

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 4th and November 15th** for coverage beginning 1/1/2025. Changes outside of this time frame require a qualified life event.

What are some of the changes for 2025?

CHANGES:

- **Gold PPO** Plan: Employees will be given the choice to keep the same **monthly premium** as the 2024 plan option, but there will be a shift in the amount WWT covers, from 100% to 90% after deductible for some services.
- **Platinum PPO** Plan: Employees will be given the choice to keep the same **health plan coverage** as the 2024 plan option, providing 100% coverage after deductible, for an increased premium.
- **Spousal Surcharge**: A \$100/month spousal surcharge will be applied to employees earning \$100k or more annually. This only applies if a spouse/domestic partner is offered coverage through their employer but is enrolled in the WWT Health Plan.

ENHANCEMENTS:

- Vision: our frame and contact lense allowance is increasing from \$140 to \$150.
- 2025 OE ONLY: Voluntary Life Insurance for employee and spouse/domestic partners can be newly elected or increased by up to 5 increments, subject to guaranteed issue limits, without requiring evidence of insurability.
- Voluntary Life Insurance premium improvements.
- Voluntary Legal & ID Theft premium improvements.
- FSA limit increase: Health Care FSA \$3,200/annual.

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.

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 **95%** in the Platinum Plan & **93%** in the Gold Plan as compared to 90% across other companies in the Technology industry. This means for every \$100 in health care expenses, WWT pays \$95 or \$93, depending on your plan!

*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 (wwt.com)**> App Menu> **VANTAGE**> Benefits > Click Enroll 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 confirmed, **save a copy** of your confirmation statement to keep for your records.

Do I have to enroll? Will my 2025 elections default if I take no action?

This is a semi-passive election which means most will default to the current election. Employees who are currently enrolled in the Health Plan will default to the new Platinum PPO Plan and will need to actively change the plan to the Gold PPO, if desired. 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. 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 2024 coverage in Vantage. Once the 2024 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 1/1/2025 coverage.

*If a NEW HIRE does not complete the additional enrollment event in Vantage, coverage will not be elected for 2025. 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 choosing "Declare an Event" under the "Report a Life Event" tile on the benefits dashboard. Go to **UNITED (wwt.com)**> App Menu> **VANTAGE**> Benefits> 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. Newly enrolled dependents will require verification of eligibility.

U.S. Benefits

How do you benefit?



MEDICAL (Excludes HI UHA plan)

What is the difference between the Gold PPO Plan and the Platinum PPO Plan? Which plan is right for me?

Both plans offer the same medical services, copays, deductibles and free preventive care. The only difference between the two plans are the premiums you pay from each paycheck for coverage and the amount you pay after the deductible is met (coinsurance).

Consider your typical health care experience when deciding which plan to choose:

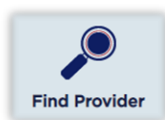
- The **Platinum Plan** will have higher premiums from each paycheck but is the same **coverage** you have in place for 2024. This plan will cover 100% of in-network medical expenses after the deductible is met. This plan may be right for you if you tend to have high health care costs (surgery, inpatient/outpatient treatment, hospitalization, etc.) or if you prefer to have no change in your coverage from the current plan.
- The **Gold Plan** will have current **premium** amounts from each paycheck but will include a 10% coinsurance. This plan will cover 90% of in-network medical expenses after the deductible is met, up to the out-of-pocket max. This plan may be right for you if you tend to have low health care costs (surgery, inpatient/outpatient treatment, hospitalization, etc.) or if you prefer to have no change in your premiums from today.

For information on premiums and other plan details, please visit the [Open Enrollment website](#).

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**

 CIGNA	The CIGNA logo is required in order to access this network. large national proprietary network with deep discounts and access with over 4,200 facilities and 540,000 physicians in 26 network offices throughout the country responsible for and credentials, provider relations and continuous re-contra
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U.S. Benefits

How do you benefit?



- 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 2025 or adding covered dependents. For newly enrolled or changes, if you do not receive a card by the beginning of January, verify your address is 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 digital I.D. card?

