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DXC Benefits. *As unique as you.*

2024 Benefits Reference Guide

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 (and many other languages). Or ask Sofia, your new digital benefits assistant available through the [DXC Benefits Center enrollment portal](#).

NEW Spending Account Administrator

- We listened to your feedback and are introducing MetLife as the *New* administrator for the 2024 Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Accounts (FSA) and Commuter Reimbursement Accounts.

CHANGES for Health Care

- In the Silver medical plan options, the deductible is increasing from \$1,500 to \$1,600 for employee only coverage; \$3,000 to \$3,200 for all other coverage levels.
- In the Gold and Platinum medical plan options, emergency room admissions will have a \$150 copay before the deductible.
- 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.

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).
- The Critical Illness, Hospital Indemnity and Accident Insurance benefits are moving from Aetna to MetLife. As a result, you might see lower pricing for 2024 along with enhancements to the benefits.

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CHANGES to the Health Savings Account (HSA)

- If you enroll in a High Deductible Health Plan (HDHP) medical option (Bronze, Bronze Plus, Silver) and open a 2024 HSA, you can now elect a Total For Year amount or a Total Per Pay Period amount and the number of pay periods you want to divide that over. This will allow you more flexibility to fund your HSA more quickly. Keep in mind that your Total For Year contribution you elect PLUS any Healthy Behaviors Wellness Program incentive amount you earn cannot exceed the IRS maximum. Normal HSA rules apply. See [IRS Pub 969](#) or ask your tax advisor how this change impacts you. Learn more on page 22.
- If you have a 2023 DXC HSA and want to transfer your account to MetLife, you will need to take action to provide authorization for DXC to transfer your account. Look out for emails directly from MetLife with details about the timeline and process. Also check the [2024 Benefits Annual Enrollment page](#) on myDXCbenefits.com for details.
- If you enroll in a 2024 HSA and/or transfer your 2023 HSA to MetLife, you must pass the Customer Identification Process (CIP). For most employees, your demographic data in the system will be sufficient for this process. However, if MetLife is not able to confirm your identity, MetLife will reach out to you to request additional documentation. If MetLife is not able to verify your eligibility, an HSA will not be set up for you.
- Once your HSA has been opened, you will receive a new MetLife debit card.

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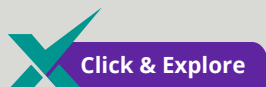
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Take Action

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.

Use the Help Me Choose decision support tool and enroll for 2024 by November 15. Discover Sofia, your new virtual benefits assistant, on the right-hand side of the enrollment portal while you enroll. She is 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).

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.

Your Flexible Spending Account (FSA) and/or Health Savings Account (HSA) enrollment will default to waive for 2024—tax-favored accounts require you to make an active election each year.

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

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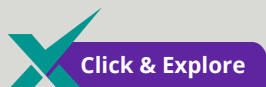
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What to Consider

As you prepare for Benefits Annual Enrollment, here are some questions to help you make the **best** choices for you and your family.

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 discover what makes your carrier unique and make sure they are still the best option 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.



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

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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 Healthy Behaviors Wellness Program .	✓	✓	✓		
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.	✓	✓	✓	✓	✓

Live in California or Hawaii?

Your options and considerations are different, depending on the insurance carrier you choose.

- **California:** See 12 for more information.
- **Hawaii:** See 15 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
Bronze	<p>Meet the Deductible</p> <p>You pay all covered medical and prescription expenses up to the deductible.</p> <p>Employee Only Deductible: \$3,300</p> <p>All other coverage levels: \$6,000</p>	<p>Pay Coinsurance</p> <p>After you reach the deductible, you pay 25% coinsurance for covered medical and prescription expenses.</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: \$6,400</p> <p>All other coverage levels: \$12,800</p>
Bronze Plus	<p>Meet the Deductible</p> <p>You pay all covered medical and prescription expenses up to the deductible.</p> <p>Employee Only Deductible: \$2,450</p> <p>All other coverage levels: \$4,900</p>	<p>Pay Coinsurance</p> <p>After you reach the deductible, you pay 25% coinsurance for covered medical and prescription expenses.</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: \$3,900</p> <p>All other coverage levels: \$7,800</p>
Silver	<p>Meet the Deductible</p> <p>You pay all covered medical and prescription expenses up to the deductible.</p> <p>Employee Only Deductible: \$1,600</p> <p>All other coverage levels: \$3,200</p>	<p>Pay Coinsurance</p> <p>After you reach the deductible, you pay 25% coinsurance for covered medical and prescription expenses.</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: \$3,800</p> <p>All other coverage levels: \$7,600</p>

