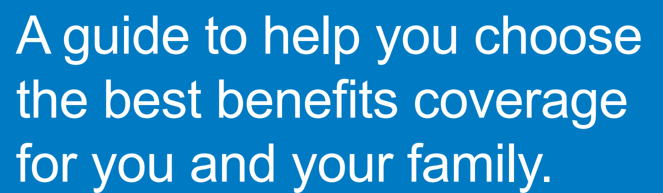
Your 2023 Well at Dell Benefits Summary


A guide to help you choose the best benefits coverage for you and your family.

Well at Dell

Your national medical plans

This is a general description of what is covered under your national plans. For 2023, your national medical plan options are the Health Fund and the PPO. You have one provider network for both medical and mental health services: Aetna or Blue Cross and Blue Shield of Illinois (BCBSIL), depending on your state.

Your 2023 Dell benefits

Most of the benefits you enroll in aren't changing for 2023. You'll still have the same great medical (which includes mental health/substance use disorder and prescription drug coverage), dental, vision, disability and life insurance, at 2023 rates.

We continue to look for innovative offerings that help you care for yourself and your family and empower you to be your best at work and in life. So, we've also made improvements to some programs and enhanced access to all your Dell benefits.

In this document, new benefits or programs (and changes) are called out in red.

"What's that word mean?"

New to benefits? Choosing your own coverage for the first time? Benefits, especially health care coverage, can be complicated. If you're not familiar with the terminology, it's easy to get confused. Check out the Benefits Cheat Sheet on page 13.

Plan feature	Health Fund	PPO
Who provides care	To receive the highest level of benefits, use providers in your carrier's network — use the Provider Search & Pricing Tool on **MyWellatDell.com** to find high-quality, in-network providers for medical and mental health/ substance use disorder services.	
Annual deductible (Out-of-network expenses don't count toward in-network limits and vice versa.)	**In-network:** You only: $1,500 You + dependents: $3,000 **Out-of-network:** You only: $3,000 You + dependents: $6,000	**In-network:** You only: $500 You + dependents: $1,000 **Out-of-network:** You only: $1,000 You + dependents: $2,000
How you meet the deductible	Before you meet the deductible, you pay 100% of your health care costs (at discounted rates negotiated for Dell team members for in-network services). All covered medical, mental health/ substance use disorder and prescription drug[1] expenses count toward the deductible. If you cover dependents, all covered family members pay toward one family deductible (which must be met before the plan begins to pay a share of the cost).	Only medical and mental health/substance use disorder expenses count toward the deductible. There is no deductible for prescription drugs. Each covered person pays toward his or her own individual deductible before the plan begins to pay for that individual. Once combined expenses for all covered individuals reach the family deductible, the plan begins to pay for all family members (including those who haven't yet met their individual deductible).
Coinsurance percentage	**In-network:** After deductible, plan pays 85% **Out-of-network:** After deductible, plan pays 60% of R&C[2]	**In-network:** After deductible, plan pays 90% **Out-of-network:** After deductible, plan pays 60% of R&C[2]
Annual out-of-pocket maximum (Covered in-network expenses, including copays in the PPO plan, count toward the in-network out-of-pocket maximum, and covered out-of-network expenses count toward the out-of-network out-of-pocket maximum.)	**In-network:** You only: $3,500 You + dependents: $7,000 **Out-of-network:** You only: $7,000 You + dependents: $14,000	**In-network:** **Medical:** You only: $2,500 You + dependents: $5,000 **Out-of-network:** **Medical:** You only: $5,000 You + dependents: $10,000 **Prescription drugs:** You only: $1,500 You + dependents: $4,500

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Note: Working spouse contribution: If your spouse or domestic partner is eligible for medical coverage with his or her employer but you choose to enroll him or her in a Dell medical plan, you will pay the working spouse contribution in addition to your medical contributions each pay period.

[1] No requirement to meet deductible for prescriptions on CVS Caremark's preventive drug list.

[2] R&C refers to reasonable and customary charges. These are the standard rates, as determined by the plan carrier, that other providers with similar training and experience charge in a geographic area.

Your national medical plans (cont'd)

Health technology + the personal touch

These programs are available if you're enrolled in the Health Fund, PPO or Indemnity medical plan. Visit **MyWellatDell.com** and the video library for more details.

Teladoc offers telemedicine services for general medical care worldwide, and dermatology services in the U.S. (See table for costs.) **Teladoc's Expert Medical Opinion** service connects you at no cost to world-leading medical experts when you or your covered family members have medical concerns (for example, to confirm a diagnosis).

Livongo's innovative combination of easy-to-use digital tools and personalized coaching can help you prevent or manage conditions like diabetes, pre-diabetes, high blood pressure or weight and healthy lifestyle issues. Based on your specific needs, Livongo will provide free supplies (including prescription discounts), tools and its connected mobile app at no cost to you.