Active participants can generate a digital 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

To Verify Eligibility and Benefits
270/271 EDI Transactions-Payer ID: 81040
1-855-999-3893
www.askallegiance.com



Member

WORLD WIDE TECHNOLOGY

Group ID No.: 2001063

Covered Person: JOHN SAMPLE

Participant ID#: SMPL0001

Type of Coverage	Effective Date
Medical	

Dependent(s)
JANE SAMPLE
JIMMY SAMPLE

Medical Network



Copy: PC \$15; SP \$25; UC \$50; ER \$125

No Referral Required

Plan: Platinum	In Network	Non Network
Ind/Fam Deductible	\$250/\$500	\$1,000/\$2,000
Ind/Fam Out of Pocket	\$2,000/\$4,000	\$6,000/\$12,000

Pharmacy Plan

RxBin: 003858

PCN: A4


RxGrp: JTEA

 EXPRESS SCRIPTS*

Customer Service: 1-888-310-4045
Pharmacist Use Only: 1-800-922-1557
express-scripts.com

Front of Card: Gold Plan

To Verify Eligibility and Benefits
271 EDI Transactions-Payer ID: 81040
1-855-999-3893
www.askallegiance.com



Medical Network



Copy: PC \$15; SP \$25; UC \$50; ER \$125

No Referral Required

Plan: Gold	In Network	Non Network
Ind/Fam Deductible	\$250/\$500	\$1,000/\$2,000
Ind/Fam Out of Pocket	\$2,000/\$4,000	\$6,000/\$12,000

Pharmacy Plan

RxBin: 003858

PCN: A4

RxGrp: JTEA

 EXPRESS SCRIPTS*

Customer Service: 1-888-310-4045
Pharmacist Use Only: 1-800-922-1557
express-scripts.com

Front of Card: Platinum Plan

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.

U.S. Benefits

How do you benefit?



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:

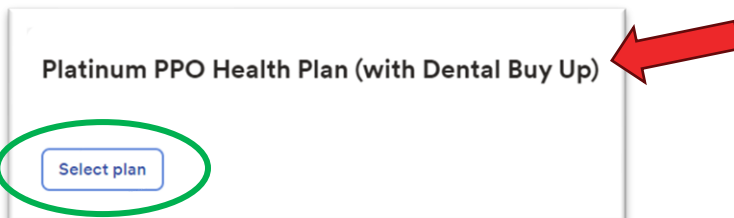
- Employee Only- \$2/month
- Employee + Spouse- \$5/month
- Employee + Child(ren)- \$3/month
- Family- \$7/month

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 "Medical" tile and click "Change Plan". Once you have verified your covered family members, click "Select plan" under the plan option showing "with Dental Buy Up". Save your selection.



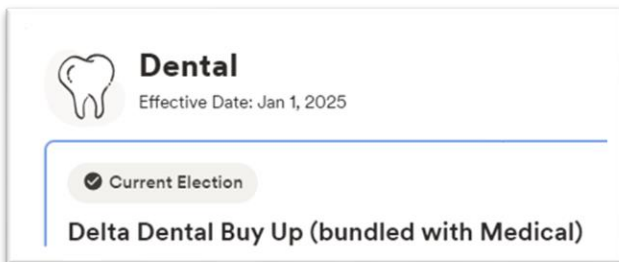
U.S. Benefits

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:



- You will also see the Dental Buy Up on the confirmation statement along with the corresponding rate.

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.

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.

U.S. Benefits

How do you benefit?



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 FSA Card?

Participants who newly elect FSA for 2025 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 2025, your current cards will remain active for 2025 elections.

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

Employees have until April 30th of the following year to submit claims incurred in 2024 or through the grace period of March 15th, 2025. 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 [WWT Benefits 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 (\$10,000 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 (\$5,000 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.

Spousal Surcharge

What is the Spousal Surcharge?

