

AECOM U.S. Benefits
For your world.

Choose benefits for *your* world.

You must enroll if you want
medical, dental and vision
coverage next year.

2024 U.S. Benefits Guide

Benefits Open Enrollment is November 6 – 22, 2023

Table of Contents



Ready to Get Started?

3

What You Need to Do

4

Eligibility

5



Medical & Prescription Drug

6

Medical Coverage

7

Just for Californians!

11

Prescription Drug Coverage

14

How Much Will It Cost?

17

Health Savings Account

18

Choose Your Insurance Carrier

20

Critical Illness Insurance

22

Hospital Indemnity Insurance

23

Accident Insurance

24



Vision

29

Vision Coverage

30



More Options

33

Flexible Spending Accounts

34

Disability Coverage

35

Life Insurance

36

Accidental Death and
Dismemberment (AD&D) Insurance

37

Legal Services

38

Identity Theft Protection

39

Auto and Home Insurance

40

Pet Insurance

41

International Vacation Medical

42

Bill Negotiation Services

43

Additional Benefits

44



Dental

25

Dental Coverage

26



Enroll

45

Enroll for 2024

46



Ready to Get Started?

This is your opportunity to enroll in medical, dental, vision, and other benefits. Just choose your coverage level, the price you want to pay, and the insurance carrier you want to work with. That's how you can make it yours.

What You Need to Do

You must enroll if you want coverage in 2024.

You must enroll or you will **not** have medical and prescription drug, dental, or vision coverage through AECOM next year. You must also make an active election if you want to contribute to a Health Savings Account (HSA) or a Flexible Spending Account (FSA).

Your other current benefits elections will carry over to next year: critical illness insurance, hospital indemnity insurance, accident insurance, legal services, identity theft protection, supplemental life insurance, accidental death and dismemberment (AD&D) insurance, long-term disability (if applicable), auto/home insurance and pet insurance.

Help Me Choose Makes It Easy

When you enroll online at myAECOMbenefits.com, you'll see a tool within the enrollment process called *Help Me Choose*. Be sure to complete this step, because it can help you select the medical plan that is right for you and your family.

After you answer some 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). You can choose the plan with the highest score, if you'd like, or you can choose any other plan.

To get ready for *Help Me Choose*, you should collect:

- The name and contact information for doctors, hospitals, labs, etc., you and your covered family members prefer
- Details about prescriptions you or your covered family members take including the name, dosage and frequency of the prescriptions

Keep in mind that *Help Me Choose* uses average prescription drug costs and shows a cost for preventive drugs, which actually have a \$0 copay. If you use preventive drugs, your actual drug costs will be less than what's shown in the tool.

See page 46 for instructions on how to find *Help Me Choose* in the enrollment system.

Access, Answers, and More

You may simply go into the enrollment system and use the *Help Me Choose* tool to make your 2024 elections. However, if you want more information, you have access to a number of tools and resources before, during, and after enrollment. Visit AECOMbenefits.com for your enrollment checklist, FAQs and more.



Everyone MUST Enroll

Everyone who wants to have medical, dental or vision coverage and contribute to an HSA or FSA in 2024 needs to make elections during Benefits Open Enrollment.

Updating Your Benefits After You Enroll

Once the enrollment period ends, you can't change your elections unless you have a qualifying life event, such as marriage or the birth or adoption of a child. Log in to myAECOMbenefits.com to update your elections or dependent coverage within 31 days of the qualifying life event.

Are you a new hire?

Newly hired employees must elect benefits twice—once for the remainder of 2023 and again for 2024 benefits.

Eligibility

If you are classified as a regular full-time or regular part-time employee scheduled to work for at least 20 hours per week, you are eligible for AECOM benefits, including medical, dental, vision, life, AD&D and disability benefits, time off programs, leaves of absence, voluntary benefits, the well-being program and perks programs. Please note that some benefits may differ by contract.

If you are classified as a casual (part-time variable) or temporary employee, you are eligible for the full array of medical plan options, local government-mandated sick leave, the Employee Assistance Program (EAP), the well-being program, the Retirement & Savings Plan (RSP) – 401(k) and business travel benefits. You are not eligible for dental, vision, life, AD&D, disability or voluntary benefits.

Eligible Family Members

You can enroll yourself and your eligible dependents in medical, dental and/or vision benefits. Eligible dependents include your:

- Spouse or domestic partner
- Child(ren) up to age 26 regardless of marital or student status
- Unmarried child(ren) of any age who are incapable of supporting themselves due to a mental or physical disability and who are totally dependent on you. This eligibility is dependent upon carrier decisions and qualifications.

