

Your 2020 New Hire Benefits Reference Guide

Aon Active Health Exchange™

Plenty to Pick From

make it yours

U.S. Standard



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This Reference Guide is designed to provide an overview of your benefits. For more information about DXC health and welfare benefit programs and eligibility rules, please refer to the DXC Employee Benefits Guidebook and Summary Plan Description available on HRConnect at <https://dxchr.service-now.com/hrportal>. (search for article KB0019420).

Welcome to DXC Benefits

As a DXC Technology Company (DXC) employee, you and your family have a wide range of health and welfare benefits available. Benefits are administered by the DXC Benefits Center, which is managed by Alight Solutions.

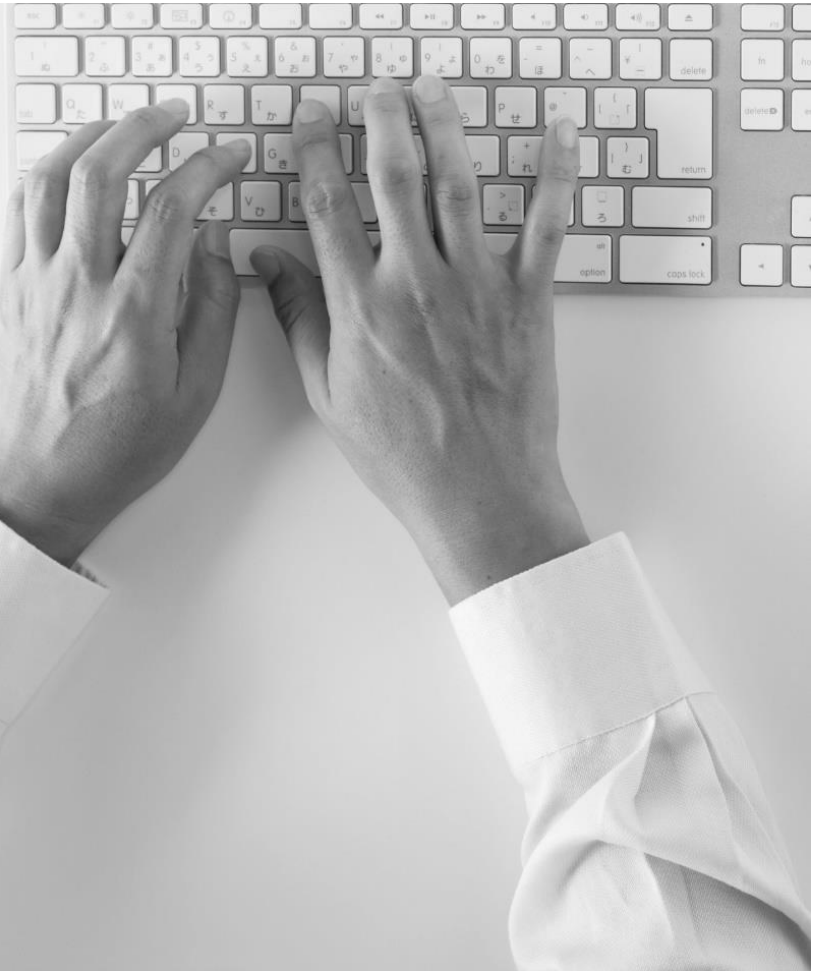
This Reference Guide is designed to provide an overview of your health and welfare benefits. For more information about DXC health and welfare benefit programs and eligibility rules, please refer to the DXC Employee Benefits Guidebook and Summary Plan Description available on HRConnect at <https://dxchr.service-now.com/hrportal>. (search for article KB0019420).

Additional information to help you with your benefit election decisions – including FAQs -- is provided on the [Make It Yours](#) site.



Ready to Get Started?

You'll enroll in medical, dental, and vision benefits through the Aon Active Health Exchange.™ Just choose your coverage level, the price you want to pay, and the insurance carrier you want to work with. That's how you can make it yours.



What You Need to Do

You must enroll, or you will not have medical (including prescription drug), dental, vision, or disability coverage through DXC in 2020. You must also actively enroll if you want to: purchase supplemental life or accident insurance, participate in one of the voluntary benefit programs, or contribute to a Health Savings Account (HSA) or Flexible Spending Account.

Access, Answers, and More

You have access to a number of tools and resources before, during, and after enrollment.

Start with the Make It Yours website at <https://dxc.makeityoursource.com> to see short videos, FAQs, and more.

Get Started

You can choose to enroll in the following benefits through Aon's private exchange:

- Medical (including prescription drug)
- Dental
- Vision

You will also be able to enroll in other benefits, such as an HSA (if eligible), Flexible Spending Accounts (FSAs), life insurance, accidental death and dismemberment (AD&D), disability, commuter reimbursement, and an array of voluntary programs such as legal services, identity theft protection, and more!

Eligibility

It's up to you to understand who you can cover under your medical and prescription drug, dental, vision, and other benefits. Be sure to review the information below *before* you enroll in coverage.

Remember: dependent eligibility is subject to verification.

Full-time employees are eligible for DXC's benefits. Full-time means that you have a regular work schedule of 30 or more hours per week.

Eligible family members are defined as follows:

1. Your legal spouse¹ (of same or opposite sex) not legally separated² from you.
2. Children as defined here: An eligible child must meet all of the following criteria to be eligible for coverage under a DXC health care plan:
 - A. The child must be under age 26 for medical, dental and vision coverage; and under age 25 for dependent life; and
 - B. The child must be your child (including an adopted child, stepchild, eligible foster child, and a child for whom a court has appointed you legal guardian):
 - i. Adopted child includes a child lawfully placed with you for legal adoption even if the adoption is not final.
 - ii. Foster child is any child who is placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.
3. An Adult Disabled Child may be eligible beyond the limiting age (age 26).
 - A. An Adult Disabled Child is defined as an unmarried dependent child who:
 - i. Is incapable of self-sustaining employment by reason of mental or physical handicap; and
 - ii. Continues to be dependent for support and maintenance.
 - B. Proof of Disabled Child Status:
 - i. If the child is eligible for and covered by a DXC plan on the date s/he reaches the limiting age, application/proof of incapacity/disability for continued eligibility/coverage must be provided to the DXC Benefits Center within 30 days of the date that age was reached.
 - ii. If the child is eligible for but not covered by a DXC plan, and you wish to enroll him or her, evidence of immediate prior coverage must be presented to the DXC Benefits Center when enrollment is requested, and application/proof of incapacity/disability must be provided to the DXC Benefits Center within 30 days of loss of other coverage.
 - iii. The applicable carrier must review the request for coverage to determine if eligibility/coverage can commence or continue.

