

U.S. Benefits

How do you benefit?



From selecting what benefit plans are best suited for you to accessing your benefit services, the process can feel somewhat overwhelming. At World Wide Technology, we take pride in being your resource every step of the way by providing you the assistance and support you need. Below you will find answers to commonly asked questions about open enrollment and accessing your benefit services.

When is Open Enrollment?

Eligible employees will be able to enroll between **November 6th and November 17th** for coverage beginning 1/1/2024. Changes outside of this time frame require a qualified life event.

What are some of the enhancements for 2024?

To improve value and create choice for our employees and their family members, we made the following changes:

NEW:

- Voluntary Insurance Options: Critical Illness & Hospital Care
- Sharecare Wellbeing Platform (available to all global employees)
- Hinge Health Virtual Physical Therapy
- Mile Marker 1-Year Service Award Added (available to all global employees)

ENHANCEMENTS:

- 2024 OE ONLY: Voluntary Life Insurance for employee and spouses can be newly elected or increased by up to 5 increments, subject to guaranteed issue limits, without requiring evidence of insurability.
- Voluntary Accident Insurance rate improvements.
- FSA limits increase: Health Care FSA \$3,050/annual & Parking/Commuter Transit \$300/month.

See the [Open Enrollment website](#) for more details on these plan enhancements!

How does our Health Plan compare to other employers?

We regularly evaluate our Health Plan against other employers, in and out of the Technology industry, to ensure we offer a competitive plan with cost shares that do not cause extreme financial burden to our employees and their family members.

When comparing, we consider two important factors 1) Cost & Contributions (what you pay for coverage out of your paycheck and when you seek care) and 2) Plan Design (copay, deductible & coinsurance levels are competitive). Here is how we compare* in these areas:

1) Cost & Contributions

- WWT covers **90%** of an employee's overall health care cost as compared to an average of 72% across other companies in the Technology industry.

2) Plan Design

- WWT plan copays, deductibles & coinsurance are lower than that of our competitors in the Technology industry. Our actuarial value (richness of our health plan) for the WWT Health Plan is **96%** as compared to 88% across other companies in the Technology industry. This means for every \$100 in health care expenses, WWT pays \$96!

*Data collected from Willis Towers Watson annual Financial Benchmark Survey. When evaluating "ALL" Companies and not just Technology industry, our competitiveness is more favorable.

U.S. Benefits

How do you benefit?



How do I enroll?

The benefit enrollment system is conveniently located in Vantage. Go to **UNITED**> Applications Menu> **VANTAGE**> Benefits Tab> Open Enrollment Tile or use the Mobile App. You will be prompted to verify your personal information, add dependents, and enroll in coverages. Click the **Submit** button to proceed and review your final coverage selections. Once elections are submitted, **save a copy** of your confirmation statement to keep for your records.

Did the cost of health premiums increase?

WWT is happy to announce that once again, there will be **NO Health Premium Increases** for our benefit plan, which includes medical, dental, vision & prescription, offered through WWT for the 2024 plan year! Premiums are as follows:

- Employee Only- \$25/month
- Employee + Spouse- \$90/month
- Employee + Child(ren)- \$70/month
- Family- \$145/month

*WWT's cost is increasing by 9% for 2024 but we are not passing along this increase to employees. However, for those that have Domestic Partner coverage, this increase of the employer paid amount may result in increased taxes.

Do I have to enroll? Will my 2024 elections default if I take no action?

This is a passive election for most coverage options which means most will default to the current election. However, employees **must** take action to **elect Flexible Spending Account** (FSA, Dependent Care & Commuter Transit) contributions. FSA elections do not roll over from year to year so new elections must be made each year. Employees may also want to review the NEW Voluntary Critical Illness & Hospital Care Insurance and Voluntary Life Insurance options during this open enrollment opportunity. It is also good practice to review your beneficiary for Life Insurance each year.

Note: Some programs such as Pet Insurance & Maternity Management require enrollment outside of the Vantage system. See the Benefit Brochure for additional information.

Can I only enroll in medical coverage and decline dental, vision and prescription?

No, the WWT plan is a bundled Health Plan to include all lines of coverage. When you enroll in health insurance you are enrolling in everything: medical, prescription, dental, and vision. You cannot choose to only enroll in one.

I am a new hire. Do I enroll during Annual Enrollment?

November new hires will need to enroll first in their 2023 coverage in Vantage. Once the 2023 coverage is confirmed, you will automatically have the ANNUAL ENROLLMENT event. *Be sure you complete BOTH enrollments!

December new hires will have an ANNUAL ENROLLMENT event only for 1/1/2024 coverage.

