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Everyone must make new benefits elections

Why do I have to make new benefits elections for 2019?

You'll have a new selection of health plan options, with a choice of carriers and costs, and updated voluntary benefits, so everyone who wants coverage in 2019 needs to make new elections during Benefits Open Enrollment.

What happens if I don't make new elections?

If you don't make your elections by November 16, you and your family will NOT have the following AECOM benefits for 2019:

- No medical
- No dental
- No vision
- No Health Savings Account (HSA) contributions (if applicable)
- No Flexible Spending Account (FSA) contributions
- No hospital indemnity insurance*
- No critical illness insurance*
- No accident insurance*
- No legal services*
- No identity theft services*

If you are enrolled in critical illness insurance and/or the legal services benefit, you can make payments directly to your current insurance company or you can elect the new AECOM coverage during Benefits Open Enrollment. See the **voluntary benefits section for details.*

How do I make my elections?

Log in to your **personalized benefits account** during Benefits Open Enrollment, October 29 – November 16.

When I'm making my elections online, can I save my choices and come back later to finish the enrollment process?

Once you start the enrollment process, your benefits elections will be saved only if you submit them before you log out of your personalized benefits account. If you don't submit, your elections will not be saved, and you won't see them when you go back in to complete the enrollment process.

Once you submit your elections, you can go back into the enrollment system at any time to update your elections — just make sure you submit your final elections by the Benefits Open Enrollment deadline: Friday, November 16 at 11:59 p.m. in your time zone.

Why can't I make my elections by phone?

The new *Help Me Choose* decision-making tool makes it easy to select the health care coverage that is most compatible with your and your family's needs. It's available online when you make your benefits elections through your **personalized benefits account**, accessible 24/7 from desktop and mobile devices.

The **AECOM Benefits Service Center** can help if you have questions about how to enroll and can walk you through the online enrollment process, including the *Help Me Choose* tool. Because there is so much more choice this year — a choice of plan designs, carriers and costs — you'll need to enroll online where you can easily see and compare all your options. The **AECOM Benefits Service Center** can enroll for you if you have limited access to your **personalized benefits account**.

There tend to be more calls (and longer wait times) on the first and last two days of Benefits Open Enrollment. We recommend trying to avoid calling on those days (October 29 and November 15 – 16). Also, during Benefits Open Enrollment, you can set up an appointment to receive a call when it's convenient for you. Log in to your **personalized benefits account** and select *Need Help Enrolling?* to set up a call with a Benefits Service Center representative or *Need Specialist Healthcare Support?* to set up a call with an Advocate who can help with highly personalized complex benefits issues.

I'm a new employee. Will my new hire benefits elections continue in 2019?

No. As a new hire, you must make benefits elections for 2018 and 2019.

- You must make your 2018 elections within 31 days of your date of hire. If you haven't done that yet, log in to your **personalized benefits account**, select *Are you a new user?* and follow the prompts to register. Then check your Notification Center for enrollment instructions.
- You must make your 2019 elections during Benefits Open Enrollment, October 29 – November 16, or within 31 days of your date of hire (if later than November 16)
 - To enroll in your 2019 benefits before November 16, log in to your **personalized benefits account** and select the *It's Open Enrollment!* tile.
 - To enroll in your 2019 benefits after November 16, log in to your **personalized benefits account** and check your Notification Center for enrollment instructions.

Do I have to verify my dependent's eligibility for 2019 benefits?

No. You'll be required to provide proof of eligibility only for any NEW dependent you want to add to your coverage (including any current dependents who are not currently covered by AECOM benefits). If applicable, you'll receive information about dependent eligibility and documentation requirements after you enroll.

Do I have to choose the same metallic plan design level (e.g., Bronze, Silver, Gold, Platinum) or the same insurance carrier for my medical, dental and vision coverage?

No. You can choose any combination of metallic plan designs and insurance carriers.

Tools to help you choose

How do I access *Help Me Choose*?

Help Me Choose is a step within the enrollment process. To access it:

1. Log in to your **personalized benefits account**.
2. Select the *It's Open Enrollment!* tile.
3. Click the green *Research and Enroll* button.
4. Go to the Medical/Rx section and select the View/Change button.
5. Choose who you want to include in your coverage (yourself, dependents).
6. Click the blue *Continue to Step 2* button.
7. Click the blue *Continue to Step 3* button.
8. Once you continue to Step 3, the *Help Me Choose* button will appear.