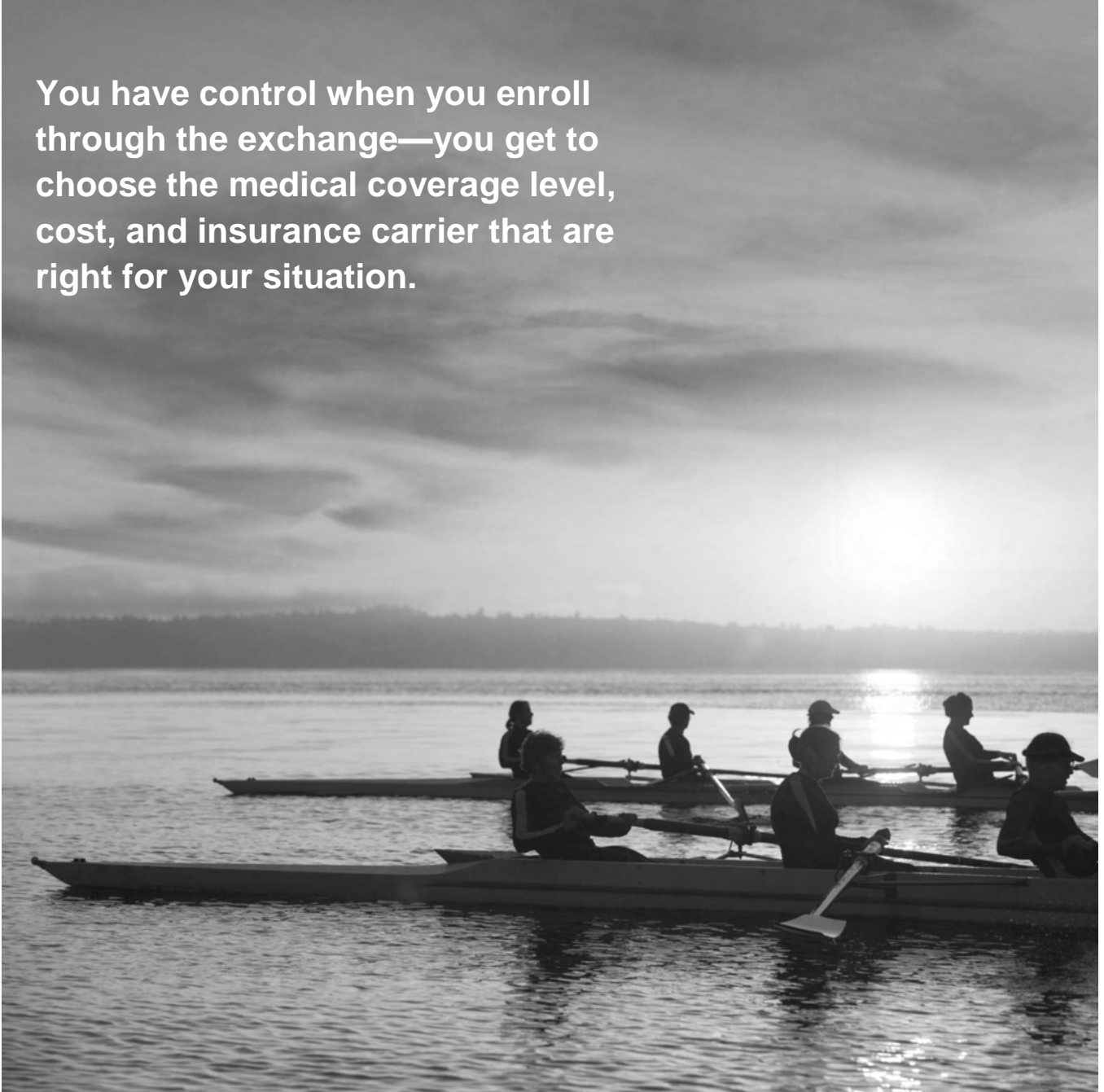
If coverage is approved, as a result of meeting the preceding conditions, eligibility will continue until your dependent child is no longer eligible as approved, fails to have the required exams, or your eligibility for coverage ends, whichever occurs first

1. A handful of U.S. states recognize common law marriages by statute; therefore, a valid common law marriage pursuant to the laws of the state where it was established is considered a legal marriage under the Plan.

2. A "legal separation" is a separation pursuant to a court order that defines legally enforceable rights and obligations of the parties. Merely living apart is not a legal separation.

Medical & Prescription Drug

You have control when you enroll through the exchange—you get to choose the medical coverage level, cost, and insurance carrier that are right for your situation.



Medical Coverage

Don't let the names of the coverage levels fool you.

One option isn't better than another. The best coverage level for you depends on your tastes and your needs.

Choose Your Coverage Level

You have several options to choose from, including:

- **Bronze:** A high-deductible option with an HSA* and prescription drug coinsurance
- **Bronze Plus:** A buy-up to the Bronze option—a high-deductible option with an HSA* and prescription drug coinsurance
- **Silver:** A high-deductible option with an HSA* and prescription drug coinsurance
- **Gold:** A traditional preferred provider organization (PPO) option with prescription drug copays
- **Platinum:** A PPO option with prescription drug copays that covers in-network care and offers limited benefits for out-of-network care (or, for some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA, an HMO option with prescription drug copays that covers in-network care only)

*If you are not eligible for an HSA, a Health Reimbursement Account (HRA) will be available for accruing incentives earned through the DXC Healthy Behaviors Wellness Program (see sidebar).

Each coverage level is available from different insurance carriers at different costs.

Do You Live in California?

Your options will be different, depending on the insurance carrier you choose. See page 12 for details.

Do You Live Outside the Service Area?

Your specific options are based on your home zip code. If you live outside the service areas of all the insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier.

Important: The Silver option available to out-of-area individuals is different than the Silver option described in this guide. Refer to the enrollment website at <http://www.yourbenefitresources.com/dxc> for details.

High Deductible Option Bonus!

If you enroll in one of the high deductible options—Bronze, Bronze Plus, or Silver—you'll have access to the DXC Healthy Behaviors Wellness program administered by RedBrick Health and can earn incentives for completing wellness activities. See page 47 for further details.

Is a Primary Care Physician Required?

You must designate a primary care physician to coordinate your care if you:

- Choose Kaiser Permanente as your insurance carrier;
- Live in Northern California and choose Health Net as your insurance carrier; or
- Live in Southern California and choose Health Net as your insurance carrier and Gold II or Platinum as your coverage level

Annual Deductible

The deductible is what you pay out of pocket before your insurance starts paying its share of your costs. It doesn't include amounts taken out of your paycheck for health coverage. Here's how the deductible works if you have family coverage:

The **Bronze Plus** and **Silver** coverage levels have a "true family deductible." This means that the entire family deductible must be met before your insurance will pay benefits for any covered family member. There is no "individual deductible" in these coverage levels when you have family coverage.

The **Bronze, Gold, and Platinum** coverage levels have a traditional "embedded" 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.

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Annual Deductible (individual/family)	In-network: \$3,300/\$6,600	In-network: \$2,450/\$4,900	In-network: \$1,500/\$3,000	In-network: \$800/\$1,600	In-network: \$250/\$500
	Out-of-network: \$3,300/\$6,600	Out-of-network: \$2,450/\$4,900	Out-of-network: \$1,500/\$3,000	Out-of-network: \$1,600/\$3,200	Out-of-network: \$5,000/\$10,000

The charts within this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

Going Out of Network?

Keep in mind:

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

Annual Out-of-Pocket Maximum

The out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs.

If you cover family members, how the annual out-of-pocket maximum works depends on the coverage level you choose.

The Bronze Plus and Silver coverage levels have a “true family out-of-pocket maximum.”

This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no “individual out-of-pocket maximum” in these coverage levels when you have family coverage.

The Bronze, Gold, and Platinum coverage levels have a traditional out-of-pocket maximum.

Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Annual Out-of-Pocket Maximum (individual/family)	In-network:	In-network:	In-network:	In-network:	In-network:
	\$6,400/\$12,800	\$3,900/\$7,800	\$3,800/\$7,600	\$3,600/\$7,200	\$2,300/\$4,600
	Out-of-network:	Out-of-network:	Out-of-network:	Out-of-network:	Out-of-network:
	\$12,800/\$25,600	\$11,500/\$23,000	\$8,000/\$16,000	\$7,200/\$14,400	\$11,500/\$23,000

The charts within this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

What's Included?

The annual out-of-pocket maximum **includes** amounts paid toward your deductible under the Bronze, Bronze Plus, Silver, Gold, and Platinum options.

It **doesn't include** amounts taken out of your paycheck for health coverage. Also, if you choose coverage under Kaiser Permanente, copays for certain medical benefits may not apply toward the annual out-of-pocket maximum under the Gold and Platinum coverage levels.

In-Network Benefits

	BRONZE BRONZE PLUS SILVER	GOLD	PLATINUM
Preventive Care	Covered 100%; no deductible	Covered 100%; no deductible	Covered 100%; no deductible
Doctor's Office Visit	You pay 25% after deductible	<ul style="list-style-type: none"> You pay \$25 for PCP visit with no deductible You pay \$40 for specialist visit with no deductible 	<ul style="list-style-type: none"> You pay \$25 for PCP visit You pay \$40 for specialist visit
Emergency Room	You pay 25% after deductible	You pay 25% after deductible	You pay 15%
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	You pay 15%
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay \$15%
Outpatient Care	You pay 25% after deductible	If not an office visit, you pay 25% after deductible	If not an office visit, you pay 15%

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website (<http://www.yourbenefitsresources.com/dxc>) gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the plans you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the enrollment website.

Just for Californians!

Your options will be different, depending on the medical insurance carrier you choose.

For starters, each insurance carrier in California can choose to offer each coverage level 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 table below to see which insurance carriers offer out-of-network benefits for the coverage levels you're considering:

	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
CareFirst	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Cigna	In- and out-of-network	N/A	In-network only	In-network only
Health Net	Northern California: In-network only Southern California: In- and out-of-network	N/A	In-network only	Northern California: In-network only Southern California: 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

Gold or Gold II?

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, CareFirst, and UnitedHealthcare. The Gold II option is offered by Cigna, Health Net, and Kaiser Permanente.