The Spousal Surcharge is an additional premium amount for those spouses/domestic partners who are offered other employer sponsored health coverage but choose to enroll in the WWT plan instead. This is only applied to those individuals earning \$100k or more annually. The surcharge is not added to those whose spouse/domestic partner are not offered other employer sponsored health coverage or

U.S. Benefits

How do you benefit?



spouse/domestic partners who also work at WWT. Eligible employees will be asked to attest to their spouse/ domestic partner's employer health care offering during open enrollment.

How much is the surcharge?

The surcharge is \$100/month (\$50/semi-monthly) and is in addition to your Health Plan premiums.

Why is WWT adding a Spousal Surcharge?

The surcharge encourages participants eligible for other employer sponsored health coverage to consider taking advantage of that coverage, which keeps our plan more affordable. Spouses account for only 21% of the enrolled population yet they experience 33% of the total spend on the WWT Health Plan. The surcharge allows us to apply cost share for this increased cost of spouses/domestic partners on the plan without extending a cost increase to those without spouse/domestic partners. We encourage employees to have their spouse/domestic partners evaluate the coverage offered by their employer to determine which plan is financially more suitable.

Who will be required to pay the Spousal Surcharge?

It applies to employees earning \$100k or more annually who enroll a spouse/domestic partner, unless one of the following conditions apply:

- Your spouse/domestic partner is not currently employed and does not have access to other employer sponsored health coverage.
- Your spouse is self-employed or employed part-time without access/offer to employer sponsored health coverage.
- Your spouse is covered by Medicare, Medicaid, Tricare/VA or other government sponsored health coverage.
- Your spouse also works for WWT.

How are annual earnings calculated for the surcharge eligibility?

Employee earnings are based on annual W2 earnings for the prior year, as of Open Enrollment, for employees who worked a full 12 months in the prior year. Example: November 2024 enrollment will reflect annual earnings as of 2023. For employees who worked a partial year in the year prior to Open Enrollment, earnings are annualized. New hire annual earnings will be based on their current annualized earnings.

How will WWT know if my spouse/domestic partner has access to other employer sponsored health coverage?

During open enrollment, when an employee enrolls/has enrolled a spouse/domestic partner, they will be required to attest to a survey question about their spouse/domestic partner's offer of other coverage. If the spouse has access to other employer sponsored health coverage and the employee's annual earnings are \$100k or more, the enrollment system will add the \$100/month surcharge.

What if I take no action during open enrollment but my annual earnings are over \$100k and I have a spouse/domestic partner enrolled?

If you take no action to respond to the survey question during open enrollment, it will be assumed that your spouse is offered access to other employer sponsored health coverage and the surcharge will be added automatically.

Is the surcharge pre or post tax?

Due to regulatory requirements, the surcharge will be pre-tax for spouses but will be post-tax for domestic partners.

U.S. Benefits

How do you benefit?



What if my spouse/domestic partner's employment or health care offering changes mid year?

If your spouse/domestic partner's coverage changes mid year, employees may submit a qualified life event to report the change and stop/start the surcharge. This may occur if a spouse/domestic partner loses eligibility to other coverage, gains access to other coverage or changes employment.

If my spouse/domestic partner is offered access to Cobra after employment ends at their employer, is that considered access to other employer sponsored health coverage?

No, Cobra is not considered employer sponsored health coverage since the participant pays 100%+ of the cost.

If my spouse was offered coverage through their employer but their open enrollment period is different than WWT and they opted out at the time, does the Spousal Surcharge apply?

Yes, the surcharge applies if a spouse/domestic partner is offered other employer sponsored coverage and chooses to enroll in the WWT plan. We encourage spouse/domestic partners to inquire with their employer to determine if the increased cost of health coverage on the WWT plan through the surcharge will allow for a mid- year change. This may allow them to consider enrolling in their employer's plan.

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 2025 Open Enrollment, check out the resources on the WWT Open Enrollment website:

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

Current 2024 benefit plan details can be found on the WWT Benefits website

www.wwt.com/us-benefits.