the month they turn age 26.

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.

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You must designate your beneficiaries for Life Insurance and AD&D Insurance on the [New DXC Benefits Center enrollment portal](#).

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

AD&D coverage protects your family financially if you die or suffer a serious injury resulting from an accident. Because 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
<u>Legal Services</u>	MetLife Legal Plans	<ul style="list-style-type: none"> • Access to an affordable network of 12,000 attorneys for you and your family • Attorneys provide telephone and office consultations on an unlimited number of personal legal matters (except employment issues) • Services include family matters, real estate, estates, civil suits, elder care, money matters, vehicle/driving and more 	Enroll during Benefits Annual Enrollment	Payroll deductions
<u>Identity Theft Protection</u>	Allstate	<ul style="list-style-type: none"> • Identity theft protection, monitoring (including the dark web), restoration • \$1M identity theft insurance for you and your family 	Enroll during Benefits Annual Enrollment	Payroll deductions

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Visit myDXCbenefits.com for easy access to all your benefits options and needs, including:

- **Caregiver and Parent Support:** Access free support for all your caregiving needs, through Torchlight.
- **Enhanced Family Supports Program:** Access caregiver programs and education support for your family through Bright Horizons.
- **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.

Still have questions?



Start with the 2024 Benefits page at myDXCbenefits.com.



Call the *New* DXC Benefits Center at **1.888.305.5499**, Monday through Friday, 8 a.m. to 5 p.m. EST (extended to 8 p.m. EST during Benefits Annual Enrollment). If there is a hold time, you can use the callback option to have a representative return your call. Representatives are available to help you in English or Spanish. You can also ask Sofia, your new digital multilingual benefits assistant available through the [DXC Benefits Center enrollment portal](#).

This overview of 2024 changes serves as a Summary of Material Modifications (SMM), providing information on various DXC Technology Company benefit plan changes that take effect January 1, 2024. 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 overview 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 overview 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.

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