Annual Deductible and Out-of-Pocket Maximum (California Residents)

	BRONZE	BRONZE PLUS	SILVER	GOLD	GOLD II	PLATINUM
Annual Deductible (individual/ family)	In-network: \$3,300/\$6,600	In-network: \$2,450/\$4,900	In-network: \$1,500/\$3,000	In-network: \$800/\$1,600	In-network: None	In-network: \$250/\$500
	Out-of-network: \$3,300/\$6,600	Out-of-network: \$2,450/\$4,900	Out-of-network: \$1,500/\$3,000	Out-of-network: \$1,600/\$3,200	Out-of-network: N/A	Out-of-network: \$5,000/\$10,000
Annual Out-of-Pocket Maximum (individual/ family)	In-network: \$6,400/\$12,800	In-network: \$3,900/\$7,800	In-network: \$3,800/\$7,600	In-network: \$3,600/\$7,200	In-network: \$5,400/\$10,800	In-network: \$2,300/\$4,600
	Out-of-network: \$12,800/\$25,600	Out-of-network: \$11,500/\$23,000	Out-of-network: \$8,000/\$16,000	Out-of-network: \$7,200/\$14,400	Out-of-network: N/A	Out-of-network: \$11,500/\$23,000

Health Net

Health Net Bronze Plus and Silver plans vary slightly from the standard plans above, 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 Southern California.

	BRONZE PLUS	SILVER
Annual Deductible (individual/family)	In-network: \$2,450/\$4,900 (\$2,800 embedded)	In-network: \$1,500/\$3,500 (\$2,800 embedded)
	Out-of-network: \$2,450/\$4,900 (\$2,800 embedded)	Out-of-network: \$1,500/\$3,500 (\$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)
	Out-of-network: \$11,500/\$23,000 (\$11,500 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 above, and use a traditional “embedded” deductible and annual out-of-pocket maximum. Remember that Kaiser does not offer out-of-network coverage

	BRONZE PLUS	SILVER
Annual Deductible (individual/family)	In-network: \$2,450/\$4,900 (\$2,800 embedded)	In-network: \$1,500/\$3,000 (\$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)

Going Out of Network?

Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.

In-Network Benefits (California Residents)

	BRONZE BRONZE PLUS SILVER	GOLD	GOLD II	PLATINUM
Preventive Care	Covered 100%; no deductible	Covered 100%; no deductible	Covered 100%	Covered 100%
Doctor's Office Visit	You pay 25% after deductible	<ul style="list-style-type: none"> You pay \$25 for PCP visit with no deductible You pay \$40 for specialist visit with no deductible 	<ul style="list-style-type: none"> You pay \$25 for PCP visit You pay \$40 for specialist visit 	<ul style="list-style-type: none"> You pay \$25 for PCP visit You pay \$40 for specialist visit
Emergency Room	You pay 25% after deductible	You pay 25% after deductible	You pay 30%	You pay 15%
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	You pay 30%	You pay 15%
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay 30%	You pay 15%
Outpatient Care	You pay 25% after deductible	If not an office visit, you pay 25% after deductible	If not an office visit, you pay 30%	If not an office visit, you pay 15%

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website (<http://www.yourbenefitsresources.com/dxc>) gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the plans you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the enrollment website.

Prescription Drug Coverage

Do you or a family member take medications?

Listen up! This could be a big deal for you. Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

Your prescription drug coverage depends on the medical coverage level you choose *and* your medical insurance carrier. Below is an overview of the in-network coverage for each coverage level. See page 16 to find out why your carrier matters too.

	BRONZE BRONZE PLUS SILVER	GOLD GOLD II (CA)	PLATINUM
Preventive Drugs <i>(determined by the insurance carrier, as required by the Affordable Care Act)</i>	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 retail supply			
Tier 1: Generally lowest cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay \$10	You pay \$8
Tier 2: Generally medium cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay \$40	You pay \$30
Tier 3: Generally highest cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay \$60	You pay \$50
90-day mail-order supply			
Tier 1: Generally lowest cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay \$25	You pay \$20
Tier 2: Generally medium cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay \$100	You pay \$75
Tier 3: Generally highest cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay \$150	You pay \$125

Your Medical Insurance Carrier Matters

Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why **you need to do your homework** to determine how your medications will be covered before choosing a medical insurance carrier.

Things to Consider

If you or a covered family member regularly takes medication, it is strongly recommended that you call the medical insurance carrier before you enroll. Just tell the carrier you're considering medical coverage offered through the Aon Active Health Exchange and ask the following questions.

☒ 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'll pay more for it.

☒ How much will my drug cost?

The cost of your prescription depends on how your medication is classified by your insurance carrier—either Tier 1, Tier 2, or Tier 3. The higher the tier, the more you'll pay.

While generics will typically cost less than brand name drugs, insurance carriers can classify higher-cost generics as Tier 2 or Tier 3 drugs, which means you'll pay the Tier 2 or Tier 3 price for certain generic drugs. You can also find this information on the carrier preview sites, or use the prescription drug search tool when you enroll.

☒ Will I have to pay a penalty if I choose a brand name drug?

Because many brand name drugs are so expensive, some medical insurance carriers will require you to pay the copay or coinsurance of a higher tier—plus the cost difference between brand and generic drugs—if you choose a brand when a generic is available.

☒ Is my drug considered “preventive” (covered 100%)?

The Affordable Care Act requires that certain preventive care drugs are 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.

What's a Pharmacy Benefit Manager?

In the exchange, each medical carrier uses a pharmacy benefit manager to handle its prescription drug coverage. It's like how car manufacturers rely on other companies to build certain parts of the car, like the radio or tires.

Heads up: Your prescription drug coverage *could* change if:

- You stay with the same medical carrier as you have today and the carrier changes its pharmacy benefit manager or how it covers your drugs.
- You change your medical carrier.

So you still need to do your homework and make sure you're comfortable with how your prescription drugs will be covered *before* choosing your medical carrier.

- ☒ 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.

- ☒ 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.

- ☒ 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.

- ☒ 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.

We'll Help You Through the Transition

A Prescription Drug Transition Worksheet is posted on the Make It Yours website at <https://dxc.makeityoursource.com>. It includes information on what you need to do to make it through the transition, along with other helpful tips.

Medicare Notice of Creditable Coverage

Important Notice to Medicare Eligible Participants from DXC Technology Company Regarding Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with DXC Technology Company and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you consider joining, you should compare your current coverage, including which drugs are covered and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Computer Sciences Corporation Employee Benefits Fiduciary Committee, as Plan Administrator, has determined that the prescription drug coverage offered by the medical plans that are part of the DXC Fully Insured Employee Welfare Benefits Plan are, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered "creditable coverage."

Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current DXC coverage will not be affected.

Please refer to Section 2 of the DXC Employee Benefits Guidebook for a description of the prescription drug benefits available through the DXC medical plans. You can review additional detail via the DXC Benefits Center or by calling your medical plan carrier directly. Contact information is provided in the back of the Guidebook.

If you decide to join a Medicare drug plan and drop your DXC prescription drug coverage, be aware that you and your dependents will be able to get this coverage back if the plan(s) are still available and you meet the eligibility requirements for health coverage.

Please call the DXC Benefits Center (1.877.627.4015) for more information about what happens to your coverage if you join a Medicare prescription plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your coverage under the DXC Plan, and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage . . .

Call the DXC Benefits Center (1.877.627.4015). **NOTE:** You will receive this notice each year. You will also receive it before the next period that you can join a Medicare drug plan, and also if this coverage through DXC changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage . . .

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare and You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the Medicare and You handbook for the telephone number) for personalized help
- Call 1.800.MEDICARE (1.800.633.4227). TTY users, call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit the Social Security Administration (SSA) at www.socialsecurity.gov, or call SSA at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this creditable coverage notice. If you join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Effective Date: January 1, 2020	
Name of Entity/Sender:	DXC Technology Company c/o CSC Employee Benefits Fiduciary Committee (Plan Administrator)
Contact--Position/Office:	DXC Benefits Center/Alight Solutions
Address:	10 North Park Drive Suite 400 Hunt Valley, MD 21030
Phone Number:	1.877.627.4015

How Much Will It Cost?

It's up to you.

You can choose the coverage level and insurance carrier that offer the right balance.

You get to decide how much you want to pay for coverage through the exchange. You can choose the coverage level you want from the insurance carrier offering it at the best price.