To qualify for domestic partner coverage, you and your partner must meet specific criteria.

Additionally, current federal tax laws provide that if your domestic partner does not qualify as your tax-qualified dependent, then the cost of his or her medical, dental and vision plan coverage must be made on an after-tax basis. The same is true for any other covered dependents (for example, the children of your domestic partner) who do not qualify as your tax-qualified dependents. Therefore, the fair market value of your non-tax-qualified dependents' Health Plan coverage is required to be added to your gross income and is subject to applicable federal and state income tax withholding and employment taxes. This additional income, called "imputed income," will be reported to the Internal Revenue Service (the "IRS") on your Form W-2.

Please call the **AECOM Benefits Service Center** at **844.779.9567** (+ 1 312.843.5091 outside the U.S.), between 8 a.m. and 8 p.m. Central Time, Monday through Friday for more information and for the applicable forms to add a domestic partner.



Covering Dependents?

You'll be required to provide proof of eligibility for any new dependent you want to add to your coverage. You'll receive information about eligibility and documentation requirements after you enroll.



Medical & Prescription Drug

You have control when you enroll—you get to choose the medical coverage level, cost, and insurance carrier that are right for you and your family. Make sure to take action so you don't miss out!

Medical Coverage

Don't let the names of the coverage levels fool you.

One option isn't better than another. The best coverage level for you depends on your and your family's needs and preferences. If you want AECOM medical coverage in 2024, you must enroll.

Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze:** A high-deductible option that lets eligible participants contribute to an HSA
- **Bronze Plus:** A buy-up to the Bronze option—a high-deductible option that lets eligible participants contribute to an HSA
- **Silver:** A preferred provider organization (PPO) option
- **Gold:** A PPO option with a higher level of coverage than the Silver PPO option
- **Platinum:** A PPO option that covers in-network care and offers limited benefits for out-of-network care

For all coverage levels, some insurance carriers in CA, CO, DC, GA, MD, OR, VA and WA offer an HMO option that covers in-network care only. Each coverage level is available from different insurance carriers at different costs.

Do you live in California? Your options will be different, depending on the insurance carrier you choose. See page 11 for details.

Do you live in Hawaii? See the [2024 Hawaii Benefits Guide](#).

Do you live in Puerto Rico? See the [2024 Puerto Rico Benefits Guide](#).

Are you on an international assignment? See the [2024 Benefits Guide for Employees on an International Assignment](#).



Check This Out!

Certain regional insurance carriers will only offer certain coverage levels. Just remember that only the options available to you will appear when you enroll.

Is a Primary Care Physician Required?

You must designate a primary care physician to coordinate your care if you:

- Choose Kaiser Permanente as your insurance carrier.
- Live in Northern California and choose Health Net as your insurance carrier.
- Live in Southern California and choose Health Net as your insurance carrier and Gold II or Platinum as your coverage level.
- Enroll in any other HMO plan.

Medical Plan Extras

Most medical plans include "extras" to support you in being well, including fitness and health discounts, help quitting tobacco, nutrition and weight management services, healthy moms and babies support, care programs to help you with conditions such as heart disease and more. Check with your insurance carrier to learn about what your plan offers.

Do You Live Outside the Service Area?

Your specific options are based on your home zip code as reflected in the Workday system. If you live outside the service areas of all the insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier.

Annual Deductible

The deductible is what you pay out of your own pocket before your insurance begins to pay a share of your costs. It doesn't include amounts taken out of your paycheck for health coverage.

Traditional deductible: Once a covered family member meets the **individual** deductible, your insurance will begin paying benefits for that family member. 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.

| | BRONZE | BRONZE PLUS | SILVER | GOLD | PLATINUM |
|---------------------------------------|---|---|---|---|--|
| Annual Deductible (individual/family) | In-network: \$4,900/\$9,800 | In-network: \$3,200/\$6,400 | In-network: \$1,000/\$2,000 | In-network: \$800/\$1,600 | In-network: None |
| | Out-of-network: \$4,900/\$9,800 | Out-of-network: \$3,200/\$6,400 | Out-of-network: \$2,000/\$4,000 | Out-of-network: \$1,600/\$3,200 | Out-of-network: \$5,000/\$10,000 |

The charts within this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

Know the Networks

Keep in mind that carrier networks can change at any time. Just because your provider was in a carrier's network one year doesn't necessarily mean they will be the next year. Use the enrollment website tools (including *Help Me Choose*) to confirm that your providers are in the carrier's network.