Connect with Teladoc and Livongo at **1-888-218-0146**.

Sword Health is a free alternative to physical therapy for back, joint or muscle pain. Sword Health's proven virtual physical care platform combines easy-to-use technology and real-time feedback with guidance from a dedicated physical therapist anytime, anywhere. (Covered dependents must be at least age 18.)

Plan feature	Health Fund	PPO
How you reach the out-of-pocket maximum (The numbers shown are for in-network expenses only. Out-of-network expenses are treated the same way, but with a separate out-of-pocket maximum. Out-of-network expenses don't count toward in-network limits.)	All covered medical, mental health/ substance use disorder and prescription drug expenses count toward one out-of-pocket maximum. • If you cover only yourself, your expenses count toward your individual out-of-pocket maximum of $3,500. Once you reach that amount, the plan will pay 100% of your eligible expenses for the rest of the year. • If you cover dependents, once one or a combination of family members meet the family maximum of $7,000, the plan pays 100% of eligible medical, mental health/substance use disorder and prescription expenses for all covered family members (including those who haven't yet met their individual limit).	There are separate out-of-pocket maximums: one for medical and mental health/substance use disorder expenses and another for prescriptions. Expenses for each covered person count toward his or her own individual out-of-pocket maximum before the plan begins to pay 100% of eligible expenses for the rest of the year for that individual. • If you cover only yourself, that amount is $2,500 in-network for medical expenses. • If you cover dependents, once any one family member reaches the $2,500 individual limit, the plan pays 100% of that individual's medical costs for the remainder of the year. No one family member can apply more than his or her individual maximum amount toward meeting the family maximum. Once the combined expenses for all covered individuals reach the family maximum of $5,000, the plan pays 100% of eligible medical and mental health/substance use disorder expenses for all covered family members (including those who haven't yet met their individual maximum). The PPO out-of-pocket maximum for prescription drugs works in the same way.
Preventive care (subject to **U.S. Preventive Task Force guidelines**) Check with your carrier to see if a service will be considered preventive and covered at 100%.	**In-network:** Covered at 100% (subject to U.S. Preventive Task Force guidelines) Includes preventive X-ray, imaging and laboratory services **Out-of-network:** Not covered	**In-network:** Covered at 100% (subject to U.S. Preventive Task Force guidelines) Includes preventive X-ray, imaging and laboratory services **Out-of-network:** Not covered
Primary care office visit (general practice, internal medicine, pediatrics, OB/GYN, mental health and substance use disorder)	**In-network:** You pay the entire amount (at Dell's negotiated rates) until you meet the deductible. Then you pay 15%. **Out-of-network:** The plan pays 60% of R&C[1]	**In-network:** $20 copay per visit **Out-of-network:** After deductible, plan pays 60% of R&C[1]
Specialist office visit	**In-network:** You pay the entire amount (at Dell's negotiated rates) until you meet the deductible. Then you pay 15%. **Out-of-network:** After deductible, plan pays 60% of R&C[1]	**In-network:** $50 copay per visit **Out-of-network:** After deductible, plan pays 60% of R&C[1]
Teladoc (telemedicine)	You pay the full amount ($49 for general medical visits, $75 for dermatology services) until you meet the deductible. Then you pay 15%.	$10 copay per visit

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[1] R&C refers to reasonable and customary charges. These are the standard rates, as determined by the plan carrier, that other providers with similar training and experience charge in a geographic area.

Your national medical plans (cont'd)

Looking to grow your family?

Progyny fertility benefits provide a modern, personalized experience that includes two smart cycles per lifetime (including elective egg freezing), top fertility specialists and ongoing support from a dedicated Patient Care Advocate. Health Fund, PPO or Indemnity enrollment required.

Ovia Health supports you and your enrolled spouse/domestic partner through all health and life stages. Access any (or all) of the three available apps — Ovia Fertility, Ovia Pregnancy and Ovia Parenting — along with guidance from expert coaches. Health Fund, PPO or Indemnity enrollment required.

Adoption and surrogacy reimbursement: Dell will reimburse you for eligible expenses up to $10,000 per adopted child ($20,000 lifetime maximum), and up to $10,000 per surrogacy attempt ($20,000 lifetime maximum). Progyny Patient Care Advocates will support you throughout the process.

Visit **MyWellatDell.com** and the video library for more details.