How can the *Help Me Choose* tool help me?

When you enroll online, you'll have a new decision tool called *Help Me Choose*, to help you select the medical plan that is right for you and family. After you answer ten questions about your health care needs and preferences, *Help Me Choose* gives you a compatibility score for each of your medical plan options based on what's most important to you. The plan with the highest compatibility score is the medical plan that is best suited to your needs (based on the answers and information you provide in *Help Me Choose*). You can choose the plan with the highest score, if you'd like, or you can choose any other plan.

What questions does *Help Me Choose* ask to determine my medical plan needs and preferences?

You'll answer questions about:

- How you prefer to pay for your medical care — do you prefer to pay more up front through payroll contributions and less as you need care, or do you prefer to pay less up front through payroll contributions and more as you need care?
- Your household income, which helps determine the best cost option for you and your family.
- The doctor(s) and other health care providers you and your covered family members prefer to use. You'll want to have your provider information (names and addresses) on hand when you enroll.
- Prescription medications you and your covered family members take regularly. You'll want to have the name, dosage and frequency for each prescription medication on hand when you enroll.

Will my information be shared with anyone?

The information you provide is strictly used to generate your compatibility scores for each of the medical plan options available to you. Your answers are not shared with anyone, including AECOM. However, you have the option to grant permission to share your information with the insurance carrier(s) you choose as explained below.

Does the information I share have any impact on the costs of the plan options available to me?

No, the information you provide when you answer the *Help Me Choose* questions has no impact on the cost of your health plan options.

Why does the *Help Me Choose* tool ask me if I want to share my answers with the medical plan carrier I choose? Do I have to share my answers?

Sharing your answers can help you get important plan information from your carrier — for example, about special programs that might help you save money and wellness opportunities specific to your health care needs. However, you can opt not to share your answers with the insurance carrier you choose.

When I review and compare my medical plan options, can I model different scenarios for who I want include in my coverage?

Yes. When you get to the medical section of the enrollment process, you'll be asked to add dependents to your coverage. You can add multiple dependents, including a spouse, and select each scenario you would like to model by selecting the dependents you want to add to the plan. You can go back and select or deselect any dependents you may or may not want to cover so that you can model as many different scenarios as you'd like.

Do I have to answer the *Help Me Choose* questions?

No, all the questions are optional. However, answering the questions and getting your compatibility score is the easiest way to find the medical plan that is the best match for you and your family.

Are there any other tools available to help me choose my health care plans?

When you enroll, you'll be able to see carrier ratings and reviews provided by actual plan members — other people (outside of AECOM) who participate in the same plan options available to you. The ratings are based on feedback about the carrier's customer service, online experience and networks. Once you become a plan member, you can also rate the plan carrier and share your opinion about the carrier's services.

How can I learn more about the insurance carriers?

Each insurance carrier offers a special “pre-membership” website with additional information, such as:

- Carrier phone numbers
- How to find out if your doctor(s) and other providers are in the network specific to AECOM's plans
- Prescription drug coverage
- Special services offered by the carrier, such as fitness and health discounts, wellness programs, telemedicine, nurse advice lines, programs to help you manage conditions (e.g., diabetes, heart disease, back pain), resources for pregnant moms and new babies, and more
- Special features and resources available through that carrier, such as member websites, apps, medical care cost estimators, and other digital tools.

Visit the [carrier preview websites](#).

How many plans can I compare at once?

While Help Me Choose provides a compatibility score for all the medical plan options available to you, you can compare up to a maximum of three plans at a time in the tool.

Your costs

How will my 2019 health care costs compare to my current health care costs?

Your cost will vary based on the plan and carrier you select. In most cases, you will have at least one medical plan option available to you that is priced similar to, or less than, what you are currently paying for your coverage. You will have more options and price variety this year, so you can select a lower cost plan that provides less coverage, or you can select a higher cost plan that provides more coverage. The *Help Me Choose* tool can help match you with the right medical plan based on your needs and cost preferences.

When and where can I see my 2019 costs?