There are other factors that impact how much you pay, too, including your credit amount from DXC (this varies by your salary band, geographic region, and whether you choose to cover family members), the coverage level and insurance carrier you choose, and whether you are required to pay the tobacco and working spouse surcharges. The end result is that you could end up paying more—or less—for coverage than you do today.

Keep in mind, you'll pay the cost of medical (and dental and vision) coverage with before-tax dollars.

See How They Stack Up

Before your enrollment period starts, take advantage of an interactive pricing tool that helps you compare the costs of your health care options. To access the pricing tool, go to the [Make It Yours](#) website and click **Compare Your Costs** on the homepage. You'll need to enter the access code **Medical2020**.

Surcharges

If you use tobacco products you will be assessed a **tobacco surcharge** of \$10 per week.

If you cover your spouse on DXC medical, and they have access to subsidized coverage through their own employer, you will be assessed a **working spouse surcharge** of \$25 per week.

Price Shopping

You'll be able to see the credit amount from DXC and your price options for coverage when you enroll on the enrollment website at <http://www.yourbenefitsresources.com/dxc>.

Pay Now or Pay Later?

How much you pay out of your paycheck is one thing. You also have to consider what you'll pay throughout the year when you need care. You determine which coverage level gives you the best deal on your *total* health care costs.

Pay LESS now and MORE when you need care

The Bronze, Bronze Plus, and Silver coverage levels cost less per paycheck, but the deductibles are higher. Make sure you know how the deductible works, and that the deductible amount is something you can afford in the event you need a lot of health care.

Keep in mind, you can enroll in a Health Savings Account (HSA) when you enroll in a Bronze, Bronze Plus, or Silver coverage level. See how an HSA could save you money on page 21.

OR

Pay MORE now and LESS when you need care

The Gold and Platinum coverage levels generally cost more per paycheck, but the Gold deductible is lower. The Platinum coverage level does not have a deductible. 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.

Health Savings Account

Save the smart way.

A Health Savings Account (HSA) is a great way to save for the future. Just set aside a few dollars from each paycheck now, and then you'll have funds to help cover health care expenses that come up. Plus, it's tax-free, so you're actually getting a better deal.

Do You Want an HSA With That?

The Bronze, Bronze Plus, and Silver coverage levels give you access to an HSA administered by Your Spending Account™ (YSA). This is a personal bank account that works with your medical plan, if you're eligible.

The HSA allows you to set aside tax-free money to pay for qualified health care expenses, like your medical, dental, and vision copays, deductibles, and coinsurance.

You can decide whether to enroll in an HSA and how much (if any) money you want to save when you enroll. You can enroll or change the amount you save at any time throughout the year.

Invest Your HSA Balance!

Once you build a balance in your HSA fund, you can invest the balance in excess of \$1,000 in various investment options—similar to how a 401(k) works.

What's Great About the HSA?

While no one likes taking money out of their paycheck, there are a number of advantages to setting aside a little money in an HSA.

- ☒ It's tax-free when it goes in.

You can put money into your HSA on a before-tax basis through convenient paycheck contributions. Not only do you save money on qualified health care expenses, but your taxable income is also lowered. For 2020, you can save up to \$3,550* if you're covering just yourself, or \$7,100* if you're covering yourself and your family.

If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to \$1,000*.

- ☒ It's tax-free as it grows.

You earn tax-free interest on your money. The interest you earn even earns interest!

- ☒ It's tax-free when you spend it.

When you spend your HSA on qualified health care expenses, you don't pay any taxes. That means you're saving money on things like your medical, dental, and vision coinsurance and deductibles.

- ☒ It's always your money.

Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical plans, leave the company, or retire.

Don't Forget!

You may also be able to participate in the DXC Healthy Behaviors Wellness program administered by RedBrick Health and earn company contributions to your HSA for completing certain wellness-related activities. See page 47 for more details.

*Limits subject to mid-year changes per IRS regulations. For more information, go to www.irs.gov.

Use Your HSA Easily

It's your money, so it *should* be easy to access—and it is! In addition to being able to manage your account online, there are three ways to use your HSA to pay for expenses. You can use your HSA debit card, pay for your expenses up front and pay yourself back from your HSA, or pay your provider directly through YSA.

Find a complete list of qualified expenses at www.irs.gov/publications/p502.

Your *HSA User's Guide* includes details about how to grow your HSA, access your funds online, and more. Access it on the Make It Yours website at <https://dxc.makeityoursource.com>.

Already Have an HSA?

If you currently have money in another HSA, you can continue to use it to pay for qualified medical expenses.

Rules About Eligibility

- ☑ To be eligible to contribute to an HSA, you must enroll in a Bronze, Bronze Plus, or Silver medical coverage level. If you're covered by a second medical plan, it must also be a high-deductible option for you to be eligible for an HSA. For example, if you're also enrolled in your spouse's coverage, that plan must be a high-deductible option too. (Note: The new optional supplemental health plans on page 34 are not considered "other medical coverage" for purposes of HSA eligibility rules.)
- ☑ You cannot contribute to an HSA if:
 - You're enrolled in a Gold or Platinum coverage level.
 - You're enrolled in Medicare or a veteran's medical plan (TRICARE).
 - You're eligible to be claimed as a dependent on someone else's federal tax return.
 - You or your spouse participate in a *general purpose* Health Flexible Spending Account (Health FSA) during the same plan year.
- ☑ Although you can enroll your children up to age 26 in your medical coverage, you can't use money from your HSA to pay their health care expenses unless you claim them as dependents on your federal income taxes (generally children under age 19 or under age 24 if they are full-time students).
- ☑ You can participate in either an HSA (if you enroll in Bronze, Bronze Plus, or Silver) or a Health FSA (if you enroll in Gold or Platinum). You cannot contribute to an HSA and participate in the Health FSA at the same time.

Have a Health FSA?

If you're wondering...

- How is an HSA different from a Health FSA?
- Can I use my HSA money if I'm currently enrolled in a Health FSA?

You can get answers to these questions and more in the FAQs posted on the Make It Yours website at <https://dxc.makeityoursource.com>.

Choose Your Medical Insurance Carrier

This is how the exchange saves you money

By making insurance companies compete for your business, the exchange helps manage rising health insurance costs. Instead of DXC choosing one or two carriers to do business with, you have several carriers to choose from.

No matter which coverage level you select, you may be able to choose from the following carriers:*

Aetna

Before you're a member (preview site): <https://http://www.aetna.com/aon/oc/2020/>

Once you're a member (website): <https://www.aetna.com>

Phone number: **1.855.496.6289**

CareFirst

Before you're a member (preview site): <https://www.carefirst.com/aon>

Once you're a member (website): <https://www.carefirst.com/myaccount>

Phone number: **1.844.439.6482**

Cigna

Before you're a member (preview site): <https://connections.cigna.com/aonactivehealth-2020/>

Once you're a member (website): <https://my.cigna.com>

Phone number: **1.855.694.9638**

Dean / Prevea360 (generally available in WI)

Before you're a member (preview site): <http://aon.deanhealthplan.com>

Once you're a member (website): <http://aon.deanhealthplan.com>

Phone number: **1.877.232.9375**

Geisinger (generally available in PA)

Before you're a member (preview site): <https://geisinger.org/aon>

Once you're a member (website): <https://www.geisinger.org/member-portal>

Phone number: **1.844.390.8332**

Health Net (generally available in CA, OR)

Before you're a member (preview site): <https://www.healthnet.com/myaon>

Once you're a member (website): <https://www.healthnet.com/myaon>

Phone number: **1.888.926.1692**

Kaiser Permanente (formerly Group Health in WA)

Before you're a member (preview site): <https://kp.org/wa/aonactivehealth>

Once you're a member (website): <https://wa-member.kaiserpermanente.org>

Phone number: **1.855.407.0900**

Which Carriers Are Available to Me?

Your specific options are based on where you live (so it's important to make sure your address on record is correct before you enroll). You'll be able to see the options available to you when you enroll.

Do You Live in California?

Remember, the insurance carrier you choose may also affect your coverage level choices. See page 12 for details.

Continued . . .

*If you live outside the service areas of all the insurance carriers, an out-of-area option through Aetna at the Silver coverage level will be your only choice.