Plan feature	Health Fund	PPO
Urgent care	**In-network:** You pay the entire amount (at Dell's negotiated rates) until you meet the deductible. Then you pay 15%. **Out-of-network:** After deductible, the plan pays 60% of R&C[1] charges	**In-network:** $50 copay per visit **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges
Emergency room (including lab work)	**In- and out-of-network:** After deductible, plan pays 85%	**In- and out-of-network:** After deductible, plan pays 90%
Diagnostic X-rays, PET scans and other nuclear imaging services	**In-network:** After deductible, plan pays 85% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges	**In-network:** After deductible, plan pays 90% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges
Diagnostic (outpatient) laboratory services and high-tech radiology (MRI and CT scans)[2]	**In-network:** You pay the entire amount until you meet the deductible. Then: • **Preferred facility (independent, freestanding facilities):** After the deductible is met, the plan pays 85%. **Note:** In-network preventive care services are covered at 100%. • **Non-preferred facility (hospital or hospital-affiliated facilities):** After the deductible is met, the plan pays 70% • **Out-of-network facility:** After the deductible is met, the plan pays 60% of R&C[1] charges	**In-network:** You pay the entire amount until you meet the deductible. Then: • **Preferred facility (independent, freestanding facilities):** After the deductible is met, the plan pays 90%. **Note:** In-network preventive care services are covered at 100%. • **Non-preferred facility (hospital or hospital-affiliated facilities):** After the deductible is met, the plan pays 70% • **Out-of-network facility:** After the deductible is met, the plan pays 60% of R&C[1] charges
Hospitalization	**In-network:** After deductible, plan pays 85% **Out-of-network:** Subject to deductible and 60% coinsurance of R&C[1] charges	**In-network:** After deductible, plan pays 90% **Out-of-network:** Subject to deductible and 60% coinsurance of R&C[1] charges; $200 copay per confinement
Maternity care (including prenatal and postnatal care) *Cost sharing does not apply for preventive services	***Office Visits**** **In-network:** After deductible, plan pays 85% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges ***Physician Services*** **In-network:** After deductible, plan pays 85% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges	***Office Visits**** **In-network:** $20 copay **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges ***Physician Services*** **In-network:** After deductible, plan pays 90% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges
Maternity care facility services (including birthing centers, hospitals and newborn care)	**In-network:** After deductible, plan pays 85% **Out-of-network:** Subject to deductible and 60% coinsurance of R&C[1] charges	**In-network:** After deductible, plan pays 90% **Out-of-network:** Subject to deductible and 60% coinsurance of R&C[1] charges; $200 copay per hospital confinement

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[1] R&C refers to reasonable and customary charges. These are the standard rates, as determined by the plan carrier, that other providers with similar training and experience charge in a geographic area.

[2] Please check with your plan and/or ask your provider at the time of service to determine whether your lab work will be processed at their facility or through a hospital (in which case it will be processed at the hospital rate).

Your national medical plans (cont'd)

Lyra Health EAP: Compassionate, confidential, expert support

When life throws you a curve, the Employee Assistance Program (EAP) can help you get back on your game. At no cost to you, Lyra Health provides mental and emotional health coaching and short-term therapy how, when and where you need it.

You, your spouse or domestic partner and children up to age 26 each have access to **12 no-cost live or virtual sessions** with a Lyra network therapist or coach per year. There are also self-guided options.

Call 24/7 at **1-877-222-4258**, send an email to **care@lyrahealth.com**, visit **lyrahealth.com/dell**, or use the Lyra Health mobile app to find Lyra Health network providers.

Lyra Health? Or your medical plan?

The Lyra Health EAP is different than the mental health and substance use disorder coverage through your medical plan. Which is right for your needs? Scan this code to help you decide.

Learn more

Plan feature	Health Fund	PPO
Chiropractic care (limited to 25 visits per calendar year, combined in- and out-of-network)	**In-network:** After deductible, plan pays 85% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges	**In-network:** • Office visit: $20 • Outpatient facility: After deductible, plan pays 90% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges
Acupuncture (up to 25 visits per year, based on medical necessity)	**In-network:** After deductible, plan pays 85% **Out-of-network:** Not covered	**In-network:** $50 copay **Out-of-network:** Not covered
Physical therapy/ occupational therapy/ speech therapy (120 visits per year for each type, combined in- and out-of-network. The 120-visit limit for physical, occupational and speech therapy does not apply for behavioral health diagnoses.)	**In-network:** After deductible, plan pays 85% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges	**In-network:** • Office visit: $20 • Outpatient facility: After deductible, plan pays 90% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges
Mental health and substance use disorder services through the medical plan Visit the Provider Search & Pricing Tool on **MyWellatDell.com** or call your Benefit Pro at **1-888-335-5663** to learn more.	***Outpatient*** **In-network:** After deductible, plan pays 85% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges ***Inpatient*** **In-network:** After deductible, plan pays 85% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges	***Outpatient*** **In-network:** • Office visits: $20 copay per visit, no deductible • Other outpatient services: 90% after deductible **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges ***Inpatient*** **In-network:** After deductible, plan pays 90% **Out-of-network:** After deductible, plan pays 60% of R&C[1] charges; $200 copay per admission
Prescription drugs (per prescription) through CVS Caremark participating pharmacies and home delivery service Visit **MyWellatDell.com** or **caremark.com** (or call CVS Caremark at **1-855-248-3445** to learn more. All specialty drugs must be filled exclusively through CVS Specialty™ (CVS Caremark's specialty pharmacy). For questions about prescriptions for specialty medications or to find out if a specific specialty drug is eligible for the CVS PrudentRx discount program, call CVS Specialty at **1-800-237-2767** or visit **caremark.com**.	The PPO and the Health Fund cover prescriptions in the same way, except: **First, you pay the entire amount until you meet your combined medical and prescription drug deductible,[2] and then you pay:** **Tier 1 (generics)** • Retail: $8 copay[3] up to 34-day supply • Home delivery (or CVS pharmacy): $16 copay[3] for 84- to 90-day supply **Tier 2 (formulary brand-name drugs)** • Retail: You pay 25% of the cost ($30 minimum, $70 maximum)[3] up to 34-day supply • Home delivery (or CVS pharmacy): You pay 25% of the cost ($75 minimum, $175 maximum)[3] for 84- to 90-day supply **Tier 3 (non-formulary brand-name drugs)** • Retail: You pay 45% of the cost ($50 minimum, $125 maximum)[3] up to 34-day supply • Home delivery (or CVS pharmacy): You pay 45% of the cost ($125 minimum, $300 maximum)[3] for 84- to 90-day supply **Non-network pharmacies:** You must pay 100% of the prescription price when you have it filled, and then submit your prescription receipts for covered medications with a completed claim form to CVS Caremark. Under the PPO plan, separate out-of-pocket maximum: $1,500 for you only/$4,500 for you + dependents	**There's no deductible, so you pay:**