You'll be able to see all your benefits costs when you log in to your [personalized benefits account](#) and make your elections during Benefits Open Enrollment, October 29 – November 16. For each of the health care options, you'll see the full cost, AECOM's contribution amount and your contribution — along with your wellness discount and the working spouse surcharge (if applicable).

What is the amount of the 2019 wellness discount?

You and your spouse/domestic partner were able to earn a wellness discount on 2019 medical plan contributions.

- If you earned 100 wellness points by August 31, 2018, your wellness discount on 2019 medical plan contributions is \$60/month (\$720/year).
- If your spouse/domestic partner earned 100 wellness points by August 31, 2018, their wellness discount is an additional \$60/month discount on 2019 medical plan contributions (for a combined discount of \$120/month or \$1,440/year for you both).

To calculate the wellness discount per paycheck, the annual wellness discount (\$720 or \$1,440) was divided by 26 biweekly or 52 weekly pay periods, depending on your paycheck frequency.

NOTE: In compliance with state law, the discount is \$20/month in the Hawaii plans.

Will my paycheck deductions for the cost of health care coverage continue to be made pre-tax?

Yes, your paycheck contributions will continue to be taken pre-tax for medical, dental and vision. Contributions for tax-advantaged accounts (HSA, FSA and commuter benefits) will also continue to be taken pre-tax. Contributions for other benefits will continue to be taken on a post-tax basis (voluntary insurance benefits, life insurance, AD&D insurance, disability coverage, etc.).

Will I receive a credit if I waive AECOM medical coverage?

No, AECOM does not provide a credit for waiving medical coverage.

Your medical plan options

What types of medical options will be available?

You will continue to have high-deductible medical plan options that allow you to set up a Health Savings Account (HSA) and PPO options. HMO options will also be available in some locations, just as they are now.

What types of coverage will be available?

You'll have five different plan designs to choose from: Bronze, Bronze Plus, Silver, Gold and Platinum. Each plan design will be available from multiple insurance carriers at different costs. See the [2019 Benefits Guide](#) for details.

Will I be able to keep my current Anthem doctor(s)?

While Anthem won't be one of the insurance companies available in 2019, there is a very good chance that your current Anthem doctor(s) will be in one of the new provider networks — each network includes more than 90% of current Anthem providers. If you and your family have multiple health care providers, there is a lesser chance that they all participate in one particular network, so you may have to make a decision about which providers are most important to have in-network.

We designed this new approach understanding that continuity in care is important to employees and their families. We were able to ensure that the majority of health care providers, including physicians and ancillary facilities, match what we have today. If keeping a specific provider is important to you, the *Help Me Choose* resource built into the enrollment process will help you identify plans that include your provider(s) in-network, based on where you live.

Which medical insurance carriers can I choose from?

You'll be able to choose from three national carriers: Aetna*, Cigna and UnitedHealthcare. Depending on where you live, you may also be able to choose from one or more of these regional carriers: Dean Healthcare (Wisconsin), Geisinger (Pennsylvania), Health Net (California), Kaiser (multiple locations), Medical Mutual (Ohio) and University of Pittsburgh Medical Center (Pennsylvania).

**Excluding Alaska, Idaho, Montana and Wyoming.*

How can I check an insurance carrier's network?

To confirm whether your doctor is in-network:

- Please see the [insurance carrier preview websites](#).
- When you enroll, check the networks of each insurance carrier you're considering. For the best results, search for your provider by name — not medical practice — and only the office location where you will visit the provider.
- If you have any uncertainty about whether a doctor or other health care provider participates in a carrier's network, [call the insurance carrier](#) to confirm the provider's participation.

What are the actual plan/network names? How should I identify myself when I call the carriers?

When you call the carriers with questions or for more information during Benefits Open Enrollment, identify yourself as an AECOM employee eligible for the Aon Active Health Exchange, so they know which plans apply to you. After you become a member (starting January 1), you can simply provide your member information that will be printed on your ID card.

How will I know if any regional insurance carriers will be available to me?

You'll be able to see all your carrier options when you enroll online.

I live in California. How are my medical options different?