To ensure your medical provider is in the network of the carrier you select, call your medical provider's office directly. Indicate the carrier and network name you intend to enroll in and confirm they will accept that plan. See **tips on finding network providers**. If you can't find a carrier network that includes all of your health care providers, you might want to consider the one with the providers you see most often.

If you go out-of-network, know that:

- Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.
- Some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA do not cover out-of-network benefits at all.

For more information, see page 21.

Annual Out-of-Pocket Maximum

The out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs.

Traditional out-of-pocket maximum: Once a covered family member meets the **individual** out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

| | BRONZE | BRONZE PLUS | SILVER | GOLD | PLATINUM |
|--|---|---|---|--|---|
| Annual Out-of-Pocket Maximum (individual/family) | In-network: \$6,400/\$12,800 | In-network: \$4,300/\$8,600 | In-network: \$5,300/\$10,600 | In-network: \$3,600/\$7,200 | In-network: \$1,600/\$3,200 |
| | Out-of-network: \$12,800/\$25,600 | Out-of-network: \$11,500/\$23,000 | Out-of-network: \$10,600/\$21,200 | Out-of-network: \$7,200/\$14,400 | Out-of-network: \$11,500/\$23,000 |

The charts within this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

What's Included?

The annual out-of-pocket maximum **includes** amounts paid toward your deductible under the Bronze, Bronze Plus, Silver, and Gold options.

It **doesn't include** amounts taken out of your paycheck for health coverage. Also, if you choose coverage under Kaiser Permanente, Bronze Plus, Silver, Gold or Platinum, copays from certain medical benefits may not apply toward the annual out-of-pocket maximum.

In-Network Benefits

When you enroll, you'll be able to see additional coverage details, and any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, call the carrier directly.

| | BRONZE, BRONZE PLUS | SILVER | GOLD | PLATINUM |
|-----------------------|------------------------------|---|---|---|
| Preventive Care | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100% |
| Doctor's Office Visit | You pay 25% after deductible | <ul style="list-style-type: none"> You pay \$30 for PCP visit with no deductible You pay \$50 for specialist visit with no deductible | <ul style="list-style-type: none"> You pay \$25 for PCP visit with no deductible You pay \$40 for specialist visit with no deductible | <ul style="list-style-type: none"> You pay \$25 for PCP visit You pay \$40 for specialist visit |
| Emergency Room | You pay 25% after deductible | You pay \$150, then 30% after deductible | You pay \$150, then 25% after deductible | You pay \$200 |
| Urgent Care | You pay 25% after deductible | You pay \$50, no deductible | You pay \$40, no deductible | You pay \$25, no deductible |
| Inpatient Care | You pay 25% after deductible | You pay 30% after deductible | You pay 25% after deductible | You pay \$350 |
| Outpatient Care | You pay 25% after deductible | If not an office visit, you pay 30% after deductible | If not an office visit, you pay 25% after deductible | If not an office visit, covered 100% ¹ |

¹There is a \$100 copay for outpatient surgery at a hospital or free-standing facility.

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

Just for Californians!

Your options will be different, depending on the medical insurance carrier you choose.

For starters, each insurance carrier in California can choose to offer each coverage level either as an option that offers in- and out-of-network benefits (e.g., a PPO) **or** an option that offers in-network benefits only (e.g., an HMO).

Review the table below to see which insurance carriers offer out-of-network benefits for the coverage levels you're considering:



| | BRONZE, BRONZE PLUS, SILVER | GOLD | GOLD II | PLATINUM |
|-------------------|-----------------------------|------------------------|-----------------|------------------------|
| Aetna | In- and out-of-network | In- and out-of-network | Not available | In- and out-of-network |
| Anthem | In-network only | In-network only | Not available | In-network only |
| Cigna | In- and out-of-network | In- and out-of-network | Not available | In- and out-of-network |
| Health Net | In- and out-of-network | Not available | In-network only | In-network only |
| Kaiser Permanente | In-network only | Not available | In-network only | In-network only |
| UnitedHealthcare | In- and out-of-network | In- and out-of-network | Not available | In- and out-of-network |

Gold or Gold II?

Insurance carriers can choose to offer **either the standard Gold option or a Gold II option—not both**. The Gold II option **only** offers in-network benefits.