[1] R&C refers to reasonable and customary charges. These are the standard rates, as determined by the plan carrier, that other providers with similar training and experience charge in a geographic area.

[2] There's no requirement to meet the deductible for prescriptions on the CVS Caremark preventive drug list. Find the list at **MyWellatDell.com**.

[3] Certain preventive medications will be covered at no cost to you.

Your national medical plans (cont'd)

Indemnity plan members can save on out-of-pocket costs by finding doctors and hospitals that have discounted rates through the National Advantage™ Program (NAP).

Additional programs included with the Indemnity plan

If you enroll in the Indemnity plan, you are also eligible for these programs:

- Lyra (see page 5)
- Livongo (see page 3)
- Progyny (see page 4)
- Ovia (see page 4)
- Sword Health (see page 3)
- Teladoc (see page 3)
- Nurse Allies (see page 7)

Plan feature	Indemnity **(Offered only if you live in a remote area of the state where your carrier's PPO network is not available)**
Who provides care	You can select any medical or mental health/substance use disorder provider of your choice, but NAP providers may be more cost-effective.
Annual deductible	You only: $500 You + dependents: $1,000
Coinsurance percentage	After deductible, plan pays 90%
Annual out-of-pocket maximum (includes deductibles and covered expenses for mental health and substance use disorder)	**Medical:** You only: $2,500 You + dependents: $5,000 **Prescription drugs:** You only: $1,500 You + dependents: $4,500
Preventive care	Covered at 100% (subject to **U.S. Preventive Task Force guidelines**) Check with your carrier to see if a service will be considered preventive and covered at 100%.
Primary care office visit (general practice, internal medicine, pediatrics, OB/GYN)	After deductible, plan pays 90%
Specialist office visit	After deductible, plan pays 90%
Urgent care	After deductible, plan pays 90%
Emergency room	After deductible, plan pays 90%
X-ray/imaging/laboratory services (diagnostic)	After deductible, plan pays 90%
Hospitalization	After deductible, plan pays 90%
Maternity care (pre-/postnatal office visit)	After deductible, plan pays 90%; preventive services covered at 100%
Maternity care (in-hospital delivery services)	After deductible, plan pays 90%
Chiropractic care	After deductible, plan pays 90% (limited to 25 visits per calendar year)
Acupuncture	After deductible, plan pays 90% (limited to 25 visits per calendar year)
Physical therapy/ occupational therapy/ speech therapy	After deductible, plan pays 90% (limited to 120 visits per calendar year for each type of therapy). **Note:** This limit does not apply to behavioral health diagnoses.
Mental health and substance use disorder services through the medical plan Visit the Provider Search & Pricing Tool on **MyWellatDell.com** or call **1-855-910-3355** to learn more.	***Outpatient*** Plan pays 90% of R&C[1] charges ***Inpatient*** After deductible, plan pays 90% of R&C[1] charges

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[1] R&C refers to reasonable and customary charges. These are the standard rates, as determined by the plan carrier, that other providers with similar training and experience charge in a geographic area.

Your national medical plans (cont'd)

Nurse Allies (formerly "Nurse Pros")

This enhanced program connects you at no cost with registered nurses who are now supported by a team of physicians, nurse practitioners, researchers and more to help you and your family navigate health challenges. Engaging with a Nurse Ally can result in a more positive outcome, reduced confusion and potentially even lower out-of-pocket costs. Start by contacting your Benefit Pro, who will connect you with a Nurse Ally who's best suited to help with your specific concerns.