In California:

- Each insurance carrier can choose to offer each plan design either as an option that offers in- and out-of-network benefits (e.g., a PPO) or as an option that offers in-network benefits only (e.g., an HMO).
- Insurance carriers can choose to offer:
 - The Gold option, which is offered by Aetna and UnitedHealthcare, provides in-network and out-of-network benefits;
 - or
 - The Gold II option, which is offered by Cigna, Health Net and Kaiser Permanente, **only** offers in-network benefits.

See the [2019 Benefits Guide](#) for details.

I live in Hawaii. How are my medical options different?

The medical plan options and carriers are a bit different in Hawaii. You'll have two plan designs, Gold and Platinum, and you'll continue to have two insurance carriers, HMSA and Kaiser, to choose from (the same carriers you have now). See the [2019 Hawaii Benefits Guide](#).

I am on an international assignment. How do the new medical plan options impact me?

You will continue to be eligible for the Cigna International Health Plan while you are on an international assignment. When your international assignment ends, you'll be eligible for the new medical plan options. See the [2019 Benefits Guide for Employees on International Assignment](#).

I'm a part-time, variable or temporary/casual employee. What health plan benefits are available to me?

If you are a part-time employee classified as working less than 20 hours a week or are a variable or temporary/casual employee, you are eligible for the full array of medical plan options as well as state-mandated sick leave, the Employee Assistance Program (EAP), the 401(k) Retirement and Savings Plan (RSP) and business travel benefits. You are not eligible for other benefits, including dental and vision coverage, life insurance, accidental death and dismemberment (AD&D) insurance and disability coverage.

I live in Puerto Rico. How do the new medical plan options impact me?

You will continue to be eligible for the Triple S medical plan option instead of these new options. See the [2019 Puerto Rico Benefits Guide](#).

Will pre-existing conditions be covered?

Yes. Coverage is guaranteed, regardless of whether you and/or your eligible dependents have pre-existing conditions.

Will these new plans provide any coverage that I don't have now?

In most cases, the new plans will provide coverage that you do not have today, such as infertility treatment and applied behavioral analysis (ABA) for autism. If you'd like to learn more about this or any other coverage, you can [call the insurance carrier](#) for details.

Can I continue to use the Anthem NurseLine and MDLIVE?

You'll still have access to the same types of services, but they will be provided directly through the new insurance carriers rather than through Anthem. For example, all of the medical insurance carriers offer telemedicine for \$50 or less per visit.

Will I still have access to wellness opportunities?

Yes, *Wellness at AECOM* activities and the wellness discount will continue to be available to you and your spouse/domestic partner. In addition, each of the insurance carriers offers their own wellness services that are complementary to our own *Wellness at AECOM*. We encourage you to participate in *Wellness at AECOM* and your carrier's wellness programs. Both offer unique incentives and opportunities to be well physically and emotionally. *Wellness at AECOM* also provides opportunities for you to be well financially.

How can I find the medical plan option that's most like the one I have today?

While it's tempting to try to compare what you have now with the 2019 plans and pricing, this is an entirely new selection of health care plans. All of your health care plan options — for medical, dental and vision coverage — will be different. While you will find similarities between the current and new plans, it's challenging to "match" your current plan to one of the new plans or to compare the current and new pricing approaches. It's not possible to map your current plan option to a new option or to map your current carrier to one of the new carriers. There are too many variables, including network and plan differences, to match the current and new options.

Take a close look at all of your options and decide which plan design, insurance carrier and costs will meet your needs best. The *Help Me Choose* tool, which will be available during Benefits Open Enrollment, helps you compare your medical plan options based on what's most important to you.

However, you can see which plan you're currently enrolled in when you log in to your **personalized benefits account** (select Health and Insurance and then Coverage Detail) or by calling the **AECOM Benefits Service Center**.

How does the deductible work in the new medical plan options?

All of the plans include a "traditional" deductible. Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member — the plan will start paying its share of the coinsurance, and you will pay the member coinsurance. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

This is a change for those currently enrolled in one of our HDHP medical plan options. In the current HDHP options, the individual deductible applies if you choose employee-only coverage. If you choose another coverage level — employee + spouse/domestic partner, employee + child(ren) or employee + family — only the family deductible applies.

How should I choose a medical insurance carrier if my dependents and I live in different states?

Because you and your dependents must enroll in the same option, you may want to consider one of the national insurance carriers (Aetna*, Cigna and UnitedHealthcare) that offer national provider networks so that your dependents have access to in-network providers in most locations.