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

STEP 1

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STEP 3

	STEP 1	STEP 2	STEP 3
Gold	<p>Pay Copays and Meet the Deductible</p> <p>You pay a set copay for office visits, emergency room admissions and prescription expenses.</p> <p>For other services, you pay all covered medical expenses up to the deductible.</p> <p>Employee Only Deductible: \$800</p> <p>All other coverage levels: \$1,600</p>	<p>Pay Coinsurance</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>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: \$3,600</p> <p>All other coverage levels: \$7,200</p>
Platinum	<p>Pay Copays and Meet the Deductible</p> <p>You pay a set copay for office visits, emergency room admissions and prescription expenses.</p> <p>For other services, you pay all covered medical expenses up to the deductible.</p> <p>Employee Only Deductible: \$250</p> <p>All other coverage levels: \$500</p>	<p>Pay Coinsurance</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>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: \$2,300</p> <p>All other coverage levels: \$4,600</p>

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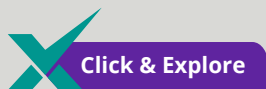
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Medical Plan Coverage

The following is a brief summary of the coverage provided by each medical plan. You can find additional details on the [New 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
Annual Deductible (individual/family)	In-network: \$3,300/\$6,600 Out-of-network: \$3,300/\$6,600	In-network: \$2,450/\$4,900 Out-of-network: \$2,450/\$4,900	In-network: \$1,600/\$3,200 Out-of-network: \$1,600/\$3,200	In-network: \$800/\$1,600 Out-of-network: \$1,600/\$3,200	In-network: \$250/\$500 Out-of-network: \$5,000/\$10,000
Type of Deductible	Traditional	True Family		Traditional	
Annual Out-of-Pocket Maximum (individual/ family)	In-network: \$6,400/\$12,800 Out-of-network: \$12,800/\$25,600	In-network: \$3,900/\$7,800 Out-of-network: \$11,500/\$23,000	In-network: \$3,800/\$7,600 Out-of-network: \$8,000/\$16,000	In-network: \$3,600/\$7,200 Out-of-network: \$7,200/\$14,400	In-network: \$2,300/\$4,600 Out-of-network: \$11,500/\$23,000
Preventive Care	Covered 100%; no deductible				
Doctor's Office Visit	You pay 25% after deductible			You pay \$25 for PCP/ \$40 for specialist with no deductible	
Emergency Room				You pay a \$150 copay, then 25% after deductible	You pay a \$150 copay, then 15% after deductible
Urgent Care				You pay 25% after deductible	You pay 15% after deductible
Inpatient Care				You pay 25% after deductible	You pay 15% after deductible
Outpatient Care				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 certain states do not cover out-of-network expenses. Be sure you carefully review the Summary of Benefits and Coverage (SBC) available in the Reference Center on the [New DXC Benefits Center enrollment portal](#).

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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Medical Plan Coverage: Additional Considerations (continued)

5 Do you understand how the deductible works for the plan you are considering?

- Deductibles (and out-of-pocket maximums) work in different ways when you include dependents on your coverage:
 - The Bronze, Gold and Platinum plans have an individual deductible and a “traditional” family deductible. Once a covered family member meets the individual deductible, insurance begins paying benefits for that family member. Once the family deductible is met by any combination of family members, the plan pays benefits for all family members.
 - The Bronze Plus and Silver plans do not have an individual deductible when covering family members. The entire family deductible must be met before your insurance pays benefits for covered family members.
- Learn more about [how deductibles and out-of-pocket maximums work](#).