*If a NEW HIRE does not complete the additional enrollment event in Vantage, coverage will not be elected for 2024. Please be sure to double check both elections.

What if I have a life event (i.e.: birth of child, marriage, loss of external coverage) during open enrollment?

If you have a life event during open enrollment, you will need to create a life event in Vantage by

U.S. Benefits

How do you benefit?



choosing “Declare an Event” under the “Report a Life Event” tile on the benefits dashboard. Go to **UNITED**> Applications Menu> **VANTAGE**> Benefits Tab> Report a Qualifying Change> Declare an Event.

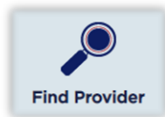
This is a 2 STEP process! Once you complete and receive a confirmation of this transaction, you will then have to click on the open enrollment tile on the benefits dashboard and update your benefits to reflect the same change made previously with the life event. You will also receive a confirmation when this is completed.

MEDICAL (Excludes HI UHA plan)

How can I confirm if my health care provider(s) are in the network, Cigna Open Access Plus (OAP), with Allegiance?

Log on to Allegiance’s website at www.askallegiance.com and follow the steps below OR call **855-999-3893** if you need assistance.

- Click “Find Provider”

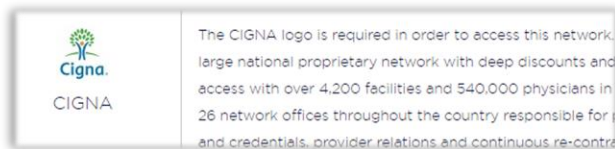


- Type “Search” in the Participant ID field, click Search & accept the disclaimer

Participant Id

Q Search

- Select Provider Network: Cigna



- Click accept to proceed to the Cigna provider search

(Accept)

Continue to Cigna Provider Search page

- If presented with a Login screen, choose “Continue as guest” and select “Open Access Plus, OA plus, Choice Fund OA Plus” to search the CIGNA directory of medical providers.

Will I receive new I.D. cards?

No, for those that are currently enrolled, no new cards will be issued. I.D. cards will be sent out for anyone newly enrolling in coverage for 2024 or making changes to covered dependents. For newly enrolled or changes, if you do not receive a card by the beginning of January, verify your address is

U.S. Benefits

How do you benefit?



correct in Vantage and contact Allegiance to request a new card be mailed to you. Please watch your mail carefully as these cards may arrive in an unmarked envelope and can appear to be solicitation.

Two I.D. cards will be sent in the original welcome packet. Members can order additional cards, if needed, by contacting Allegiance.

Can I generate a temporary I.D. card?

Active participants can generate a temporary I.D. by logging in at www.askallegiance.com and clicking the ID Card tab in the portal or by logging in to the app.

Below is a sample I.D. Card:

World Wide Technology 270/271 520 Transactions-Payer ID: 81040
1-855-669-3893
www.askallegiance.com

Allegiance
A Cigna Company

Member
WORLD WIDE TECHNOLOGY
Group ID No.: 2001063
Covered Person: JOHN SAMPLE
Participant ID#: SMPL0001
Type of Coverage: Medical Effective Date:
Dependent(s): JANE SAMPLE, JIMMY SAMPLE

Medical Network
Open Access Plus
Cigna
No Referral Required
Medical Benefits: In Network: Non Network:
Ind Deductible: \$250/\$500 \$1,000/\$2000
Ind Out of Pocket: \$2,000/\$4000 \$6,000/\$12,000
Pharmacy Plan
RxBn: 003858
PCN: A4
RxGrp: JTEA
Customer Service: 1-888-310-4045
Pharmacist Use Only: 1-800-922-1557
express-scripts.com

Claims Submission
Submit Medical Claims to:
Cigna PO Box 185061
Chattanooga, TN 37422-8061
Payer ID: 62326
270/271 EDI Transactions-Payer ID: 81040

Utilization
Call 1-800-342-8510 for Pre-Certification for inpatient hospital stays, Pre-treatment Reviews for certain outpatient procedures listed in your Plan Document and to report all emergency admissions within 72 hours.
We encourage you to use a PCP as a valuable resource and personal health advocate.

Important Numbers
24 Hr Medical Coverage Verification: 1-406-523-3199
Allegiance Customer Service: 1-855-669-3893
Visit Our Website at: www.askallegiance.com
Vision Plan-EyeMed: 1-866-800-5457
Employee Assistance Program: 1-800-356-0845
This card does not guarantee eligibility or payment.

Dental Plan
DELTA DENTAL
Submit Dental Claims to:
Delta Dental of Missouri
PO Box 4690
St. Louis, MO 63126
www.deltadentalmo.com
1-800-335-8266 or 1-314-656-3001

ARMY FROM HOME CARE

How do I instruct my doctor or facility to verify my coverage?