**Excluding Alaska, Idaho, Montana and Wyoming.*

I am being treated for a major medical condition. What should I do?

If you or a covered family member is being treated for a medical condition (including pregnancy) and your current provider is not in the new network, you may be able to temporarily continue care with your current provider(s) at the in-network rate once your new medical coverage begins. This is called "transition of care." As you consider your insurance carrier options, complete the **Transition of Care Worksheet** and **call the carrier(s)** to find out about their transition of care benefits.

I am eligible for Medicare (and/or my dependent is eligible for Medicare)? How do the new medical plan options coordinate with Medicare coverage?

AECOM's Advocacy Service can help you with questions about Medicare, including how your new coverage will coordinate with your Medicare coverage. Call the [**AECOM Benefits Service Center**](#) and select the prompt for the Advocacy Service.

Your prescription drug benefits

Will my current prescription drugs continue to be covered?

Just as it is today, prescription drug coverage will be included in whichever medical plan you choose. In some plans, prescription drug coverage is provided by the insurance carrier. In other plans, the insurance carrier might partner with a separate company to provide prescription drug benefits. Some carriers may use Express Scripts (ESI), which is our current prescription drug administrator in the Anthem medical plan options. Other prescription drug administrators are CVS Caremark and Optum Rx, for example.

Each plan and carrier has its own rules about how prescription drugs are covered, and each has its own formulary. Before choosing your plan and carrier, you should:

- Call the medical insurance carrier to find out how your particular prescription medication(s) will be covered. Here are [**prescription drug questions**](#) you'll want to ask. Visit the [**Meet the Carriers**](#) page for carrier phone numbers.
- Complete the *Help Me Choose* tool, which will be available in the enrollment system when you make your benefits elections. It can tell you which medical plan(s) best matches your prescription drug needs. You'll want to have the name, dosage and frequency of all prescription medications you or your family take regularly.

Will the new carrier's formulary be the same as the current formulary in the Anthem plans?

No. Each plan and carrier has its own rules about how prescription drugs are covered, and each has its own formulary. See the previous FAQ for details about how you should check the new formulary and find out how your prescription drugs will be covered before choosing your plan and carrier.

How can I make sure my prescription medication is on a carrier's formulary?

A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. Check with your carrier to make sure your drug is listed on the formulary before you fill it. If it isn't, you'll pay more. Visit the [**carrier's preview site**](#) to learn more about their formulary.

What happens to my current mail order prescription medications if there are still refills left at the end of this year?

If you wish to continue receiving your prescription medications by mail, you will need to set up a mail order account with your new insurance carrier, so you can continue receiving your medications in a timely manner through the new plan. To set up mail order with a new medical insurance carrier, you'll likely need a new 90-day prescription from your doctor. And, because mail order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime. Visit the [**carrier's preview site**](#) to learn more about setting up your new mail order prescriptions.

Your dental plan options

Will I be able to keep my current dentist or orthodontist?

Aetna will continue as one of the dental carriers, so chances are very good that your current dental provider will continue to be available if you choose Aetna as your carrier for 2019. However, the new Aetna network may be a bit different from the Aetna network currently available to you. If it's important that you continue using the same dentist, orthodontist or other dental care provider, you should check to see whether that provider is in the network before you choose a carrier.

Which insurance carriers can I choose from for dental coverage?

You can choose from five national carriers: Aetna, Delta Dental, Cigna, MetLife and UnitedHealthcare.

How can I check the carrier networks?

To see whether your dentist is in network:

- Check out the insurance **carrier preview websites**. When you enroll through your **personalized benefits account**, check the networks of each insurance carrier you're considering.

What types of dental options will be available?

You will continue to have Dental PPO (DPPO) options, and you'll have a new Dental HMO (DHMO) option.

What types of coverage will be available?

You'll have four different plan designs to choose from: Bronze, Silver, Gold and Platinum. Each plan design will be available from multiple insurance carriers at different costs. See the **2019 Benefits Guide** for details.

How are the new dental PPO options different from the current dental PPO options?

In current dental PPO plans, in-network and out-of-network dental services are covered at different percentages.