6 Are you interested in carrier “extras” available at no additional cost to plan members?

- These vary by carrier but may include fitness, gym and weight-loss program discounts, 24/7 nurse advice lines, telemedicine, disease management and care coordination programs, maternity support, mental health resources and more.
- Explore the [carrier preview sites](#) for details.

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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
Aetna	In- and out-of-network			In- and out-of-network	N/A	In- and out-of-network
Anthem	In-network only			In-network only	N/A	In-network only
Cigna	In- and out-of-network			In- and out-of-network	N/A	In-network only
Health Net	In- and out-of-network			N/A	In-network only	In- and out-of-network
Kaiser Permanente	In-network only			N/A	In-network only	In-network only
UnitedHealthcare	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.

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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 [New 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 medical plan.

Features	Bronze	Bronze Plus	Silver	Gold	Gold II	Platinum
Annual Deductible (individual/family)	In-network: \$3,300/\$6,600 Out-of-network: \$3,300/\$6,600	In-network: \$2,450/\$4,900 Out-of-network: \$2,450/\$4,900	In-network: \$1,600/\$3,200 Out-of-network: \$1,600/\$3,200	In-network: \$800/\$1,600 Out-of-network: \$1,600/\$3,200	In-network: None Out-of-network: N/A	In-network: \$250/\$500 Out-of-network: \$5,000/\$10,000
Annual Out-of-Pocket Maximum (individual/ family)	In-network: \$6,400/\$12,800 Out-of-network: \$12,800/\$25,600	In-network: \$3,900/\$7,800 Out-of-network: \$11,500/\$23,000	In-network: \$3,800/\$7,600 Out-of-network: \$8,000/\$16,000	In-network: \$3,600/\$7,200 Out-of-network: \$7,200/\$14,400	In-network: \$5,400/\$10,800 Out-of-network: N/A	In-network: \$2,300/\$4,600 Out-of-network: \$11,500/\$23,000
Preventive Care	Covered 100%; no deductible					
Doctor's Office Visit	You pay 25% after deductible			You pay \$25 for PCP visit/ \$40 for specialist visit		
Emergency Room				You pay a \$150 copay, then 25% after deductible	You pay a \$150 copay, then 30% after deductible	You pay a \$150 copay, then 15% after deductible
Urgent Care				You pay 25% after deductible	You pay 30% after deductible	You pay 15% after deductible
Inpatient Care				You pay 25% after deductible	You pay 30% after deductible	You pay 15% after deductible
Outpatient Care				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

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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
Annual Deductible (individual/family)	In-network: \$2,450/\$4,900 (\$2,800 embedded) Out-of-network: \$2,450/\$4,900 (\$2,800 embedded)	In-network: \$1,600/\$3,200 (\$2,800 embedded) Out-of-network: \$1,600/\$3,200 (\$2,800 embedded)
Annual Out-of-Pocket Maximum (individual/ family)	In-network: \$3,900/\$7,800 (\$3,900 embedded) Out-of-network: \$11,500/\$23,000 (\$11,500 embedded)	In-network: \$3,800/\$7,600 (\$3,800 embedded) Out-of-network: \$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
Annual Deductible (individual/family)	In-network: \$2,450/\$4,900 (\$2,800 embedded)	In-network: \$1,600/\$3,200 (\$2,800 embedded)
Annual Out-of-Pocket Maximum (individual/ family)	In-network: \$3,900/\$7,800 (\$3,900 embedded)	In-network: \$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 medical plans you're considering:

Features	HMSA Gold	Kaiser Gold	HMSA Platinum	Kaiser Platinum
Annual Deductible (individual/family)	Combined in-network and out-of-network: \$200/\$600	In-network: \$200/\$400 Out-of-network: Not covered	In-network: N/A Out-of-network: \$100/\$300	In-network: N/A Out-of-network: Not covered
Annual Out-of-Pocket Maximum (individual/family)	Combined in-network and out-of-network: \$2,200/\$6,600	In-network: \$2,200/\$4,400 Out-of-network: N/A	Combined in-network and out-of-network: \$2,500/\$7,500	In-network: \$2,500/\$7,500 Out-of-network: 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 medical plan is usually more expensive per paycheck.

