

2020 International Health Plan

As an employee on an international assignment, you and your family are eligible for the International Health Plan. The plan provides medical and dental coverage in the U.S. and internationally, and also covers an annual eye exam.

If you are a current employee starting an international assignment, you have the opportunity to elect the International Health Plan (and, if applicable, enroll in or update your domestic dental and vision coverage options) by logging in to your [personalized benefits account](#). You may also waive coverage in the International Health Plan if you have coverage through a different medical provider. If you don't make an election, you will be enrolled in the International Health Plan for employee only coverage. Your medical coverage will automatically change to the International Health Plan on the date your international assignment starts.

If you are a new hire, you must enroll in the International Health Plan by logging in to your [personalized benefits account](#) within 31 days of receiving your enrollment email.

Medical coverage

While you are on an international assignment, you are eligible for medical coverage — in the U.S. and internationally — through the International Health Plan. The plan uses the Cigna network of health care providers in the U.S. Outside of the U.S., you can receive care from any international health care provider, at the U.S. in-network coverage level. The following chart describes the International Health Plan medical coverage.

International Health Plan: Medical Coverage		
Plan Feature	International and U.S. In-Network	U.S. Out-of-Network
Annual Deductible	\$800 employee only	\$800 employee only
	\$1,600 family	\$1,600 family
Out-of-pocket Maximum	\$3,000 employee only	\$6,000 employee only
	\$6,000 family	\$12,000 family
Preventive Services	Plan pays 100%	Plan pays 100%
General Coinsurance (after deductible)	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
Retail Prescription Drugs* (30-day supply)	International: Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
	Generic U.S. In-Network: \$10 copay	
	Preferred Brand U.S. In-Network: \$30 copay	
	Non-Preferred Brand U.S. In-Network: \$50 copay	
Mail Order Prescription Drugs* (90-day supply)	International: Not covered	Not covered
	Generic U.S. In-Network: \$30 copay	
	Preferred Brand U.S. In-Network: \$90 copay	
	Non-Preferred Brand U.S. In-Network: \$150 copay	

*Only the cost of generic prescription drugs will be covered unless "Dispense as Written (DAW)" is indicated by the prescribing physician.

How the domestic PPO and international Cigna plans compare:

- **In-network and out-of-network coverage:** The International Health Plan provides international coverage abroad in addition to in-network and out-of-network coverage in the U.S. The international coverage has the same deductible, out-of-pocket maximum and coinsurance levels as your U.S. in-network benefits. Deductibles and out-of-pocket maximums cross-accumulate between U.S. in-network, U.S. out-of-network and international coverage. U.S.-based PPO plans may also provide coverage outside the U.S. (confirm the details with the carrier).
- **Health Savings Account (HSA):** If you are enrolled in one of the HSA-compatible medical plan options (Bronze or Bronze Plus), you may participate in and contribute to an HSA. In the International Health Plan, you may use the funds in your HSA to pay for eligible health care expenses, but you will no longer be able to contribute to your HSA.
- **Flexible Spending Account (FSA):** Once you enroll in the International Health Plan, you will no longer be eligible for the Health Care FSA. Eligible services incurred before your assignment start date can be filed with Bank of America Merrill Lynch (BAML) and must be submitted no later than March 15 of the following plan year.
- **Deductibles and out-of-pocket maximums transfers:** You can transfer your deductible and out-of-pocket maximum when you move between an AECOM U.S. domestic plan and the International Health Plan. To initiate a transfer, you'll need to provide the carrier with an Explanation of Benefits (EOB) form showing any deductible and out-of-pocket maximum met in the other carrier's plan in that plan year.



Transferring prescriptions to the International Health Plan

To request prescriptions through the International Health Plan, please log in to CignaEnvoy.com (you will need to create an account first) or call Cigna at 800.441.2668 (Outside the U.S.: +1 302.797.3100).

Transitioning care to the International Health Plan

If you have an existing medical condition that will require coverage under the International Health Plan, fill out the Cigna Transition of Care form and submit it to Cigna.