In the new dental PPO options, in-network and out-of-network dental services are covered at the same percentages. However, if you receive care from an in-network dental provider, you get the advantage of the provider-contracted rate. Out-of-network providers may charge more than the contracted rate, which means you may pay quite a bit more if you receive out-of-network care.

For example, let's say you need to have a tooth filled.

- An in-network dentist charges \$100, which is the contracted rate. The plan pays 80%, \$80. You pay the remaining \$20.
- An out-of-network dentist charges \$120. The plan pays 80% of the allowed amount*, which is \$110. So the plan pays \$88. You pay the remaining \$32.

**The allowed amount is set by each carrier based on the average usual amount providers charge for services in a particular location.*

How is the Platinum network different from the other plan networks?

If you are considering a Platinum dental option:

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

What if I (or my covered dependent) am currently receiving orthodontia treatment?

If the orthodontia treatment is going to continue into next year, **call the insurance carrier** you are considering to find out about transition of orthodontia care. Also, keep in mind that not all plans cover orthodontia, and some may cover orthodontia for children only. See the **2019 Benefits Guide** for details.

Your vision plan options

Can I keep my current eye doctor?

Each vision insurance carrier has its own provider networks. If it's important that you continue using the same eye doctor or retail store, you should check to see whether your eye doctor or retail store is in the network before you choose a carrier.

Which insurance carriers can I choose from for vision coverage?

You can choose from four national carriers: Eyemed, MetLife, UnitedHealthcare and VSP.

How can I check the carrier networks?

To confirm whether your eye doctor or retail store is in-network:

- See the insurance **carrier preview websites**.
- When you enroll through your **personalized benefits account**, check the networks of each insurance carrier you're considering.

What types of coverage will be available?

You'll have three different plan designs to choose from: Bronze, Silver and Gold. Each plan design will be available from multiple insurance carriers at different costs. See the **2019 Benefits Guide** for coverage details.

Why aren't free annual eye exams included in the Silver and Gold plan design?

You still have access to free vision exams in the Bronze plan design, which is also a free plan for you — AECOM pays the full cost for coverage. Similar to our current Basic Vision Plan, the Bronze plans only provide coverage for free annual eye exams. They do not cover contact lenses or eyeglasses. The Silver and Gold plan designs do cover annual eye exams, contact lenses and eyeglasses. However, there is a copay for annual eye exams (\$20 Silver, \$10 Gold).

Health Savings Account (HSA)

Why is HSA administration moving from HealthEquity to BAML?

To make it more convenient for you to manage your accounts and focus more holistically on your financial well-being, we are moving the Health Savings Account (HSA) and Flexible Spending Account (FSA) benefits administration to Bank of America Merrill Lynch (BAML), our current retirement and equity plans administrator. That means you will be able to access all your tax savings accounts through one website.

Can I transfer my current HSA balance from HealthEquity to BAML?

Yes, if you choose a medical plan that allows you to set up an HSA, you'll be asked (within the enrollment system) if you want to transfer your HSA balance to BAML. If you have an HSA balance with HealthEquity, but you don't choose a medical plan that allows you to set up an HSA in 2019, you can still transfer your balance to BAML. We'll provide instructions on how to do that by the end of this year.

Can I keep my current HSA balance with HealthEquity?

Yes. If you currently have an HSA and you have a balance, the unspent funds will remain in your HSA, earn tax-free interest, and be available for qualified health care expenses at any time. If you choose to keep your HSA balance with HealthEquity, you may be responsible for monthly administration fees depending on your balance amount.

However, if you'd like, you can transfer your HealthEquity account balance into your new BAML HSA to avoid potential fees and save the hassle of managing different accounts. You'll be provided with directions for opening your new account and for transferring funds by the end of this year.

Will I continue to receive company contributions in my HSA?

Under the new multi-carrier approach, you will have High-Deductible Health Plan (HDHP) options including an HSA still available to you. With these plans, you can continue to make pre-tax HSA contributions. However, because we are moving to a fully-insured arrangement and cannot incentivize employees to select one plan or carrier over another, AECOM can no longer make employer contributions to an HSA. We have applied the amount that AECOM was contributing to our employees' HSAs into the amounts that AECOM contributes toward medical coverage for all employees. For example, we determined the average HSA matching contribution across our employee population by coverage tier (e.g. \$40 per month for employee-only coverage for the Premier Plus HDHP) and AECOM will be contributing an additional \$40 to the monthly contributions made for a comparable plan. Please note that this example simply provides an illustration of how the HSA employer contribution was calculated and is not the actual amount that you will see applied when you enroll.