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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 on the *New* [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
Preventive Care	100% covered; deductible waived for most services	100% covered; deductible waived	100% covered	100% covered
Doctor's Office Visit	You pay \$12	You pay \$15	You pay \$12	You pay \$15
Emergency Room	You pay 20% after deductible	You pay 20%; deductible waived	You pay 20%	You pay \$75
Urgent Care	You pay \$12	You pay \$15	You pay \$12	You pay \$15
Inpatient Care	You pay 20% after deductible	You pay 10% after deductible	You pay 10%	You pay \$75 per day
Outpatient Care	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 waive medical coverage for next year, the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form (HC-5). You can find the form in the Reference Center in the *New* [DXC Benefits Center enrollment portal](#) along with instructions for returning the form to the DXC Benefits Center.

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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
Preventive Drugs (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			
Prescription Drug Annual Out-of-Pocket Maximum (individual/family)	\$3,000/\$7,200	Included in medical out-of-pocket maximum	\$3,000/\$5,700	Included in medical out-of-pocket maximum
30-day retail supply				
Tier 1: 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
Tier 2: Generally medium cost options	You pay \$35	You pay \$35	You pay \$30	You pay \$35
Tier 3: Generally highest cost options	You pay \$75	Not covered	You pay \$70	Not covered
90-day mail-order supply				
Tier 1: 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
Tier 2: Generally medium cost options	You pay \$70	You pay \$70	You pay \$60	You pay \$70
Tier 3: Generally highest cost options	You pay \$150	Not covered	You pay \$140	Not covered

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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
Preventive Drugs (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				
30-day prescription retail supply					
Tier 1: 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
Tier 2: Generally medium cost options				You pay \$40	You pay \$30
Tier 3: Generally highest cost options				You pay \$60	You pay \$50
90-day prescription mail-order supply					
Tier 1: 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
Tier 2: Generally medium cost options				You pay \$100	You pay \$75
Tier 3: Generally highest cost options				You pay \$150	You pay \$125

Hawaii Residents
Please refer to page 17 for additional information on Prescription Drug Coverage.

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Visit the [carrier preview websites](#) to explore how your prescription drugs will be covered before you enroll.

Prescription Drug Coverage: Additional Considerations



TAKE ACTION: If you or a covered family member regularly takes any prescription 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 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 can find a link and instructions on the [Benefits Annual Enrollment page](#) on myDXCbenefits.com (you'll need the access code, which was provided in the 2024 Benefits Annual Enrollment preview email you received in October). 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 medical plan 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 (\$20 surcharge per paycheck)
- Covering your spouse/domestic partner in a DXC medical plan if they have access to subsidized coverage through their own employer (\$50 working spouse/domestic partner surcharge per paycheck).

Pay LESS now and MORE when you need care	Pay MORE now and LESS when you need care
<ul style="list-style-type: none"> • Bronze, Bronze Plus and Silver medical plans cost less per paycheck, but deductibles are higher. • You can enroll in a Health Savings Account (HSA) when you enroll in a Bronze, Bronze Plus or Silver medical plan. • Employees who enroll in a Bronze, Bronze Plus or Silver medical plan may participate in the Healthy Behaviors Wellness Program and earn incentives in the form of company contributions to your HSA. 	<ul style="list-style-type: none"> • The Gold and Platinum medical plans generally cost more per paycheck, but their deductibles are lower. • 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.

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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. You may also contribute to a Health Flexible Spending Account (HFSA), however your HFSA will be “limited purpose” and can only be used for vision and dental expenses (see page 29).