Log on to **MyWellatDell.com > Contact your Benefit Pro.**

Plan feature	Indemnity (Offered only if you live in a remote area of the state where your carrier's PPO network is not available)
Prescription drugs (per prescription) through CVS Caremark participating pharmacies and home delivery service Visit **MyWellatDell.com** or **caremark.com** (or call CVS Caremark at **1-855-248-3445** to learn more. All specialty drugs must be filled exclusively through CVS Specialty™ (CVS Caremark's specialty pharmacy). For questions about prescriptions for specialty medications or to find out if a specific specialty drug is eligible for the CVS PrudentRx discount program, call CVS Specialty at **1-800-237-2767** or visit **caremark.com**.	**Tier 1 (generics)** • Retail: $8 copay* up to 34-day supply • Home delivery (or CVS pharmacy): $16 copay* for 84- to 90-day supply **Tier 2 (formulary brand-name drugs)** • Retail: You pay 25% of the cost ($30 minimum, $70 maximum)* up to 34-day supply • Home delivery (or CVS pharmacy): You pay 25% of the cost ($75 minimum, $175 maximum)* for 84- to 90-day supply **Tier 3 (non-formulary brand-name drugs)** • Retail: You pay 45% of the cost ($50 minimum, $125 maximum)* up to 34-day supply • Home delivery (or CVS pharmacy): You pay 45% of the cost ($125 minimum, $300 maximum)* for 84- to 90-day supply Separate out-of-pocket maximum: $1,500 you only/$4,500 for you + dependents *Certain preventive medications will be covered at no cost to you.

Don't forget about these benefits. Learn more at **MyWellatDell.com**.

- **Allstate Identity Protection.** When you enroll, this insurance monitors and protects your identity to keep it secure.
- **Group legal services through MetLife Legal Plans.** Legal services help you address a wide range of legal and financial issues — from traffic tickets and debt matters to estate planning and more.
- **Critical illness coverage through Cigna.** If you experience an illness like cancer or a heart attack, critical illness insurance kicks in to help you pay expenses for medical services or even take care of your mortgage payment or rent.
- **Accidental injury coverage through Cigna.** Accidental injury insurance pays a benefit to help offset expenses if you or a covered dependent suffers injuries that require a range of specified medical services.

Please note: If you're already enrolled in any of these benefits, you'll remain enrolled unless you make a change during Annual Enrollment.

Questions about your benefits?

Go to **MyWellatDell.com** or call **1-888-335-5663**. You also can chat with the Dell Benefits Center by logging on to **MyWellatDell.com** and clicking **Chat**.

For detailed information on program and reward eligibility, deadlines and taxation of rewards, please review the Dell Wellness Hub Eligibility Rules and Dell Privacy Notice available on the **My HR** portal via Inside Dell Technologies.

For information on alternative ways to earn any of the Dell Wellness Rewards, including alternatives that accommodate your physician's recommendations, contact Virgin Pulse Member Services at **1-888-317-1268** and review this Notice.

For additional information on the Dell Wellness Hub, including program and reward details, please review the Frequently Asked Questions document on **My HR**.

Note: This information reflects Dell's current benefit plan designs. Dell reserves the right to terminate or modify the Plan and any employee benefits, including employee and dependent eligibility for the Plan, at any time, even if the benefits are negotiated. Please refer to **MyWellatDell.com** for plan details. If there is any discrepancy between this information and the plan documents, the plan documents will control.

Commitment to confidentiality: Whether you're competing in a challenge, completing the online health review or a Journey, Dell and Virgin Pulse are committed to protecting your privacy. For information regarding the confidentiality of the health information collected, who will receive it and how it will be used, review the Dell **HIPAA Privacy Notice** and Virgin Pulse Privacy Notice.

Earn Health Rewards medical premium discounts

Save up to $700. Just complete two simple steps by Jan. 31, 2023.

It all starts on the Dell Wellness Hub. Complete these two steps by Jan. 31, 2023 **at 11:59 p.m. local time**:

1. You can earn $200 when you complete the online health review.

   AND

2. Choose one of two ways to earn an additional $500 medical premium discount. Either:
   - Complete a Virgin Pulse Journey,* or
   - Complete a free, offsite biometric screening.

If you'd prefer to get a free biometric screening, there are three convenient ways to do it — all accessible from the Dell Wellness Hub:

- Submit a Physician Form from your annual physical.
- Download a voucher to complete your screening at a local Labcorp lab.
- Request an at-home screening kit.

Be sure you allow time to complete your Journey (10–18 days) or submit screening results by Jan. 31, 2023.

Get started now at **DellWellnessHub.com**.

Turn $700 into $1,400!

