

2020 Benefits Open Enrollment

Frequently Asked Questions

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You must enroll for health care coverage and spending account contributions

Why do I have to make health insurance benefits elections for 2020?

Just like last year, your health care and spending account elections will NOT carry over. **You must make new elections every year** if you want medical, dental, vision coverage and, if applicable, to contribute to a Health Savings Account (HSA) or Flexible Spending Account (FSA).

Much can change over the course of a year — your health care needs can change, costs change, new carriers and services are added, and providers move in and out of networks. The plan you chose last year may no longer be the right plan for you. It's important to take a fresh look at your options every year and make informed elections.

What happens if I don't make elections during Benefits Open Enrollment?

You and your family will NOT have medical, dental, vision coverage, or any Health Savings Account (HSA) contributions or Flexible Spending Account (FSA) contributions for 2020.

Your elections for other benefits — voluntary benefits, life and accidental death and dismemberment (AD&D) insurance, disability insurance, and charitable contributions — will carry over to next year.

Why should I consider enrolling in supplemental life insurance?

If you are not already enrolled in supplemental life insurance, you can elect coverage up to one times your annual base pay, and you won't have to complete the usual evidence of insurability (EOI) requirements. It's a great way to protect the financial well-being of your loved ones, at group rates through AECOM.

How do I make my elections?

Log in to your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 4 - 22, and use the *Help Me Choose* step of the enrollment process to find the most compatible medical plan based on what's most important to you.

Your costs

How will my 2020 health care costs compare to my current health care costs?

The amount you pay for health care coverage in 2020 will depend on the plan and carrier you choose. You could pay the same, less than or more than you pay now, depending on your choices. When you enroll, the *Help Me Choose* step can help match you with the right medical plan based on your needs and cost preferences.

As is the case with other products and services, including other types of insurance, the costs for health insurance are increasing. That's why some medical plans will see higher costs for coverage next year. Also, in the medical plan options, plan designs are being updated with new out-of-pocket costs — the amounts you pay through the deductible, prescription drug copays, coinsurance and out-of-pocket maximums — to keep pace with rising health care costs.

How will AECOM's contribution for 2020 health care coverage compare to AECOM's current contribution?

AECOM will continue to pay the majority of the cost to provide benefits coverage — including health care, voluntary benefits, perks, and more — for employees and their family members. For medical coverage specifically, your individual contribution provided by AECOM (called a “credit” in the enrollment system) will continue to be based on the lowest cost Bronze plan available in your area in 2020 and may be different than the amount you received in 2019 based on changes to insurance carrier rates.

Why are out-of-pocket costs increasing in the medical plan options?

Increases in the deductible, coinsurance, out-of-pocket maximums and prescription drug copays are being made to help control increases in the cost for coverage (the “premium” cost) and balance the needs and costs of all covered employees and their families — those with fewer medical needs and those who need more medical care. The *Help Me Choose* step within the enrollment process can help you carefully consider your *total* expected costs — what comes out of your paycheck and what you pay “out-of-pocket” when you receive care.

When and where can I see my 2020 costs?

You'll be able to see all your benefits costs when you log in to your personalized benefits account at myAECOMbenefits.com and make your elections during Benefits Open Enrollment, November 4 – November 22. 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 2020 wellness discount?

You and your spouse/domestic partner were able to earn a wellness discount on 2020 medical plan contributions. If you earned 100 wellness points by August 30, 2019, your wellness discount on 2020 medical plan contributions is \$60/month (\$720/year).

If your spouse/domestic partner earned 100 wellness points by August 30, 2019, their wellness discount is an additional \$60/month discount on 2020 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. In compliance with state law, the discount is \$20/month in the Hawaii plans.

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

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

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.

Help Me Choose

What is *Help Me Choose*?

Help Me Choose is a step within the online enrollment process, accessible through your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment. The *Help Me Choose* step matches you with the most compatible medical plan based on what's most important to you — your cost preferences, your health care needs, your doctors and other providers, and your prescription drugs. You can choose the most compatible plan, if you'd like, or you can choose any other plan. *Help Me Choose* also provides ratings and reviews provided by actual plan members based on feedback about the carrier's customer service, online experience and networks.