Kaiser Permanente (generally available in CA, CO, DC, GA, MD, VA, OR, southwest WA)

Before you're a member (preview site): <http://www.kp.org/aon>

Once you're a member (website): <http://www.kp.org>

Pre-enrollment phone number: **1.877.580.6125**

CA post-enrollment phone number: **1.800.464.4000**

CO post-enrollment phone number: **1.303.338.3800**

DC, MD, VA post-enrollment phone number: **1.800.777.7902**

GA post-enrollment phone number: **1.404.261.2590**

OR, Southwest WA post-enrollment phone number: **1.800.813.2000**

Medical Mutual of Ohio (generally available in OH)

<https://www.medmutual.com/aon>

Pre-enrollment phone number: 1.800.677.8028

Post-enrollment phone number: 1.800.541.2770

Priority Health (available in parts of MI)

<https://www.priorityhealth.com/aon>

Pre- and post-enrollment phone number: 1.833.207.3211

UnitedHealthcare

Before you're a member (preview site): <http://welcometouhc.com/aon3>

Once you're a member (website): <http://myuhc.com>

Phone number: **1.888.297.0878**

UPMC Health Plan (generally available in PA)

Before you're a member (preview site):

<https://www.upmchealthplan.com/aon>

Once you're a member (website):

<https://www.upmchealthplan.com/members>

Phone number: **1.844.252.0690**

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

What Are People Saying About Their Experiences With Health Carriers?

Sometimes it helps to see what other people think. See how others have rated their health carriers on the enrollment website at <http://www.yourbenefitsresources.com/dxc>. Share your own ratings and opinions with others too!

Why Stay With the "In" Crowd?

Seeing out-of-network providers may cost you substantially more than seeing in-network providers. For example, you will pay more through a higher out-of-network deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount, even after you've reached your annual out-of-network out-of-pocket maximum.

Each medical insurance carrier can determine its maximum allowed amounts for out-of-network providers. For example, among other ways, carriers may use what's considered "reasonable and customary" and/or a Medicare-based calculation to determine the maximum allowed amount.

If you use out-of-network providers, call the insurance carriers beforehand to confirm the maximum allowed amounts for the type of services you need. It could make a big difference. For example, let's say you will have an out-of-network surgery that costs \$5,000 and you will pay 45% coinsurance. The maximum allowed amounts could be different across carriers:

- If one carrier has a maximum allowed amount of \$2,000, you would owe 45% of \$2,000 *and* 100% of the remaining \$3,000, for a total of \$3,900.
- If a second carrier has a maximum allowed amount of \$3,000, you would owe 45% of \$3,000 *and* 100% of the remaining \$2,000, for a total of \$3,350.

Dental



Dental Coverage

Dental benefits for your dental needs.

You should choose the option that's right for you. For example, if you don't need orthodontic care (braces) or major restorative care, the Bronze coverage level may be all you need.

Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze:** A PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), but does not cover major or orthodontic expenses
- **Silver:** A buy-up to the basic PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and, for children up to age 19, orthodontic expenses
- **Gold:** An enhanced PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children and adults
- **Platinum:** A DHMO option that covers in-network care only, including orthodontic expenses for children and adults (not available in some areas)

Considering Platinum?

It may cost less than some of the other options, but you must get care from a dentist who participates in the insurance carrier's Platinum network. The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll. If you don't use a network dentist, you'll pay for the full cost of services.

Paying for Coverage

You'll pay the cost of dental coverage with before-tax dollars. Just like your medical coverage, you get to decide how much you want to pay for coverage through the exchange. You can choose the coverage level you want from the insurance carrier offering it at the best price. How much you pay is based on:

- The amount of your credit from DXC. All eligible employees will receive a credit to use toward the cost of coverage. The credit will vary based on whether you choose to cover family members. You'll be able to see the credit amount from DXC and your price options for coverage when you enroll on the enrollment website at <http://www.yourbenefitsresources.com/dxc>.
- The dependents you cover. You can enroll any combination of you, your spouse, and your children in the option you choose.

Is a Primary Care Dentist Required?

You must designate a primary care dentist to coordinate your care if you choose the Platinum coverage level (where available by carrier). If you don't designate a primary care dentist when you enroll, one may be assigned to you. To change your primary care dentist, you will need to contact the insurance carrier directly.

See How They Stack Up

Before your enrollment period starts, take advantage of an interactive pricing tool to help you compare the costs of your dental options. To access the pricing tool, go to the Make It Yours website (<https://dxc.makeityoursource.com>) and click **Compare Your Costs** on the homepage. You'll need to enter the access code **Medical2020**.

Annual Deductible and Plan Limits

The deductible is what **you** pay out of pocket before your insurance starts paying its share of your costs. The annual maximum is the most the insurance carrier will pay in a year for dental costs but excludes orthodontia. The orthodontia lifetime maximum is the total amount the insurance carrier will pay per person.

	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	None
Orthodontia Lifetime Maximum³	Not covered	\$1,500 per child	\$2,000 per person	Varies by insurance carrier

¹Provides 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.

²Orthodontia services do not count towards annual maximum benefit.

³If 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.

In-Network Benefits

	BRONZE	SILVER	GOLD	PLATINUM DHMO ¹
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	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	You pay 20% after deductible	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	Varies by insurance carrier
Orthodontia	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults	Varies by insurance carrier

¹Provides 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.

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website (<http://www.yourbenefitsresources.com/dxc>) gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Benefit Summaries on the enrollment website.

Choose Your Dental Insurance Carrier

Your specific options are based on where you live. You'll be able to see the options available to you when you enroll. No matter which coverage level you select, you may be able to choose from the following insurance carriers:

Aetna

Before you're a member (preview site): <https://www.aetna.com/aon/oc>
Once you're a member (website): <https://www.aetna.com>
Phone number: **1.855.496.6289**

Cigna

Before you're a member (preview site):
<http://www.cigna.com/aonactivehealth-2019>
Once you're a member (website): <https://my.cigna.com>
Phone number: **1.855.694.9638**

Delta Dental of VA (Bronze, Silver, and Gold)

Before you're a member (preview site):
<http://ddva.deltadentalexchange.com>
Once you're a member (website):
<http://www.deltadentalva.com/subscribers.aspx>
Phone number: **1.877.447.5827**

DeltaCare USA (Platinum)

Before you're a member (preview site):
<http://ddca.deltadentalexchange.com>
Once you're a member (website): <http://www.deltadentalins.com>
Pre-enrollment phone number: **1.800.546.9751**
Post-enrollment phone number: **1.800.471.8073**

MetLife

Before you're a member (preview site):
<https://www.metlife.com/aon-exchange>
Once you're a member (website): <https://www.metlife.com/mybenefits>
Phone number: **1.888.309.5526**

UnitedHealthcare

Before you're a member (preview site): <http://welcometouhc.com/aon>
Once you're a member (website): <https://www.myuhc.com>
Phone number: **1.888.571.5218**

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

Do Your Homework

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're considering Delta Dental, you need to take it one step further to get the same deal.

- If you choose a Bronze, Silver, or Gold option, there are actually 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." So you need to make sure your dentist is in the DeltaCare network—not just the Delta Dental network. Or get the same deal by using any in-network dentist if you choose another insurance carrier on the exchange.

What Are People Saying About Their Experiences With Health Carriers?

Sometimes it helps to see what other people think. See how others have rated their health carriers on the enrollment website at <http://www.yourbenefitsresources.com/dxc>. Share your own ratings and opinions with others too!

Vision

You get to choose the vision coverage level, cost, and insurance carrier that are right for your situation.



Vision Coverage

See how you can benefit from vision coverage.

You have several vision options available that offer a range of coverage—from exams only to coverage for lenses, frames, and contacts.

Choose Your Coverage Level

You have three coverage levels to choose from, including:

- **Bronze:** Exam-only option that provides in-network discounts for certain materials; benefits vary by carrier
- **Silver:** A PPO option that covers in- and out-of-network care
- **Gold:** An enhanced PPO option that covers in- and out-of-network care

Check This Out!

Remember, you can use funds from your HSA or Health FSA to pay for qualified vision expenses. For a complete list of qualified expenses, visit: <http://www.irs.gov/publications/p502>

Paying for Coverage

You'll pay the cost of vision coverage with before-tax dollars. Just like your medical and dental coverage, you get to decide how much you want to pay for coverage through the exchange. You can choose the coverage level you want from the insurance carrier offering it at the best price. How much you pay is based on the dependents you cover. You can enroll any combination of you, your spouse, and your children in the option you choose.