HSA Contributions

- DXC will contribute to your HSA if you participate in various activities under the [Healthy Behaviors Wellness Program](#)—up to \$950 for employee only coverage and up to \$1,500 for all other coverage levels.
- You can also make pre-tax contributions.
- For 2024, the annual IRS contribution limits are \$4,150 for employee only coverage and \$8,300 for all other coverage levels, which includes DXC’s contribution and your contributions.*
- When you elect your HSA contribution during Benefits Annual Enrollment, you can set a Total For Year or Total Per Pay Period amount. *If you want to take advantage of DXC’s wellness incentives contribution and maximize your own contributions, set your Total For Year amount at \$3,200 for employee only coverage or \$6,800 for all other coverage levels.**
- You can change or stop your contributions at any time.

* If you are age 55 or older, you can contribute up to another \$1,000 in catch-up contributions.

HSA Features

- 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.
- If you leave DXC, you can take your account with you.
- There is no minimum balance required.

After You Enroll

- MetLife will verify you are eligible to open an HSA according to the Customer Identification Program (CIP).
- If MetLife is unable to verify your eligibility, they will reach out to you to request additional documentation.
- If you currently have an HSA, you must decide if you want your existing HSA balance to be transferred to MetLife. Look out for email communications from MetLife with the timeline and details of this process. You may also check the [Benefits Annual Enrollment page](#) on [myDXCbenefits.com](#) for details.

Using Your HSA

- MetLife will send you a new Debit Card.
- Use the card to pay out-of-pocket expenses at the point of purchase.
- If you incur eligible health care expenses prior to having sufficient funds in your HSA, you will be able to pay yourself back for any eligible expenses that you paid with a different payment method.
- Online Bill Pay: Pay health care expenses directly from your account. You can schedule one-time or recurring payments online.

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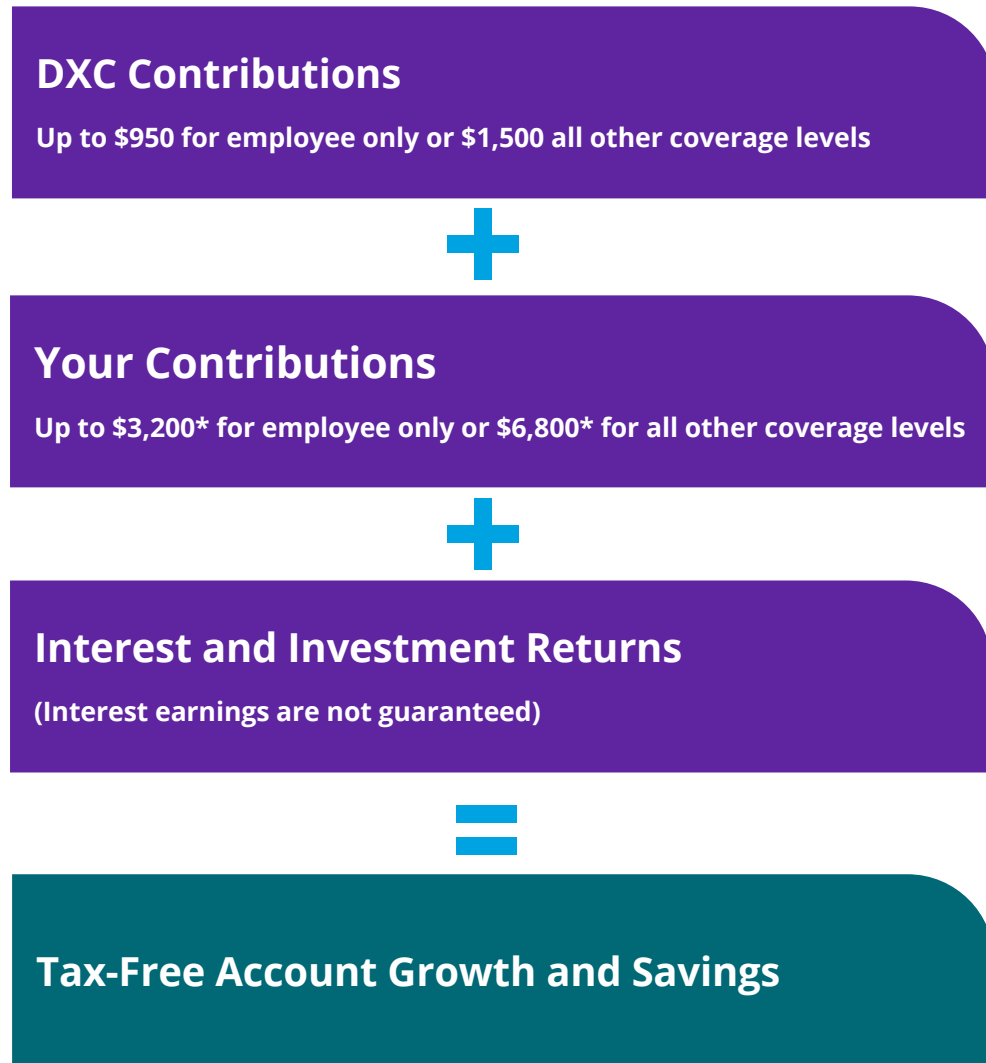
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Click & Explore