Your doctor or facility can verify active coverage by reviewing your I.D. card. If your doctor or facility is still unable to verify active coverage in the insurance company's system, you can direct your doctor or facility to contact Allegiance at the 24-hour medical coverage verification number listed on the back of your card.

Dental (Excludes HI UHA plan)

How can I confirm if my Dentist is in the network under Delta Dental?

Log on to Delta Dental's website at www.DeltaDentalMO.com OR call **800-335-8266** if you need assistance. **Choose Find a Provider in the menu bar at the top of the page and click Find a Dentist.** Please note that Delta Dental operates two different networks – PPO and Premier. The benefit plan with WWT is the same regardless of which network your dentist participates in. Be sure to check both networks for your dentist's participation.

What is the difference with the Dental Buy Up plan?

The Dental Buy Up plan offers employees the option to select a higher level of coverage including Adult Orthodontia and increased Annual Maximum as well as Orthodontia Lifetime Limit.

Dental Buy Up premiums are as follows:

- Employee Only- \$2/month
- Employee + Spouse- \$5/month
- Employee + Child(ren)- \$3/month
- Family- \$7/month

U.S. Benefits

How do you benefit?



Plan Provision	Health Plan Standard Dental	Dental Buy Up
Deductible (Employee/Family)	\$50/\$150	\$50/\$150
Annual Maximum	\$1,500	\$2,000
Preventive/Diagnostic	100%	100%
Basic Services (+Oral Surgery/Endodontics/Periodontics)	80%	80%
Major Services	50%	50%
Orthodontia	50% (Child(ren) only)	50% (all members, including adults)
Orthodontia Lifetime Limit	\$1,500	\$2,000

See the Dental Buy Up details on the Open Enrollment Website for more information

How do I enroll in the Dental Buy Up?

- In the enrollment system, go to the "Cigna PPO Plan" tile and click "Change Plan". If no changes to covered individuals, you can also click "Update response" at the bottom of the tile.

✔ Your Elections (11)

Medical
Change plan

CIGNA PPO Plan Effective Date: Jan 1, 2023

Who's covered (Employee + Spouse)
You and ~~last text~~ are covered

Survey Update response

Dental BuyUp (Yes, I would like to enroll in the Dental Buy Up plan)

\$45.00

- Once you have verified your current Health Plan and confirm who is covered, click "Save selected plan". You will then see the pop-up message with the Dental Buy Up enrollment option. Click "continue" once you have selected yes or no.

CIGNA PPO Plan

✕

DENTAL BUY UP: this enhanced plan includes orthodontia coverage for all enrolled members, including adults, and increases the annual and orthodontia maximum compared to the standard plan offering. The coverage tier must be the same as you have selected in the Health Plan. Monthly rates: Employee Only \$2, Employee + Spouse \$5, Employee + Child(ren) \$3, Family \$7.
Do you want to enroll in the Dental Buy Up plan?

Yes, I would like to enroll in the Dental Buy Up plan

No, I do not want to enroll in the Dental Buy Up plan

Cancel
Continue

U.S. Benefits

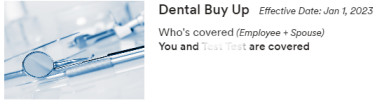
How do you benefit?



IMPORTANT: the Dental Buy Up option is selected on top of the Standard plan and the tier of coverage (Employee Only, Employee + Spouse, Employee + Child(ren), Family) will match your Health Plan selection. The Buy Up Dental plan cannot be selected alone, nor can it be selected in a different coverage tier than the Standard Dental plan.

- You will then see the tile confirming your Dental Buy Up election and the corresponding rate on the main elections page:

🔍 Dental Buy Up [Learn more](#)



Dental Buy Up Effective Date: Jan 1, 2023
Who's covered (Employee + Spouse)
You and Spouse are covered

\$2.50

- You will also see the Dental Buy Up on the confirmation statement:



Dental Buy Up

✔ **Dental Buy Up**

Effective Date: Jan 01

\$2.50

Before-tax: \$2.50

Can I select the Dental Buy Up as a stand-alone option with a different tier of coverage than the Health Plan Standard Dental?

No, the Dental Buy Up option is selected on top of the Standard plan and the tier of coverage (Employee Only, Employee + Spouse, Employee + Child(ren), Family) will match your Health Plan selection. The Buy Up Dental plan cannot be selected alone, nor can it be selected in a different coverage tier than the Standard Dental plan.

My provider billed up front for orthodontia services. What should I consider if evaluating dropping the Buy Up for next year?