See How They Stack Up

Before you enroll, take advantage of an interactive pricing tool to help you compare the costs of your vision options. To access the pricing tool, go to the Make It Yours site (<https://dxc.makeityoursource.com>) and click **Compare Your Costs** on the homepage. You'll need to enter the access code **Medical2020**.

In-Network Benefits

	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	\$100 allowance ¹	\$200 allowance ¹
Lenses (Once per plan year; premiums lenses may cost more)			
Single Vision	Discount may apply	You pay \$20	You pay \$10
Bifocal			
Trifocal			
Standard Progressive ²			
Lenticular			
Lens Enhancements			
UV Treatment	Discount may apply	You pay \$15	You pay \$15
Tint (solid and gradient)		You pay \$15	You pay \$15
Standard Plastic Scratch-Resistant Coating		You pay \$15	You pay \$15
Standard Anti-Reflective Coating		You pay \$45	You pay \$45
Standard Polycarbonate—Adults		You pay \$40	You pay \$15
Standard Polycarbonate—Children		You pay nothing	You pay nothing
Other Add-Ons		Discount only	Discount only
Contacts			
Medically Necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$100 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	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price

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

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

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website (<http://www.yourbenefitsresources.com/dxc>) gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Benefit Summaries on the enrollment website.

Choose Your Vision Insurance Carrier

No matter which coverage level you select, you'll be able to choose from the following insurance carriers:

EyeMed

Before you're a member (preview site): <https://eyemedexchange.com/aon>

Once you're a member (website): <https://www.eyemedvisioncare.com/member/public/login.emvc>

Phone number: **1.844.739.9837**

MetLife

Before you're a member (preview site): <https://www.metlife.com/aon-exchange>

Once you're a member (website): <https://www.metlife.com/mybenefits>

Phone number: **1.888.309.5526**

UnitedHealthcare

Before you're a member (preview site): <http://welcometouhc.com/aon>

Once you're a member (website): <https://www.myuhcvision.com>

Phone number: **1.888.571.5218**

VSP

Before you're a member (preview site): <http://aon.vspexchange.com>

Once you're a member (website): <https://www.vsp.com/signon.html>

Phone number: **1.877.478.7559**

What Are People Saying About Their Experiences With Health Carriers?

Sometimes it really helps to see what other people think. See how others have rated their health carriers on the enrollment website at:

<http://www.yourbenefitsresources.com/dxc>

Share your own ratings and opinions with others too!

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

Voluntary Benefit Options

DXC offers several optional benefits to help you with your insurance, security, and health needs








Voluntary Benefit Options

You have additional benefit options to help with your insurance, security, and health needs.

DXC is pleased to offer several additional benefits:

- You can enroll in Auto & Home insurance at any time through a discount link on the DXC benefits page, and you will be billed directly.
- If you want to participate in any of the other programs you must enroll during benefits annual enrollment, and you will pay for these benefits through post-tax deductions from your pay (prices will be available during the annual enrollment process).

Programs	Carrier	Overview
Auto & Home Insurance		<ul style="list-style-type: none"> ▪ Discount provided via exclusive link; <u>no payroll deductions; you will be direct-billed</u> ▪ Access to discounted home, auto and other property insurance (e.g., boat, RV, renters) ▪ These are individual policies underwritten on an individual basis, therefore premiums will vary by employee
Legal Services	 as  A MetLife Company	<ul style="list-style-type: none"> ▪ Access to affordable network of 12,000 attorneys for you and your family ▪ Attorneys provide telephone and office consultations on unlimited number of personal legal matters (except employment issues) ▪ Topics include: family matters, real estate, estates, civil suits, elder care, money matters, vehicle/driving, and more
Identity Theft Protection		<ul style="list-style-type: none"> ▪ PrivacyArmor by InfoArmor provides identity theft protection, monitoring (including the dark web), restoration, and \$1M identity theft insurance for you and your family
Health Protection Plans (3 options) <ul style="list-style-type: none"> ▪ Hospitalization ▪ Critical Care ▪ Accident 		<ul style="list-style-type: none"> ▪ All health protection programs pay lump sum cash benefits, which are <u>in addition</u> to any coverage you receive from your primary medical insurance (i.e., no subrogation or coordination of benefits) ▪ You do not need to participate in a DXC medical plan to enroll ▪ Three health programs available: <ul style="list-style-type: none"> • Hospitalization • Critical Illness (you can elect a \$10k, \$20k, or \$30k face value) • Accident ▪ You can cover yourself and your dependents in one, two or all three plans ▪ Note: If you are otherwise eligible for an HSA, these plans are not considered “other medical coverage” that would make you ineligible.

Explore Your Voluntary Benefit Options

For more information about the voluntary programs, use the resources below:

Auto Home

Visit: www.metlife.com/DXC

Legal Services

Visit: <https://info.legalplans.com> (password: AONEXCH)

Identity Theft Protection

Visit: www.infoarmor.com/exchangeap

Hospitalization

For more program information, including FAQs and claim examples, visit:

<https://www.aetna.com/aon/hospital-indemnity>

For a plan summary, visit:

http://benefitsummary.avpenroll.com/media/1607/hospital-enrollkit_dxc-technology.pdf

Critical Illness

For more program information, including FAQs and claim examples, visit:

<https://www.aetna.com/aon/critical-illness>

For a plan summary, visit:

http://benefitsummary.avpenroll.com/media/1605/critical-illness-enrollkit_dxc-technology.pdf

Accident

For more program information, including FAQs and claim examples, visit:

<https://www.aetna.com/aon/accident>

For a plan summary, visit:

http://benefitsummary.avpenroll.com/media/1606/accident-enrollkit_dxc-technology.pdf

More Benefit Options



Flexible Spending Accounts

Consider whether the Health Flexible Spending Account (FSA) or Dependent Care FSA could save you money.

FSAs give you a way to pay for qualified health care and dependent care expenses with before-tax dollars. DXC offers two types of tax-advantaged FSAs: the Health FSA and the Dependent Care FSA. Both FSAs are administered by Your Spending Account™ (YSA).

Health FSA

You are eligible to participate in the Health FSA if you enroll in a Gold or Platinum medical option or waive medical coverage through DXC.

The Health FSA contribution limit is \$2,700 for 2020. Unlike an HSA, once you set your annual contribution during Benefits Annual Enrollment, you cannot change that amount during the year (except in the case of certain qualified life events).

And, with an FSA, you lose any unused money at the end of the year, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.

Use Your Health FSA Easily

It's your money, so it should be easy to access—and it is! In addition to being able to manage your account online, there are two ways to use your FSA to pay for expenses. You can use your FSA debit card or pay for your expenses up front and submit a claim to pay yourself back from your account.

Find a complete list of qualified expenses at <http://www.irs.gov/publications/p502>.

Using the DXC Health FSA

You'll have until March 31, 2021 to file claims for expenses incurred during the 2020 calendar year. The DXC Health FSA does not have a rollover feature; therefore, you cannot file claims for expenses incurred in 2021, even if you have funds remaining in your Health FSA at

Enrolled in the Bronze, Bronze Plus, or Silver Plan?

You're not eligible to enroll in a Health FSA, but are eligible for a Health Savings Account (HSA). See page 21 for more information.

Dependent Care FSA

A Dependent Care FSA may be used to reimburse yourself for qualified child and dependent care expenses. You may use this account without being enrolled in medical coverage.

The Dependent Care FSA contribution limit is \$5,000 (or \$2,500 if you are married and filing taxes separately) for 2020. Once you set your annual contribution during Benefits Annual Enrollment, you cannot change that amount during the year (except in the case of certain qualified life events).

And, like the Health FSA, you lose any unused money at the end of the year, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.

Your Spending Account is a trademark of Alight Solutions LLC.

Things to Consider

When deciding whether to enroll in FSAs, be sure to consider the following:

☒ Your medical option

You can participate in a Health FSA if you enroll in the Gold or Platinum medical option, or if you waive medical coverage through DXC.

If you enroll in a high deductible option—Bronze, Bronze Plus, or Silver—you cannot enroll in a Health FSA; however, you could enroll in an HSA which may be a better option (see page 21).

☒ Tax savings

Do you have moderate to high health care or dependent care expenses? If so, an FSA could help reduce how much you pay in taxes.

☒ Your expected expenses

Because you lose any unused FSA money at the end of the year, you need to carefully estimate your anticipated eligible expenses for the coming year. You should only set aside FSA dollars for eligible expenses you know to expect.