How do I access *Help Me Choose*?

When you enroll through your personalized benefits account at myAECOMbenefits.com, you'll automatically be guided through the *Help Me Choose* process.

To access *Help Me Choose* the first time you start the enrollment process:

1. Log in to your personalized benefits account at myAECOMbenefits.com.
2. Select the *It's Open Enrollment!* tile or *Make Your Open Enrollment Choices* box in your message center.
3. Click the green *Research and Enroll* button.
4. Go to the Medical/Rx section and select the *View/Change* button.
5. Select *Help Me Choose* in the *Need help?* popup.

If you start the enrollment process and then later go back in to complete it, getting to the *Help Me Choose* step is a little different:

1. Log in to your personalized benefits account at myAECOMbenefits.com.
2. Select the *Change Your Mind?* tile or *View or Change Your Open Enrollment Choices* box in your message center.
3. Click the green *View or Change* button.
4. Go to the Medical/Rx section and select the *View/Change* button.
5. Scroll down and select the green *Help Me Choose* button.

How do I complete *Help Me Choose*?

After you answer 10 questions about your health care needs and preferences, *Help Me Choose* scores 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). You can choose the plan with the highest score, if you'd like, or you can choose any other plan.

What questions do I need to answer?

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.

Do I have to answer the questions?

No, the *Help Me Choose* step is completely optional. Even if you choose to complete the *Help Me Choose* step, which is strongly recommended, some of the specific questions are optional as well. Answering all 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.

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 questions has no impact on the cost of your health plan options.

Why am I asked 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.

Making your elections

Why do I have to create a new password and PIN for my personal benefits account at myAECOMbenefits.com?

We require our benefits partners to follow strict procedures to safeguard the security of your personal information. Earlier this year, Alight — our benefits administration partner — implemented new security protocols that required everyone to create a new password for web login and a new phone PIN to use when calling the AECOM Benefits Service Center.

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 at myAECOMbenefits.com. 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 22 at 11:59 p.m. Central Time.

I'm a new employee. Will my new hire benefits elections continue in 2020?

No. As a new hire, you must make benefits elections for 2019 and 2020.

- You must make your 2019 elections within 31 days of your date of hire. If you haven't done that yet, log in to your personalized benefits account at myAECOMbenefits.com and select *Are you a new user?* and follow the prompts to register. Then check your Notification Center for 2019 enrollment instructions and complete your new hire enrollment.
- You must make your 2020 elections during Benefits Open Enrollment, November 4 – 22, or within 31 days of your date of hire (if later than November 22):
 - To enroll in your 2020 benefits before November 22, log in to your personalized benefits account at myAECOMbenefits.com and select the *It's Open Enrollment!* tile.
 - To enroll in your 2020 benefits after November 22, log in to your personalized benefits account at myAECOMbenefits.com and check your Notification Center for enrollment instructions.

Do I have to verify my dependent's eligibility for 2020 benefits?

Yes. 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. Added dependents will be covered initially and will remain covered as long as their eligibility is verified.

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.

Can I make my elections by phone?

The easiest way to enroll is online, through your personalized benefits account at myAECOMbenefits.com, accessible 24/7 from desktop and mobile device. When you enroll online, you can access the *Help Me Choose* decision-making step and choose health care coverage that is most compatible with your and your family's needs.

The [AECOM Benefits Service Center](#) can help if you have questions about your benefits and/or how to enroll. Benefits Service Center representatives can also walk you through the online enrollment process, including the *Help Me Choose* step during Benefits Open Enrollment, November 4 – 22.

Your medical plan options

Will the current metallic level plans continue to be available?

Yes, you'll continue to 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. Keep in mind that the plan options are slightly different in California, and Hawaii has a different array of options and carriers as well. You can find details about all the plan options available to you when you enroll through your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 4 – 22, and in your [2020 Benefits Guide](#).