Dental coverage

When you enroll in the International Health Plan, you'll automatically receive Cigna dental insurance which provides international and U.S. dental coverage. If you will be travelling to the U.S. often or if you have dependents remaining in the U.S., you may also enroll in (or continue to participate in) one of the domestic dental plans available in the U.S.

	International Health Plan	U.S. Domestic Plan	
Plan Feature	International and U.S. Dental Coverage	Aetna DPO Premier	Aetna DPO
		In-Network/Out-of-Network	In-Network/Out-of-Network
Annual Deductible	\$50 individual \$150 family	\$50/\$100 individual \$100/\$200 family	\$75/\$150 individual \$150/\$300 family
Preventive Services (no deductible)	No cost	No cost	No cost
Basic Services	You pay 20%	You pay 20%/40%	You pay 30%/50%
Major Services	You pay 50%	You pay 40%/60%*	You pay 50%/60%*
Orthodontia	You pay 50% (child/adult) Plan pays up to \$1,500 per person per lifetime	You pay 50% (child/adult) Plan pays up to \$1,500 per person per lifetime	Not Covered
Annual Calendar Year Maximum	\$1,500	\$1,500	\$1,250

*Surgical removal of an erupted or impacted tooth, occlusal guards, deep cleaning, incision and draining of abscess are all 20% (in-network) or 40% (out-of-network) in the DPO Premier Plan and 30% (in-network) or 50% (out-of-network) in the DPO Plan.

Vision coverage

When you enroll in the International Health Plan, you automatically receive coverage for an annual eye exam from Cigna at no cost to you. Eyewear is not covered. If you want coverage for eyewear (eyeglasses and/or contact lenses), travel to the U.S. often or have dependents remaining in the U.S., you may also enroll (or continue to participate in) the VSP Premier option offered in the U.S.

VSP Premier In-Network/Out-of-Network	
Exam	No cost/\$45 allowance
Lenses	Between \$10 and \$55 copay/between \$45 and \$125 allowance
Frames	\$10 copay, then \$150 allowance plus 20% off remaining balance/\$47 allowance
Contact Lenses Instead of Glasses	
Conventional/Disposable Medically Necessary	\$10 - \$60 copay, then \$120 allowance for contact lenses includes fitting and evaluation/\$105 allowance

FAQs about your health care options

1

Can I keep my domestic medical coverage while I'm on an international assignment?

No. All employees on international assignment have one medical option available to them — the International Health Plan, which includes both international (outside of the U.S.) and U.S. coverage. In the U.S., you can receive care through the Cigna Envoy provider network.

2

Can I keep my domestic dental coverage while I'm on international assignment?

Yes. The International Health Plan includes international and U.S. dental coverage. If you travel to the U.S. often or if you have dependents remaining in the U.S., you may also choose one of the domestic dental plan options for dental coverage in the U.S.

3

Can I keep my domestic vision coverage while I am on international assignment?

Yes. The International Health Plan includes coverage for an annual eye exam at no cost to you. If you require eyewear, travel to the U.S. often or have dependents remaining in the U.S., you may also choose one of the domestic vision plan options for vision coverage in the U.S.

4

May I waive International Health Plan coverage?

Yes, you may waive International Health Plan coverage if you have coverage through a different medical plan. Please note that the AECOM Benefits Service Center may require that you attest to your other coverage upon enrollment.

5

What happens to my benefits if I come back to the U.S. to work?

If you return to the U.S. and you continue to be eligible for AECOM benefits, you must enroll in AECOM domestic benefits or waive coverage. If you are no longer benefits-eligible, you may be eligible for the COBRA International Health Plan. If you don't take action, you will default into no coverage.



Questions?

Call the AECOM Benefits Service Center at 844.779.9567 (+ 1 312.843.5091 outside the U.S.), 8 a.m. to 8 p.m. CT, Monday through Friday.

Your cost for the International Health Plan

AECOM pays the majority of the cost for you and your family. You share in the cost through employee payroll contributions and when you receive services. For specific employee contribution amounts, log in to your [personalized benefits account](#).