Life Insurance

Hope for the best, plan for the worst. Protect your loved ones.

Choose the amount of life insurance coverage that's right for you and your family.

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

MetLife is DXC's life insurance carrier.

*Federal tax law requires you to pay taxes on the cost of basic 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

Your basic life insurance benefit is one times your annual base earnings. This coverage amount is automatically provided as long as you remain eligible.

Supplemental Life Insurance

Have a lot of financial obligations? You may need more than basic life insurance to preserve your family's financial future. You have the option to purchase additional life insurance on yourself—at the coverage level of your choice.

Choose Your Coverage Level

COVERAGE	BENEFIT AMOUNT
Supplemental Life Insurance	One times base annual earnings
	Two times base annual earnings
	Three times base annual earnings
	Four times base annual earnings
	Up to a maximum of five times base annual earnings

Your total employee life insurance coverage—basic plus supplemental—can't exceed \$1,000,000.

Choose Your Beneficiaries

Your family depends on you for all kinds of things—including your pay. Make sure to choose the people and/or estate who should receive your life insurance benefit if you die.

Here's what you'll need to do:

- First, gather the Social Security numbers and birth dates for each beneficiary.
- Then, when you're enrolling in life insurance through the enrollment website, you'll be prompted to designate your beneficiaries.

You can change beneficiaries at any time. If you die and have no beneficiaries on file, the benefit may—or may not—eventually reach the individual(s) you would prefer. The result could be a significant delay in payment—or no payment at all—during an already challenging time for your loved ones.

Dependent Life Insurance

You have the option to purchase dependent life insurance for your spouse and children. You are the beneficiary for these coverages.

Choose Your Coverage Level

COVERAGE	BENEFIT AMOUNT
Spouse Life Insurance	\$5,000
	\$10,000
	\$25,000
	\$50,000
	\$75,000
	\$100,000
Child Life Insurance (child under age 25)	\$5,000
	\$10,000
	\$15,000
	\$20,000
	\$25,000

How Much Life Insurance Do You Need?

DXC provides you with basic life insurance. Is that enough? To get an idea of how much life insurance your family needs, use the life insurance estimator tool when you enroll.

Evidence of Insurability (EOI)

In order to buy certain levels of supplemental and spouse life insurance, you'll need to prove that you and/or your spouse are in good physical health. This is called providing evidence of insurability (EOI).

If EOI is required, you will get information on how to complete the EOI process from MetLife, DXC's life insurance carrier, following your enrollment. Coverage won't take effect until the carrier approves your coverage. If you don't submit the EOI form or it doesn't get approved, your coverage (and paycheck contributions) will reflect the highest level of coverage that doesn't require EOI.

Things to Consider

When deciding whether to enroll in supplemental and dependent life insurance coverage, be sure to consider the following:

☒ Cost per paycheck

The cost of supplemental and dependent life insurance coverage is based on the level of coverage you elect. You'll be able to see the cost per paycheck for all your options when you enroll through the enrollment website.

☒ Your family's needs

Remember that life insurance is intended to help protect your family financially if a covered family member dies. Would you have enough money to pay funeral expenses? Would you need to replace an income? Every situation is different, so consider your family situation carefully.

☒ EOI requirements

If you elect supplemental and spouse life insurance above a certain level, you and your spouse will be asked to provide EOI. Keep in mind, your EOI must be approved by the insurance carrier to get the level of coverage you elected.

Accidental Death and Dismemberment (AD&D) Coverage

Accidents happen. It's a fact of life.

But you *can* soften the financial impact of an accidental death or injury.

AD&D benefits protect your family financially in the event of a tragic accident. DXC automatically provides basic AD&D coverage for you free of charge. And, if you decide your family needs more protection, you can elect supplemental AD&D coverage.

Zurich is DXC's AD&D insurance carrier.

Note: You are the beneficiary if you're seriously injured as the result of an accident. The benefit paid is based on a percentage of your AD&D coverage amount, depending on your type of loss.

Basic AD&D

Your basic AD&D benefit is one times your annual base earnings. This coverage amount is automatically provided as long as you remain eligible for benefits with DXC.

Choose Your Beneficiaries
Just as with life insurance, you need to designate beneficiaries for your AD&D benefit. See the sidebar on page 39 for information on designating beneficiaries.

Supplemental AD&D

Perhaps you need more than basic AD&D coverage to preserve your family's financial future. You have the option to purchase additional AD&D coverage—at the coverage level of your choice.

Choose Your Coverage Level

COVERAGE	BENEFIT AMOUNT
Supplemental AD&D	One times base annual earnings
	Two times base annual earnings
	Three times base annual earnings
	Four times base annual earnings
	Up to a maximum of five times base annual earnings

Your total AD&D coverage—basic plus supplemental—can't exceed \$1,000,000.

Things to Consider

When deciding whether to enroll in supplemental AD&D coverage, be sure to consider the following:

☒ Cost per paycheck

The cost of supplemental AD&D coverage is based on the level of coverage you elect. You'll be able to see the cost per paycheck for all your options when you enroll through the enrollment website.

☒ Your life insurance election(s)

Remember that AD&D coverage is intended to help protect your family financially if you or a covered family member dies or suffers 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.**

Disability Coverage

Peace of mind when you can't work.

Could you pay your bills if an illness or injury prevented you from working? Disability benefits can help.

The Hartford is DXC's disability insurance carrier.

Short-Term Disability (STD)

STD insurance is available to you as a voluntary, employee-paid benefit. Your weekly STD 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. Because you pay for STD insurance with post-tax dollars, any benefits you receive will be tax-free.

Long-Term Disability (LTD)

You may purchase voluntary LTD insurance to pick up where your STD coverage ends in the event you become disabled for more than six months. This insurance pays a 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. Because you pay for LTD insurance with post-tax dollars, any benefits you receive will be tax-free.

Evidence of Insurability (EOI)

In order to buy STD and LTD coverage, you'll need to prove that you are in good physical health. This is called providing evidence of insurability (EOI).

If EOI is required, you will get information on how to complete the EOI process from The Hartford, DXC's disability insurance carrier, following your enrollment. Coverage won't take effect until the carrier approves your coverage. If you don't submit the EOI form or it doesn't get approved, you'll get the highest level of coverage that doesn't require EOI, if any.

Things to Consider

When deciding whether to enroll in disability coverage, be sure to consider the following:

☒ Cost per paycheck

For STD, the cost of coverage is based on the option you elect (seven-day or 30-day waiting period). You'll be able to see the cost per paycheck for each option when you enroll.

☒ Other income sources

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.

☒ Taxes

You pay for coverage with after-tax contributions. This means any benefits paid to you are tax-free.

☒ EOI requirements

If you elect disability coverage, you will be asked to provide EOI. Keep in mind, your EOI must be approved by the insurance carrier to get the level of coverage you want.

Commuter Reimbursement

Take the sting out of the morning commute.

Consider whether commuter reimbursement could save you money.

If you travel to work using public transit (such as trains, buses, subways, ferries, or vanpools) or pay for parking near work, commuter reimbursement gives you a way to pay for qualified commuter and parking expenses with before-tax dollars. (Note that tolls are not a qualified commuter expense.)

Commuter reimbursement benefits are administered by Your Spending Account (YSA). Through the enrollment website at <http://www.yourbenefitsresources.com/dxc>, you can order transit and parking passes, set up automatic renewals, track your order history, and more.

The IRS tax limits for 2020 are:

- Public transit expenses: \$270 per month
- Parking expenses: \$270 per month

For more information on qualified commuter expenses, see www.irs.gov/pub/irs-pdf/p15b.pdf.

Things to Consider

When deciding whether to take advantage of commuter reimbursement, be sure to consider the following:

☒ Tax savings

Do you have moderate to high commuter or parking expenses? If so, commuter reimbursement could help reduce how much you pay in taxes.

☒ Flexibility

Unlike other benefits, you do **not** have to enroll in commuter reimbursement during Benefits Annual Enrollment. You can start, stop, or make changes to your order throughout the year to meet your changing commuting needs.

Healthy Behaviors Wellness Program

Be well, get rewarded.

Nothing is more important than good health. Be your best at work and home.

DXC partners with RedBrick Health to offer the Healthy Behaviors Wellness program. If you enroll in a Bronze, Bronze Plus, or Silver medical option for 2020, you may participate in the program and earn incentives in the form of company contributions to your Health Savings Account* for completing certain wellness activities. Activities must be completed and submitted by November 30, 2020 to be eligible for incentives. Incentives are generally paid as earned, but please allow 3-4 weeks for processing.