Are there any changes to the medical plan designs?

Yes, the plan designs are being updated to keep pace with rising health care costs, with increases to deductibles, coinsurance, out-of-pocket maximums and prescription drug copays. There are also some coverage enhancements for infertility and mammography services in compliance with state-mandated requirements for certain carrier. You can find coverage details when you enroll through your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 4 – 22, and in your [2020 Benefits Guide](#).

What are my carrier options?

You'll have four national carriers to choose from — Aetna*, Anthem (a new carrier option), Cigna and UnitedHealthcare. Depending on where you live, you may also be able to choose from one or more of these regional carriers: Priority Health (a new carrier option in Michigan), Dean Healthcare (Wisconsin), Geisinger (Pennsylvania), Health Net (California), Kaiser (multiple locations), Medical Mutual (Ohio) and University of Pittsburgh Medical Center (Pennsylvania). If you want to learn more about a carrier that you're not currently enrolled with, visit the [carrier preview websites](#).

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

How do the Anthem plans and networks compare to the Anthem plans and networks previously offered at AECOM?

The Anthem provider networks, plan details and prescription drug coverage are different than what you may have had in the past. You can find details about all the plan options when you enroll through your personalized benefits account at [myAECOMbenefits.com](#) during Benefits Open Enrollment, November 4 – 22, and in your [2020 Benefits Guide](#).

How do I find out if my providers are in-network?

When you enroll through your personalized benefits account at [myAECOMbenefits.com](#), you'll be prompted to enter your provider information and see their network participation within the *Help Me Choose* step.* If you want to take additional steps to confirm network participation, you can:

- Check the [carrier preview websites](#).
- [Call the carrier](#) and identify yourself as an AECOM employee eligible for the Aon Active Health Exchange.
- Call the AECOM Benefits Service Center at 844.779.9567 (U.S.), +1 312.843.5091 (Outside U.S.).
- Call the provider's office and give them the network name. You can find network names in the [Tips for Finding Network Providers](#).

**Keep in mind that some providers participate in a network as an individual provider but not as part of a group practice and vice versa. Also, the network information in the enrollment system is based on the information provided by the carriers. While every effort is made to ensure accuracy, it's recommended that you confirm participation directly with your provider. See the [Tips for Finding Network Providers](#) for details.*

If I need to call a carrier, how should I identify myself so they know which plans/networks/benefits I'm eligible for?

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.

What are the names of the specific provider networks?

See the [Tips for Finding Network Providers](#) for the network names specific to our medical plan options and carriers.

Will pre-existing conditions be covered if I change plans or carriers?

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

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 (Anthem, 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 I want to change carriers?

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. You can also receive transition of care assistance through AECOM’s Advocacy Service, which is accessible through the AECOM Benefits Service Center at 844.779.9567 (U.S.), +1 312.843.5091 (Outside U.S.).

I am eligible for Medicare (and/or my dependent is eligible for Medicare)? How do these 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

How are prescription drugs covered?

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. Prescription drug administrators include Express Scripts (ESI), 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* step when you make your benefits elections within the enrollment system. 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.

Are there changes to the prescription drug benefits?

To keep pace with rising health care costs, prescription drug copay amounts are increasing in all the medical plan options. You can find specific copay amounts when you when you enroll through your personalized benefits account at [myAECOMbenefits.com](#) during Benefits Open Enrollment, November 4 – 22, and in your [2020 Benefits Guide](#).

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.

If I change carriers, 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 the current dental plan metallic levels and carriers continue?

Yes. You'll continue to 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. The five national carriers are Aetna, Delta Dental, Cigna, MetLife and UnitedHealthcare.

Are there changes to the dental plan benefits?

Yes, in the Gold Plan the annual maximum benefit (i.e., the most the plan will pay) is increasing. You can find the specific amounts — and additional plan details — when you enroll through your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 4 – 22, and in your [2020 Benefits Guide](#).