If you enroll your spouse or domestic partner in Dell medical coverage, they are also eligible for the $700 Health Reward. That's a $1,400 reduction in your medical premium if they also complete these two steps.

If they haven't already registered on the Dell Wellness Hub, they will first need to register at **join.virginpulse.com/dellspouse.**

*Journeys® is a registered trademark of Virgin Pulse, Inc. and used with permission.

Your Health Savings Account (HSA)

If you enroll in the Health Fund, you will have access to a tax-free HSA. The HSA is available to you only if you enroll in the Health Fund.

- You can use your HSA to help pay your deductible and other out-of-pocket health care expenses for you and your qualified IRS dependents.
- If you elect to participate in an HSA next year, Dell will contribute to your account — whether or not you choose to contribute.
  - — In January, Dell will contribute $500 (if you cover yourself only) or $1,000 (if you cover yourself and dependents).
  - — In February, Dell will contribute an additional $250 (if you cover yourself only) or $500 (if you cover yourself and dependents).
- 2023 annual IRS contribution limits to an HSA for employee and employer contributions **combined** are $3,850 for individual coverage and $7,750 for family coverage. Starting in the year in which you turn age 55, you can also make up to an extra $1,000 annual catch-up contribution.

Keep in mind

Your current HSA contribution election will automatically continue in 2023 unless you take action to change your contribution amount.

Your Flexible Spending Accounts (FSAs)

Health Care Flexible Spending Account	• The Health Care FSA allows you to set aside before-tax money. You and your dependents can use it to pay for out-of-pocket eligible health care expenses that are not covered or are only partially covered under your medical, dental or vision coverage. • If you enroll in the Health Care FSA, you can contribute any amount between $120 and $2,850 in 2023. IRS regulations require you to elect your FSA contributions each year during Annual Enrollment. • If you contributed to the Health Care FSA for 2022, any eligible expenses to be reimbursed must be incurred by Dec. 31, 2022. You will have until April 30, 2023 to request reimbursement, but the expense must occur in 2022. • You can carry over an account balance of up to $570 from one year to the next. Any funds in excess of $570 will be forfeited at the end of each calendar year. **Note:** This carryover amount may change if the IRS changes the maximum contribution rate for 2023. • If you have $570 or less (or no balance) rolling over from your 2022 FSA at the end of the year and you enroll in the Health Fund, you can still have an FSA in 2023. However, when you are enrolled in the Health Fund, you can only use your FSA for dental, orthodontic and vision care until your out-of-pocket medical and prescription expenses reach $1,500 (or $3,000 if you have family coverage). You can then begin to use your Health Care FSA for medical expenses too, including prescriptions, coinsurance and doctor fees (no action needed by you).
Dependent Care (Day Care) Flexible Spending Account	• The Dependent Care (Day Care) FSA allows you to set aside before-tax money to pay for certain dependent day care expenses for dependent children under age 13, if you (or you and your spouse) need these services so you can work, look for work or attend school. • If you enroll in the Dependent Care (Day Care) FSA, you can contribute any amount between $120 and $5,000 ($2,500 if you are married and file a separate tax return). • If you contributed to the Dependent Care (Day Care) FSA in 2022, eligible expenses incurred through March 15, 2023 can be reimbursed from any unused amounts remaining in your account from 2022. • Claims must be submitted by April 30, 2023.

IMPORTANT: Due to COVID-19, deadlines are subject to change. We will continue to post updates and keep you informed on **MyWellatDell.com**.

Questions about your benefits?

Go to **MyWellatDell.com** or call **1-888-335-5663**. You also can chat with the Dell Benefits Center by logging on to **MyWellatDell.com** and clicking **Chat**.

Your dental plan

The PPO and Premier options both use provider networks, but the PPO network provides greater discounts.

Plan feature	Delta Dental
Who provides care	You can select any dentist of your choice. To receive the plan's highest level of benefits and pay the lowest out-of-pocket costs, use a Delta Dental network dentist.
Annual deductible (does not apply to preventive services)	**In-network:** $50 you only; $150 you + dependents **Out-of-network:** $75 you only; $225 you + dependents
Annual maximum benefit	$2,000 per person Annual maximum applies for all services except orthodontia, where a separate lifetime maximum applies.
Preventive services (exams, cleanings, X-rays; check with carrier to be sure what's covered)	**In-network:** 100% covered **Out-of-network:** Plan pays 100% of R&C[1] charges
Basic services (fillings, periodontics, oral surgery)	**In-network:** After deductible, plan pays 80% **Out-of-network:** After deductible, plan pays 70% of R&C[1] charges
Major services (crowns, endodontics, inlays, onlays and cast restorations, bridges, dentures, implants)	**In-network:** After deductible, plan pays 50% **Out-of-network:** After deductible, plan pays 50% of R&C[1] charges
Orthodontia	**In-network:** Plan pays 50% **Out-of-network:** Plan pays 50% of R&C[1] charges • $2,000 lifetime maximum • Only orthodontia services performed after your effective date will be considered for benefits.