Find details about transitioning a current HSA to MetLife on the [Benefits Annual Enrollment page](#) on [myDXCbenefits.com](#).

HSA Savings Adds Up



* These amounts are the 2024 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 discover 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 before you enroll in this option.</p>

In addition to the carrier and dental plan 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.

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Dental Plan Coverage

Following is just a brief summary of the coverage provided by each dental 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	Silver	Gold	Platinum DHMO ¹
Annual Deductible (individual/family)	\$100/\$300	\$100/\$300	\$50/\$150	None
Annual Maximum Benefit²	\$1,000 per person	\$1,500 per person	\$2,500 per person	
Orthodontia Lifetime Maximum³	Not covered	\$1,500 per child	\$2,000 per person	Varies by insurance carrier
Preventive Care	Covered 100%, no deductible			Varies by insurance carrier; generally covered 100%
Minor Restorative Care (e.g., root canal treatment, gum disease treatment and oral surgery)	You pay 20% after deductible			Varies by insurance carrier
Major Restorative Care (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible	
Orthodontia	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults	

¹ Provides in-network benefits only. Not available in all areas. Only the dental plans for which you are eligible will show as options when you enroll online.

² Orthodontia services do not count toward the annual maximum benefit.

³ 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.

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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 discover 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.

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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
Routine Vision Exam (once per plan year)	Covered 100%	You pay \$20	You pay \$10
Frames (once per plan year)	Discount may apply	\$130 allowance ¹	\$200 allowance ¹
Lenses (once per plan year; premium lenses may cost more)			
Single Vision	Discount may apply	You pay \$20	You pay \$10
Bifocal			
Trifocal			
Standard Progressive²			
Lenticular			
Lens Enhancements			
UV Treatment	Discount may apply	You pay \$15	
Tint (solid and gradient)			
Standard Plastic Scratch-Resistant Coating		You pay \$45	
Standard Anti-reflective Coating			
Standard Polycarbonate—Adults		You pay \$40	You pay \$15
Standard Polycarbonate—Children		You pay nothing	
Other Add-Ons		Discount only	
Contacts			
Medically Necessary	Not covered	You pay \$20	You pay \$10
Elective		\$130 allowance ¹	\$200 allowance ¹
Fit and Evaluation	Discount may apply	You pay \$20	You pay \$10
Laser Surgery	15% off regular price or 5% off promotional price		