What happens to my HSA balance if I move from an HDHP medical plan option to a PPO?

Your HSA balance is always yours to keep, even if you switch to a medical plan that does not allow you to contribute to an HSA. You can continue to use the funds in your HSA to pay for eligible healthcare expenses. If you choose a PPO or other medical plan for 2019 that does not allow you to set up an HSA, the Benefits Team (through Alight) will provide more information about transferring your current HSA balance from HealthEquity to BAML in late December or early January.

Your voluntary benefits options

I'm currently enrolled in hospital indemnity insurance. How do I continue my coverage in 2019?

Hospital indemnity insurance pays a benefit in the event you or a covered family member is hospitalized. To bring you more competitive rates for this coverage, we have selected Allstate to replace MetLife as the insurance carrier.

If you are currently enrolled in the hospital indemnity insurance benefit:

- Your current MetLife coverage will end December 31.
- If you want hospital indemnity coverage in 2019, you must choose the new Allstate benefit during Benefits Open Enrollment.

See the [**2019 Voluntary Benefits Overview**](#) to learn more about the new hospital indemnity insurance benefit.

I'm currently enrolled in critical illness insurance. How do I continue my coverage in 2019?

Critical illness insurance pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease). To bring you new plan features and increased benefit amount options at competitive rates, we have selected Allstate to replace Lincoln Financial Group as the insurance carrier.

If you are currently enrolled in the critical illness insurance benefit, your current AECOM coverage and payroll deductions will stop December 31.

If you want coverage in 2019, you can choose one or both of these options:

- You can continue your current coverage through a direct billing arrangement, which means you will make payments directly to Lincoln Financial Group. You'll soon receive a letter from Lincoln explaining this option and how to choose it.
- You can elect AECOM coverage through Allstate during Benefits Open Enrollment. You will pay for your coverage through paycheck contributions.

See the [**2019 Voluntary Benefits Overview**](#) to learn more about the new critical illness insurance benefit.

I'm currently enrolled in the accident insurance benefit. How do I continue my coverage in 2019?

Accident insurance pays a benefit in the event you or a covered family member is in an accident. To bring you some enhanced coverage features at competitive rates, we have selected Allstate to replace Aflac as the insurance carrier for this benefit.

If you are currently enrolled in the accident insurance benefit:

- Your current AFLAC coverage will end December 31.
- If you want hospital indemnity coverage in 2019, you must choose the new Allstate benefit during Benefits Open Enrollment.

See the [**2019 Voluntary Benefits Overview**](#) to learn more about the new accident insurance benefit.

I'm currently enrolled in the legal services benefits. How do I continue my coverage in 2019?

The legal services benefit gives you access to legal advice and representation from an attorney. Similar to health insurance, legal insurance covers your fees for working with network attorneys on hundreds of covered legal issues. To bring you enhanced services at competitive rates, we have selected Hyatt Legal Plan (a MetLife Company) to replace ARAG as the insurance carrier for this benefit.

If you are currently enrolled in the legal services benefit, your current AECOM coverage and payroll deductions will stop December 31.

If you want coverage in 2019, you can choose one or both of these options:

- You can continue your current coverage through a direct billing arrangement, which means you will make payments directly to ARAG. You'll soon receive a letter from ARAG explaining this option and how to choose it.
- You can elect AECOM coverage through Hyatt Legal Plan during Benefits Open Enrollment. You will pay for your coverage through paycheck contributions.

See the [**2019 Voluntary Benefits Overview**](#) to learn more about the new legal insurance benefit.

I'm currently enrolled in the identity theft services benefits. How do I continue my coverage in 2019?

The identity theft services benefit can protect you and your family from the cost and inconvenience of identity theft and can assist you in recovering your credit and credentials if your identity is ever stolen. Although this benefit will continue to be offered through InfoArmor, and all the same services will continue to be available at the current 2018 cost, you must re-enroll if you want this coverage in 2019.