Your vision plan

Plan feature	VSP
Who provides care	You can select any vision provider of your choice. To receive the plan's highest level of benefits and pay the lowest out-of-pocket costs, use a VSP network provider.
Annual deductible	None
Annual exam	**In-network:** $10 copay **Out-of-network:** After $10 copay, plan pays up to $55 allowance Limited to one exam per calendar year
Basic lenses	**In-network:** $20 copay **Out-of-network:** After $20 copay, plan pays up to $50 allowance Limited to one set of lenses per calendar year
Bifocal lenses	**In-network:** $20 copay **Out-of-network:** After $20 copay, plan pays up to $75 allowance Limited to one set of lenses per calendar year
Trifocal lenses	**In-network:** $20 copay **Out-of-network:** After $20 copay, plan pays up to $100 allowance Limited to one set of lenses per calendar year
Frame benefits	**In-network:** After $20 copay, plan pays up to $150 allowance + 20% discount on amount over allowance **Out-of-network:** After $20 copay, plan pays up to $70 allowance Limited to one set of frames every other calendar year
Contact lenses (medically necessary; limited to once every plan year instead of lenses and frames)	**In-network:** After $20 copay, plan pays 100% **Out-of-network:** After $25 copay, plan pays up to $210 allowance.
Contact lenses (elective; limited to once every plan year instead of lenses and frames)	**In-network:** No copay. Plan pays up to $130 allowance **Out-of-network:** No copay. Plan pays up to $105 allowance.

[1] R&C refers to reasonable and customary charges. These are the standard rates, as determined by the plan carrier, that other providers with similar training and experience charge in a geographic area.

Team member life insurance

Team members	• You automatically have life insurance coverage equal to 2× the amount of your benefit-eligible earnings, up to a maximum of $1.5 million. Your coverage amount will be rounded up to the next-higher multiple of $1,000, if not already a multiple of $1,000. You must pay a legally required imputed income tax on any value of coverage greater than $50,000. To avoid the imputed income tax, you may elect a flat $50,000 benefit during Annual Enrollment. • If you're age 70 or older, your benefit will be reduced to 65% of your most recent election amount. For example, if your 2023 coverage amount is $106,000, your coverage will be reduced to $68,900 once you reach your 70th birthday.

Team member AD&D insurance

Team members	• You automatically have AD&D insurance coverage equal to 2× the amount of your benefit-eligible earnings, up to a maximum of $1.5 million. Your coverage amount will be rounded up to the next-higher multiple of $1,000, if not already a multiple of $1,000. • If you're age 70 or older, your most recent election amount will be reduced to 65%. • **Please note:** If you're a legacy EMC team member and have the personal voluntary AD&D through AIG, it is in addition to the coverage provided by Dell, and you cannot convert it to an individual policy.

Supplemental life coverage

There are no overall rate increases for supplemental life insurance for 2023; however, since rates are based on your age, if you move from one age band to the next, you'll see an increase in cost. For more information, visit **MyWellatDell.com**.

Team members	You may choose supplemental life insurance coverage in addition to your Dell-provided basic life insurance in amounts up to 8x your benefit-eligible earnings (up to a maximum of $3 million), rounded up to the next-higher multiple of $1,000. Please note that any increase in coverage during Annual Enrollment will require evidence of insurability (EOI), also known as proof of good health.
Spouse/domestic partner	You can purchase coverage for your spouse or domestic partner in increments of $25,000, up to a maximum of $500,000. (To cover your spouse or domestic partner, you must elect supplemental life insurance for yourself in an equal or greater amount. The spouse coverage amount cannot exceed the amount you have for yourself, basic and supplemental combined.) Please note that any increase in coverage during Annual Enrollment will require evidence of insurability (EOI), also known as proof of good health.
Child(ren)	You can purchase coverage for eligible dependents in increments of $5,000, $10,000 or $15,000 per child up to age 26. (To cover your child(ren), you must elect supplemental life insurance for yourself.)

Supplemental life rule for spouses employed by Dell

Remember, plan rules say that team members cannot be covered both by their own supplemental employee life and by their spouse in supplemental spouse life. Be sure to discuss your 2023 coverage elections with your spouse or domestic partner if he or she also works for Dell.

Portability of coverage

When you reach age 70 or your employment with Dell ends, you may elect to take your coverage with you without evidence of insurability by applying for portability within 31 days of when your coverage ends. Higher, but still competitive, insurance rates will apply.