If you enroll in an eligible plan, and will be participating in the wellness program for the first time, you will receive a welcome email from RedBrick Health at the beginning of the new plan year with instructions on how to register.

Below is a high-level description of the 2020 activities and table of incentives:

- **Health Screening:** Complete a biometric screening (e.g., blood pressure, cholesterol, glucose) during the plan year.
- **Health Assessment:** Complete self-reported online questionnaire.
- **Health Advisor Call:** Initiate a call to a RedBrick Health Advisor to review your Health Screening and Health Assessment.
- **RedBrick Health Program Participation:** Participate in an online or phone wellness coaching program, activity tracking, or wellness challenge.

Activity		Available Incentives Paid to Your HSA*	
		Employee Only	Employee + Spouse, Employee + Child(ren), Family
1	Health Screening	\$350	\$400
2	Health Assessment	\$75	\$75
3	Health Advisor Call	\$25	\$25
4	RedBrick Health program participation including Healthy Numbers	\$500 (\$125 per quarter)	\$1,000 (\$250 per quarter)
Total Annual Incentive Opportunity:		\$950	\$1,500

*If you have not opened an HSA at the time you complete the incentive-eligible activity, or are not eligible to do so, a Health Reimbursement Account (HRA) will be opened for you and your incentives credited here. Note that once an HRA has been set up, you won't be eligible to open and contribute to an HSA in the same plan year.

Life Services

Assistance with your daily life.

DXC recognizes that demands at work or home often make your life difficult and interfere with your job performance, therefore DXC offers several programs to help you manage your personal life. These are provided at no cost to you, and you do not have to enroll during the annual benefit enrollment process.

DXC LifeManagement Program

The **DXC LifeManagement** program can help you and your family members find solutions to the challenges you may face throughout all life stages. The program is a confidential service that is available within the United States 24 hours a day, 365 days a year.

The DXC LifeManagement program is administrated by Magellan Health Services, and provides in-person assessment, guidance, professional consultation, and resources in your community that can help. Services include counseling, tele-coaching, self-paced behavior change programs, assistance with child and elder care, legal and financial services, access to work life tools, and more.

In addition, **DXC LifeManagement Military** provides specialize EAP coaching and individualized support for active-duty military, reserves, and veterans, as well as their families. Get help with pre- and post-deployment planning, as well as transitioning to civilian life both at home and in the workplace.

For additional information on services available through the DXC LifeManagement program, or if you need EAP counseling, call 1.888.696.4272 (1.800.456.4006 TTY/TDD). Representatives are available 24/7 to assist. You can also access the program website as follows:

- Go to www.magellanascent.com
- If you are not already registered, you will need to register using your DXC work email address

Bright Horizons CareDirect®

Bright Horizons CareDirect provides employees with resources to locate short-term and ongoing care, as well as other support for the entire family. Under this benefit, employees have access to a free database for finding nannies and babysitters, tutors, housekeepers, elder care, pet care, and more. You can access CareDirect services at: <https://www.careadvantage.com/dxc>.

DXC Perks At Work

DXC Perks At Work is an employee discount program. Generally, the available offers are for discounts on shopping (e.g., clothing, electronics, automobiles), entertainment (e.g., movies, sporting events), and services (e.g., travel, car rental, home & auto insurance), and include some exclusive offers for DXC employees. Visit <https://www.perksatwork.com> to register.

Enroll

Now that you understand your choices, it's time to put it all together.



Get Answers, Get the Right Medical Option

Get confident in your choices.

Find answers to some really important questions—*before* you enroll. And breathe easy knowing the tools on the enrollment website (<http://www.yourbenefitsresources.com/dxc>) will make it easy to make it yours.

Ask yourself the following questions so when it's time to enroll, you'll be ready.

Which providers are in the carrier's network?

Why it matters: Seeing out-of-network providers will cost you more—sometimes a lot more. For example, you will have to pay more through a higher deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount. And certain Platinum options **won't** cover out-of-network services at all.

What to do: Choose an insurance carrier whose network includes providers (e.g., doctors, specialists, hospitals) critical to your care. Do **not** rely on your provider's office to know the carriers' network(s). To see which doctors participate in a carrier's network:

- Check out the insurance carrier preview sites on pages 23-24.
- When you enroll, check the networks of each insurance carrier you're considering on the enrollment website. For the best results, search for your provider by name—not medical practice—and only the office location where you will visit the provider.

Important! If you have *any* uncertainty or, for instance, if you will cover out-of-area dependents, you need to call the insurance carrier to confirm whether a provider participates in a carrier's network.

Check This Out!

About those provider networks: Did you know that most insurance carriers have multiple networks? Your doctor may be in some but not all of a particular carrier's networks, so always check that your doctor is in the network your particular plan is using. You can do that by visiting the carrier preview sites listed on pages 23-24.

Even if you can keep your current insurance carrier, the provider network could be different and can change from year to year, so *always* check the provider networks before making a decision.

How will my prescriptions be covered?

Why it matters: Each medical insurance carrier's pharmacy benefit manager has its own rules about how prescriptions are covered. To avoid potentially costly surprises, you need to do your homework.

What to do: If you or a covered family member regularly takes medication, make sure you're comfortable with the carrier's coverage for drugs you and your covered family members need:

- Call the medical insurance carrier *before* you enroll. See a list of questions to ask each carrier you're considering on pages 16-17.
- If you're currently taking a more expensive brand name prescription drug, ask your doctor (or pharmacist) if a generic is available to you.
- When it's time to enroll, you can use the prescription drug search tool to look up your medication, see how it will be classified, and more.

Which medical coverage level is best for me?

Why it matters: You want to get the right amount of coverage for your needs at the best price. The enrollment website can help you choose the right coverage level and get the best deal.

What to do: If you need help deciding, there are tools to help you on the enrollment site:

- See which option could work best for you. By answering a few questions, you can see which coverage level might be a good fit for you and your family.
- Compare your options side by side when you enroll. Just check the boxes next to medical options you want to review and click Compare. You can quickly see which options cost more out of your paycheck and which options cost more when you get care. (You may also find Summaries of Benefits and Coverage for comparison on the enrollment website.)

Which medical insurance carrier is best for me?

Why it matters: All insurance carriers are different. Each carrier will offer its own price for each coverage level. With the enrollment website, you'll be able to see all of the prices in one place. (**Note:** The benefits provided under a coverage level will be very similar across carriers, but there could be some differences.)

What to do: If you need help deciding:

- See how other people rate their health carriers on the enrollment website at <http://www.yourbenefitsresources.com/dxc>. Share your own ratings and opinions with others too!
- Compare the details when you enroll online by checking the boxes next to medical options you want to review and clicking Compare. That makes it easy to see which carrier is offering you the best deal. (You may also find Summaries of Benefits and Coverage for comparison on the enrollment website.)
- Browse the carrier preview sites (see pages 23-24) to learn about programs, tools, and other considerations that could influence your decision.

Like Shortcuts? Find the Right Medical Option

The “Help Me Choose” feature combines data from several sources for a *fast and easy* way to identify the best choices for you. Just click **Help Me Choose** after seeing your health care credit amount from DXC when you enroll, and then answer a few questions about your preferences.

The result? Each medical option is given a score—a single number—so you can quickly see which options are most compatible with your needs.

Questions?

Start with the FAQs on the Make It Yours website (<https://dxc.makeityoursource.com>). When you enroll, customer service representatives will be available at the DXC Benefits Center from 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, to answer questions. Just call **1.877.627.4015**.

Make It Yours

- ☑ You got answers and you're feeling good. Now it's time to log on to the enrollment website at <http://www.yourbenefitsresources.com/dxc> to enroll in your benefits for 2020.

Logging on for the first time? From the enrollment website, register as a new user and follow the prompts to provide requested information and set up your username and password.

- ☑ Following your enrollment, you may still need to take action. If you do, the required follow-ups will appear on a confirmation page.

For more information about DXC health and welfare benefit programs and eligibility rules, please refer to the DXC Employee Benefits Guidebook and Summary Plan Description available on HRConnect at <https://dxchr.service-now.com/hrportal> (search for article KB0019420).

This overview of 2020 changes serves as a Summary of Material Modifications (SMM), providing information on various DXC Technology Company benefit plan changes that take effect January 1, 2020. 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.