If you are currently enrolled in the identity theft services benefit:

- Your current InfoArmor coverage will end December 31.
- If you want identity theft services in 2019, you must choose the new InfoArmor benefit during Benefits Open Enrollment.

See the [**2019 Voluntary Benefits Overview**](#) to learn more about the new identity theft services benefit.

I'm currently enrolled in auto/home insurance with MetLife. How do I continue my coverage in 2019?

Your MetLife auto/home insurance will continue automatically. You don't need to do anything. Beginning in 2019, you'll have two additional carrier options for auto/home insurance — Travelers and Liberty Mutual. You'll be able to request quotes for these new carriers later this year, for policies effective on or after January 1.

I'm currently enrolled in pet insurance with MetLife. How do I continue my coverage in 2019?

Your MetLife pet insurance will continue automatically. You don't need to do anything.

New benefits to help you save money

What is the new international vacation medical insurance benefit?

International vacation medical insurance offers affordable coverage for you and your covered family members when traveling outside the U.S. It can supplement any coverage offered by your medical insurance carrier.* Coverage also includes claims support, translation services, a direct bill payment option and more. The cost will vary based on the coverage you choose. See the [**2019 Benefits Guide**](#) to learn more.

**Most carriers cover only emergency services outside the U.S.*

What is the new bill negotiation services benefit?

AECOM is offering a new bill negotiation services benefit to potentially help you save time and money. This benefit offers assistance reviewing out-of-network medical bills, negotiating medical bill costs with doctors and hospitals, and creating a payment plan for medical-related expenses. Just call when you need it. If you save money through bill negotiation services, you'll pay 35% of your savings. Otherwise, the benefit is free. See the [**2019 Benefits Guide**](#) to learn more.

Aon and Alight

Who are Aon and Alight?

Alight, formerly part of Aon, is the administrator of your **personalized benefits account** where you log in to see your personalized benefits elections, make new elections during Benefits Open Enrollment and update your elections after a life event. Alight also administers specific AECOM benefits, such as commuter benefits, and manages the AECOM Benefits Service Center.

We are now partnering with Aon, to bring you a new selection of health care and voluntary benefits options. You may see references to AECOM's benefits partners in some materials and on carrier preview sites.

I saw the term "exchange" in one of the Aon communications. Why? What is the Aon Active Health Exchange™?

Under this new benefits strategy, AECOM is partnering with the Aon Active Health Exchange™ to offer some of your benefits options and tools— medical coverage, dental coverage, vision coverage, hospital indemnity insurance, critical illness insurance, accident insurance, legal services and identity theft insurance.

The Aon Active Health Exchange is America's first national, large-employer, multi-insurance carrier exchange. It is unrelated to the government-run state and federal health insurance exchanges or marketplaces (sometimes referred to as Obamacare or by a state-specific name, such as Covered California). It does, however, provide benefits consistent with the law and guarantees coverage, regardless of pre-existing conditions.

Aon Active Health Exchange is a trademark of Aon Corporation.

If you have questions not answered here:

- Explore the **2019 Benefits Open Enrollment** page at **AECOMbenefits.com**.
- Visit the **carrier preview websites** for questions related to specific services and coverage provided by each carrier (network providers, prescription drugs, telemedicine, etc.).
- Join us for an **Open Enrollment Session**, available on-site at some locations and by WebEx.
- Call the **AECOM Benefits Service Center**. If you need highly personalized assistance, such as help with a claims or billing issue, select the prompt for the Advocacy Service. Try to avoid peak call days — October 29 and November 15 –16.

This document provides information on various AECOM benefit plans and outlines changes that take effect in 2019. It is intended to provide an overview of changes and information about some of the benefit plans you are eligible for as an AECOM employee. Benefits and eligibility may differ by union plan, service contract agreement, collective bargaining agreement or other contract. If you have questions about your eligibility, contact your local HR team member.

*If any information in this document conflicts with the information outlined in any plan document or insurance policy, the plan document or insurance policy will govern. AECOM reserves the right to amend, modify or terminate these plans at any time. This document does not constitute a contract of employment. Legal notices related to your 2019 benefits are available on your Benefits page on Ecosystem. You can request a hard copy by calling the **AECOM Benefits Service Center**.*