Short-term disability

The Short-Term Disability (STD) Program provides continuation of your pay for approved disabilities resulting from a non-work-related illness or injury. This program is paid 100% by Dell. You are automatically enrolled in STD at no cost to you.*

If you're a Dell team member scheduled to work 20 hours or more per week	
Eligibility	You're automatically enrolled in STD coverage after working at least 30 calendar days.
Elimination period (applied per incident)	Benefits are payable after the seven-calendar-day elimination period. Vacation or Personal Wellness Time (PWT) must be used during the elimination period for each new claim incident.
Payments at 100% of daily benefit-eligible earnings	Up to 56 calendar days following the seven-calendar-day elimination period (days eight through 63 of disability) per incident.
Payments at 75% of daily benefit-eligible earnings	Up to 117 calendar days following 56 calendar days at 100% (up to a total maximum of 180 days per incident including the elimination period).

*There is a 30-calendar-day waiting period for new hires before STD coverage takes effect. You are not eligible for STD benefits during this waiting period.

Long-term disability

The Long-Term Disability (LTD) Program provides monthly benefits to qualifying team members who are totally disabled because of an illness or injury. If you elect LTD coverage, and your continuing condition meets the LTD Program's definition of disability, the LTD Program continues to pay a portion of your benefit-eligible earnings when the STD benefits exhaust.

How benefits are paid

- LTD benefits are payable if you are still disabled after 180 consecutive calendar days.
- LTD payments are equal to 60% of benefit-eligible earnings (with a maximum monthly benefit of $20,000).

During enrollment

- You're automatically enrolled in basic LTD coverage; you and Dell share the cost. **You pay a portion of the premiums from your paycheck.**
- If you don't want LTD coverage, you must opt out at **MyWellatDell.com** during Annual Enrollment.

Did you waive LTD coverage for 2022? If you now want to enroll in LTD for 2023 during Annual Enrollment, you **will not be required to provide a health exam, also known as evidence of insurability (EOI).** This applies **only** to Annual Enrollment for 2023. After that, if you decide you want LTD coverage, you will be required to provide EOI before you can enroll.

Benefits Cheat Sheet

Like most things in life, it's a lot easier to navigate your benefits if you understand the terminology. Knowing these common terms can help demystify health care coverage and allow you to choose and use your benefits with more confidence.

Deductible: The amount of money you must pay each year for covered health care expenses before the plan begins to pay. The amount of your deductible depends on the plan you choose and whether you cover dependents.

Coinsurance: How you and your health plan share the cost of a health care expense after you meet your deductible. If the plan pays 85% coinsurance, you pay 15% coinsurance.

Copay(ment): Unlike coinsurance, a copay is a fixed dollar amount that you pay each time you visit a health care provider (doctor, specialist, hospital, etc.).

Carrier: The insurance company (such as Aetna or Blue Cross and Blue Shield of IL) that administers a health plan. It's important to note that when Dell team members enrolled in our medical plans have claims, the insurance carrier writes the check to the provider, but the money comes from Dell, not the insurance carrier.

Formulary: The list of drugs that are covered by your health plan, structured in "tiers," or levels. In Dell's medical plans, Tier 1 drugs are generic (least expensive), Tier 2 refers to brand-name drugs that are preferred by the formulary, and Tier 3 are non-formulary brand-name drugs (most expensive). It's important to note that formularies do change from time to time.

In-network: Dell's medical vendors negotiate with in-network providers (doctors, clinics, hospitals and others) to ensure the fees they charge are appropriate for the type of service received. In-network providers will always save you money compared with providers who are out-of-network.

Out-of-network: Providers that do not belong to the network are not bound by the same negotiated rates as in-network providers. If the health plan covers out-of-network services, it usually pays a smaller share of your expenses than for in-network care and pays only for Reasonable and Customary (R&C) charges. The out-of-network provider can bill you for any amount over R&C.

Out-of-pocket maximum: This is the most money you will have to pay out of your pocket each year for your share of covered medical expenses. This includes copays and coinsurance, but not premiums. Also, depending on your medical plan, you may have separate out-of-pocket maximums for medical and prescription drugs.

Premium: The amount that must be paid to have health care coverage. Dell pays a majority of the premiums for our health care plans, and team members pay their share of the premiums through before-tax payroll deductions.

Questions about your benefits?

Go to **MyWellatDell.com** or call **1-888-335-5663**. You also can chat with the Dell Benefits Center by logging on to **MyWellatDell.com** and clicking **Chat**.

This guide is designed to provide a summary of the benefits and programs available to regular full- and part-time U.S. Dell team members and spouses/domestic partners effective Jan. 1, 2023 . Please refer to the summary plan description for a full summary of these benefits. If there is any discrepancy between this document and the plan document, the plan document will control. **Note:** This information reflects Dell's current benefit plan design. Dell reserves the right to terminate or modify the plan and any employee benefits, including employee and dependent eligibility for the plan, at any time, even if the benefits are negotiated. For plan details, please go to **MyWellatDell.com**.

Learn more!

Visit **MyWellatDell.com** for benefits information, decision-support tools and a variety of resources.

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