

US Benefit Updates

2025

Gold Plan Cost Example

What's Changing?

In-network coverage is changing from 100% to 90%. Employee pays 10% of charges <u>up to the out-of-pocket maximum</u> for medical expenses (surgery, inpatient/outpatient, hospitalization, etc.) after the deductible is met.

Copays, Deductibles, and Premiums Stay the Same!

EXAMPLE of how Coinsurance will work:

Jane has surgery:

- Total cost of inpatient surgery \$40,000
- Inpatient copay= \$250
- Deductible= **\$250**
- Jane's coinsurance= \$1,500 (out of pocket max of \$2,000 reached)
- WWT Plan pays the rest!

Out of Pocket Max of \$2,000 includes copays, deductible & coinsurance.



Platinum Plan Cost Example

What's Changing?

Only the monthly premiums. Your In-Network Coinsurance remains at 100% (as it is with the current plan), however, your monthly premiums increase.

This plan will cover **100**% of in-network medical expenses (surgery, inpatient/outpatient, hospitalization, etc.) after the deductible is met.

Example:

Jane has surgery:

- Total cost of inpatient surgery \$40,000
- Inpatient copay= \$250
- Deductible= \$250
- Jane's coinsurance= \$0
- WWT Plan pays 100% beyond the copay and deductible!

Out of Pocket Max \$2,000 includes copays, deductible & coinsurance.

Current 2024 Plan			Platinum PPO Plan		
Monthly Premiums:					nthly miums:
Employee Only	\$25	/month	Employee Only	\$40	/month
Employee + Spouse	\$90	/month	Employee + Spouse	\$14	0/month
Employee + Child(ren)	\$70	/month			
Family	\$14	5/month	Employee + Child(ren)	\$11	0/month
			Family	\$24	0/month
Plan Design:					
Deductible	In-N	Network	Plan Design:		
Individual		\$250	Deductible	In-N	letwork
Family		\$500	Individua	al	\$250
Copay			Famil	У	\$500
PCP/Specialist		\$15/\$25	Copay		
·			PCP/Specialis	st	\$15/\$25
ER		\$125	E	₹	\$125
Out of Pocket Maximum			Out of Pocket Maximum		
Individual		\$2,000	Individua	al	\$2,000

\$4,000

100%

Monthly Premium Increases:

Family

Coinsurance

- EE Only= + \$15/month
- +Spouse= + \$50/month
- +Child(ren)= + \$40/month

Coinsurance

Family

\$4,000

100%

• Family= + \$95/month

Spousal Surcharge

If you enroll a spouse/domestic partner who is offered other employer health coverage but choose to enroll in the WWT plan, a \$100/month surcharge will be added on top of Health Plan premiums.

NOTE: Only applies to employees whose annual earnings are \$100,000 or higher.

Gold PPO Plan + Spousal Surcharge	Platinum PPO Plan + Spousal Surcharge
Employee Only = \$25/month	Employee Only = \$40/month
Employee + Spouse: \$90 + \$100 = \$190/month	Employee + Spouse: \$140 + \$100 = \$240/month
Employee + Child(ren) = \$70/month	Employee + Child(ren) = \$110/month
Family: $$145 + $100 = $245/month$	Family: $$240 + $100 = $340/month$

Spouses account for **only 21% of the enrolled population yet they experience 33% of the total spend** on the WWT Health Plan. We encourage employees to have their spouses/domestic partners evaluate the coverage offered by their employer to determine which plan is financially more suitable.



How do these plans compare?

When evaluating other employer plans, WWT Plan options are still the most competitive and rich plans available compared to the Technology Industry Benchmark.

Premiums, deductibles, copays, and out of pocket maximums are all lower!

Platinum PPO Plan	
	Monthly Premiums:
Employee Only	\$40/month
Employee + Spouse	\$140/month
Employee + Child(ren)	\$110/month
Family	\$240/month
Plan Design:	
Deductible	In-Network

Plan Design:	
Deductible	In-Network
Individual	\$250
Family	\$500
Copay	
PCP/Specialist	\$15/\$25
ER	\$125
Out of Pocket Maximum	
Individual	\$2,000
Family	\$4,000
Coinsurance	100%

Gold PPO Plan	
	Monthly Premiums:
Employee Only	\$25/month
Employee + Spouse	\$90/month
Employee + Child(ren)	\$70/month
Family	\$145/month

Plan Design:		
Deductible	In-Network	
Individual		\$250
Family		\$500
Copay		
PCP/Specialist		\$15/\$25
ER		\$125
Out of Pocket Maximum		
Individual		\$2,000
Family		\$4,000
Coinsurance		90%

Benchmark (Tech Industry)
Monthly Premiums:
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\$151/month
\$131/IIIOIIIII
\$417/month
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\$343/month
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\$591/month
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In-Network	
	\$500
	\$1,400
	\$20/\$35
	\$150
	\$2,750
	\$5,900
	90%



Spousal Surcharge Comparison

- For those eligible for the Spousal Surcharge, the \$100/month additional premium is aligned with industry benchmark on other employer plans.
- Considering the additional premium that may be added under the surcharge, our premiums are still well below industry benchmark in total.

Gold PPO Plan				
Monthly Premiums:		Plus \$100 Surcharge:	Benchmark:	
Employee + Spouse	\$90/month	\$190/month	\$417/month	
Family	\$145/month	\$245/month	\$591/month	

Platinum PPO Plan					
Monthly Premiums:		Plus \$100 Surcharge:	Benchmark:		
Employee + Spouse	\$140/month	\$240/month	\$417/month		
Family	\$240/month	\$340/month	\$591/month		