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 at myAECOMbenefits.com, check the networks of each insurance carrier you're considering.
- Call your provider's office directly.

How does in-network and out-of-network coverage work in the 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.*

Does the Bronze plan cover major dental care?

No, the Bronze plan design is a lower-cost option that includes coverage for preventive and basic dental care only. The Bronze plans do not cover orthodontia or major dental care including crowns, bridges and dentures.

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 and you want to change plans/carriers, [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.

You can find details about all the plan options when you enroll through your personalized benefits account at [myAECOMbenefits.com](#) during Benefits Open Enrollment, November 4 – 22, and in your [2020 Benefits Guide](#).

Your vision plan options

Will the current vision plan metallic levels and carriers continue?

Yes. You'll continue to 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. You can choose from four national carriers: EyeMed, MetLife, UnitedHealthcare and VSP.

You can find details about all the plan options when you enroll through your personalized benefits account at [myAECOMbenefits.com](#) during Benefits Open Enrollment, November 4 – 22, and in your [2020 Benefits Guide](#).

Are there changes to the vision plan benefits?

No, the current vision plan designs will continue with no changes.

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 at [myAECOMbenefits.com](#), check the networks of each insurance carrier you're considering.
- Call your provider's office directly.

Health Savings Account (HSA)

Are HSA limits contribution limits increasing?

Yes. For 2020, HSA contribution limits will increase to \$3,550 for individuals and \$7,100 for families.

What happens to my HSA balance if I move from an HDHP (Bronze, Bronze Plus) to a PPO (Silver, Gold, Platinum) medical plan option?

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 health care expenses.

Can I use my HSA to pay eligible expenses even if the amount of the expenses exceeds the amount of money in my account?

You can use your HSA to pay for eligible health care expenses up to the amount you have in your account. For example, let's say you have \$295 in your account when need to pay for a medical procedure that costs \$600. You can use the \$295 in your HSA account to pay for part of the procedure, but you'll need to pay the remaining \$205 with non-HSA dollars.

Voluntary and other benefits

Are there any changes to the voluntary or other benefits?

There are no changes to our voluntary or other benefits. However, to further support your financial well-being, we are making some enhancements to the way you access your benefits:

- For supplemental life insurance, the evidence of insurability (EOI) requirement is being waived for this Benefits Open Enrollment. If you are not already enrolled in supplemental life insurance, you can elect coverage up to one times your base pay, and you won't have to complete the usual OEI requirements.
- If you elect auto, home or pet insurance, you will pay for that coverage through direct billing with the carrier (rather than through payroll deductions).
- We will introduce new codes on your paystubs for voluntary benefits deductions, beginning in 2020. The new codes will help clarify which deduction amounts apply to which benefits.

Aon and Alight

Who are Aon and Alight?

Alight, formerly part of Aon, is the administrator of your personalized benefits account at myAECOMBenefits.com where you log in to see your 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 partner with Aon to bring you a new selection of health care and voluntary benefits options through their Aon Active Health Exchange™. You may see references to AECOM's benefits partners in some materials and on carrier preview sites.

What is the Aon Active Health Exchange™?

AECOM partners with Aon to offer some of your benefits options through the Aon Active Health Exchange™— 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 [2020 Benefits Open Enrollment](#) page at [AECOMbenefits.com](#).
- Visit the [carrier preview websites](#) for questions related to specific services and coverage provided by each insurance vendor (network providers, prescription drugs, telemedicine, etc.).
- 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: November 4 and November 21–22.
 - When you call, you'll have the option to make an appointment instead of waiting on hold. You can also make appointments from within the online enrollment process.
 - If you need to cancel appointment, please do so well in advance so your scheduled time can be opened up to someone else.
 - Representatives can help you with online enrollments (including the *Help Me Choose* step), starting November 4.

This document provides information on various AECOM benefit plans and outlines changes that take effect in 2020. 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 2020 benefits are available on your Benefits page on Ecosystem. You can request a hard copy by calling the AECOM Benefits Service Center.