The orthodontic benefit is calculated monthly and paid quarterly over the duration of the orthodontic treatment, after the initial down payment. An average orthodontic treatment plan is 24 months, but it can vary from 12 to 36 months. If your membership is terminated before an orthodontic treatment plan is completed, coverage will be provided only to the end of the month of termination. Therefore, it is recommended you verify when the orthodontic treatment plan is finished with your provider and the amount of the orthodontic lifetime maximum used, before making an adjustment to your dental election.

Delta Dental of Missouri's Customer Service team can assist if you want to know the amount of the orthodontic lifetime maximum used.

U.S. Benefits

How do you benefit?



Flexible Spending Account (FSA)

Do I have to make a new election each year for Health Care FSA &/or Dependent Care?

Yes, new elections are required to be made each year for Flexible Spending Accounts. Current elections do not carry over each year so it is critical to complete the enrollment process annually if you would like to participate in an FSA.

Can I change my Health Care FSA/Dependent Care election in the middle of the year (after Open Enrollment)?

Changes are allowed mid-year for qualified life events such as marriage, birth, divorce, etc. However, if a qualified life event is not present, we cannot make changes to an FSA.

Will I receive a new Card?

Participants who newly elect FSA for 2024 will receive a new card. If you do not receive a card by the beginning of January, verify your address is correct in Vantage and contact P&A Group to request a new card be mailed to you. Please watch your mail carefully as these cards may arrive in an unmarked envelope and can appear to be solicitation.

For participants who elected FSA previously and again in 2024, your current cards will remain active for 2024 elections.

What if I don't use my funds in these accounts by the end of the year?

Employees have until March 15th of the following year to submit claims incurred in 2023 or through the grace period of March 15th, 2024. Any flexible spending account balances remaining after this date are forfeited, per IRS regulations.

Who do I contact for additional details on the FSA Account?

P&A customer service team can be reached at **800-688-2611**. You will also find additional information on the [Open Enrollment website](#).

Voluntary Life Insurance

If I did not previously elect Voluntary Life Insurance, or would like to increase my amount to the guaranteed limits, can I do so during open enrollment?

Yes, for this open enrollment only, if you currently do not have voluntary life insurance or are below the guaranteed issue amount of \$300,000, you can newly elect or increase your coverage up to 5 increments or the guaranteed issue level.

If you currently do not have voluntary spouse life insurance or are below the guaranteed issue amount of \$50,000, you can newly elect or increase your coverage up to 5 increments or the guaranteed issue level.

Any amounts of life insurance selected above the guaranteed issue limits will be subject to submit health documentation for Evidence of Insurability (EOI) to be approved for the selected amount. The enrollment system will navigate you to the Evidence of Insurability (EOI) process with New York Life.

U.S. Benefits

How do you benefit?



Supplemental Health: Accident, Critical Illness & Hospital Care

What is Supplemental Health Insurance?

Starting in 2024, WWT will be offering 3 different voluntary options for supplemental health through Cigna. These options are separate elections and available for varying coverage reasons. Employees may elect any option available:

- Voluntary Accidental Health Insurance- coverage where the policy holder is paid directly in the event of an accident resulting in injury. Covers emergency room visits, hospitalizations, broken bones, burns, concussions, cuts requiring stitches, and more. Rates for this benefit, which is currently offered, are improved for 2024.
- **NEW:** Voluntary Critical Illness Insurance- coverage where the policy holder is paid directly in the event of a diagnosed health condition. Covers cancer, chrohn's, kidney failure, heart attack, stroke, and more.
- **NEW:** Voluntary Hospital Care Insurance- coverage where the policy holder is paid directly in the event of a covered hospital stay. Covers in-patient procedure, hospital stay or birth of a child, and more.

In addition to the potential claim payout, each plan offers one annual benefit of \$50 for completing a preventive wellness screening.

Premiums and payouts will vary by level/tier of coverage and incident/diagnosis. You will find additional information on the [Open Enrollment website](#). Cigna service support can also be reached at **800-754-3207**.

Dependent Verification

Am I required to verify my dependents each year during Open Enrollment?

No, only newly enrolled dependents will be required for verification of eligibility.

Where do I submit my dependent verification documents?

Dependent Verification documents need to be uploaded to Vantage > Benefits > View Verification. If you have any questions about your documents and their status, please call DVS at **800-553-3823**.

How long do I have to complete the dependent verification?

You have 30 days from the date you made your elections in Vantage to submit the required documents.

Additional Information

For more information on 2024 Open Enrollment, check out the resources on the WWT Open Enrollment website:

<https://www.wwt.com/open-enrollment>

Current 2023 benefit plan details can be found on the WWT Benefits website www.wwt.com/us-benefits or in the forms library: United> US Benefits> Benefits Tab> Benefits Information.