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

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

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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.• Since 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 insurance 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 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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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)	Dependent Care FSA (DCFSA)
<ul style="list-style-type: none"> You are eligible if you enroll in a DXC medical plan option for 2024 or waive medical coverage through DXC. You can use the money in your account to pay for eligible out-of-pocket medical, prescription drug, dental and vision expenses. If you enroll in the Bronze, Bronze Plus or Silver medical plan option AND enroll in a 2024 HSA, your HFSA will be “limited purpose” and you can use the money in your account to pay for eligible dental and vision expenses ONLY. The 2024 contribution limit is \$3,050. If the IRS increases the limit, you’ll have the opportunity to increase your contribution up to the new limit amount. Your entire contribution amount is credited to your account and available to use January 1, 2024. 	<ul style="list-style-type: none"> Can be used to reimburse yourself for qualified child and adult care expenses (e.g., for child day care expenses or cost of visiting nurse). The 2024 contribution limit is \$5,000 (or \$2,500 if you are married and filing taxes separately). You must have money available in your account to be reimbursed.
<p>Under IRS rules, \$610 of unused funds can be carried over from 2023 to 2024 but any additional unused funds are forfeited.</p>	<p>Under IRS rules, unused 2023 funds are forfeited—there is no carryover into 2024.</p>

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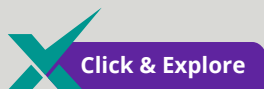
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Explore this [MetLife Accounts Comparison Chart](#) to understand the differences between HSAs, Health FSAs and Health Reimbursement Accounts (HRAs).

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 company-paid 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. To avoid imputed income, you can elect to limit your Basic Life Insurance benefit to \$50,000 during Benefits Annual Enrollment.

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"> • For yourself, 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 under age 26, 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.

Consider these factors when evaluating your life insurance needs:

1 Your family’s needs
 Life insurance helps to protect your family financially if a covered family member dies. Every situation is different, so consider your family’s life insurance needs 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/ domestic partner 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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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 amount of coverage you elect.

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
Auto and Home Insurance	Farmers Insurance	<ul style="list-style-type: none"> • Access to discounted home, auto and other property insurance (boat, RV, renters) • Policies are underwritten on an individual basis, so premiums vary by individual 	Enroll anytime at the discount link	Direct billing with Farmers
Pet Insurance	MetLife	<ul style="list-style-type: none"> • Access to discounted insurance for cats, dogs, avian and exotic animals • Provides various levels of coverage (reimbursement/annual deductible) 	Enroll anytime: <ul style="list-style-type: none"> • For your cat or dog, use the discount link • For your avian and exotic animals, call 1-800-GET-MET8 	Direct billing with MetLife
Legal Services	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

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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
Identity Theft Protection	Allstate	<ul style="list-style-type: none"> Identity theft protection, monitoring (including the dark web) and restoration \$1M identity theft insurance for you and your family 	Enroll during Benefits Annual Enrollment	Payroll deductions
Health Protection Plans <ul style="list-style-type: none"> Hospitalization Critical Illness Accident 	MetLife	<ul style="list-style-type: none"> Pays lump sum cash benefits, in addition to any primary medical coverage you have You do not need to participate in a DXC medical plan to enroll You can cover yourself and your dependents If you are otherwise eligible for an HSA, these plans are not considered “other medical coverage” that would make you ineligible Annual Health Screening Benefit of up to \$75 is available for you and your dependents when you take one of the covered screenings or tests 	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:

- **Commuter Reimbursement:** Save money on work-related transit and parking expenses.
- **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 additional materials on the 2024 Benefits page at myDXCbenefits.com.



Starting November 1, call the *New DXC Benefits Center* at **1.888.305.5499**, 8 a.m. to 5 p.m. EST (extended to 8 p.m. EST during Benefits Annual Enrollment), Monday through Friday. 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 (and many other languages). You can also ask Sofia, your virtual multilingual benefits assistant, available 24/7 in the *New [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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Take
Action

What to
Consider

Medical/
Prescription
Drug

Dental

Vision

Additional
Benefits



Visit the [2024 Benefits Annual Enrollment page](#) on myDXCbenefits.com for information to have one hand when you enroll.