The Gold option is offered by Aetna, Anthem, Cigna and UnitedHealthcare. The Gold II option is offered by Health Net and Kaiser Permanente.

Annual Deductible and Out-of-Pocket Maximum (California Residents)

| | BRONZE | BRONZE PLUS | SILVER | GOLD | GOLD II | PLATINUM |
|--|---|---|---|--|--|---|
| Annual Deductible (individual/ family) | In-network: \$4,900/\$9,800 | In-network: \$3,200/\$6,400 | In-network: \$1,000/\$2,000 | In-network: \$800/\$1,600 | In-network: None | In-network: None |
| | Out-of-network: \$4,900/\$9,800 | Out-of-network: \$3,200/\$6,400 | Out-of-network: \$2,000/\$4,000 | Out-of-network: \$1,600/\$3,200 | Out-of-network: Not covered | Out-of-network: \$5,000/\$10,000 |
| Annual Out-of-Pocket Maximum (individual/ family) | In-network: \$6,400/\$12,800 | In-network: \$4,300/\$8,600 | In-network: \$5,300/\$10,600 | In-network: \$3,600/\$7,200 | In-network: \$5,400/\$10,800 | In-network: \$1,600/\$3,200 |
| | Out-of-network: \$12,800/\$25,600 | Out-of-network: \$11,500/\$23,000 | Out-of-network: \$10,600/\$21,200 | Out-of-network: \$7,200/\$14,400 | Out-of-network: Not covered | Out-of-network: \$11,500/\$23,000 |

Going Out-of-Network?

Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.

In-Network Benefits (California Residents)

When you enroll, you'll be able to see additional coverage details, and any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, call the carrier directly.

| | BRONZE, BRONZE PLUS | SILVER | GOLD | GOLD II | PLATINUM |
|-----------------------|------------------------------|---|---|---|---|
| Preventive Care | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100% | Covered 100% |
| Doctor's Office Visit | You pay 25% after deductible | <ul style="list-style-type: none"> You pay \$30 for PCP visit with no deductible You pay \$50 for specialist visit with no deductible | <ul style="list-style-type: none"> You pay \$25 for PCP visit with no deductible You pay \$40 for specialist visit with no deductible | <ul style="list-style-type: none"> You pay \$25 for PCP visit You pay \$40 for specialist visit | <ul style="list-style-type: none"> You pay \$25 for PCP visit You pay \$40 for specialist visit |
| Emergency Room | You pay 25% after deductible | You pay \$150, then 30% after deductible | You pay \$150, then 25% after deductible | You pay \$150, then 30% after deductible% | You pay \$200 |
| Urgent Care | You pay 25% after deductible | You pay \$50, no deductible | You pay \$40, no deductible | You pay \$40, no deductible | You pay \$25, no deductible |
| Inpatient Care | You pay 25% after deductible | You pay 30% after deductible | You pay 25% after deductible | You pay 30% | You pay \$350 |
| Outpatient Care | You pay 25% after deductible | If not an office visit, you pay 30% after deductible | If not an office visit, you pay 25% after deductible | If not an office visit, you pay 30% | If not an office visit, covered 100% ¹ |

¹There is a \$100 copay for outpatient surgery at a hospital or free-standing facility.

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

Prescription Drug Coverage

Do you or a family member take medications?

Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

Your prescription drug coverage depends on the medical coverage level you choose **and** your medical insurance carrier. Below is an overview of the in-network coverage for each coverage level. See page 15 to find out why your carrier matters too.



| | BRONZE, BRONZE PLUS | SILVER | GOLD | PLATINUM |
|--|---|---------------|---------------|---------------|
| Preventive Drugs (determined by the insurance carrier, as required by the Affordable Care Act) | You pay \$0 You must have a doctor's prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service. | | | |
| 30-day retail supply | | | | |
| Tier 1: Generally lowest cost options | You pay 100% until you've met the deductible, then you pay 25% | You pay \$12 | You pay \$10 | You pay \$8 |
| Tier 2: Generally medium cost options | You pay 100% until you've met the deductible, then you pay 25% | You pay \$50 | You pay \$40 | You pay \$30 |
| Tier 3: Generally highest cost options | You pay 100% until you've met the deductible, then you pay 25% | You pay \$70 | You pay \$60 | You pay \$50 |
| 90-day mail-order supply | | | | |
| Tier 1: Generally lowest cost options | You pay 100% until you've met the deductible, then you pay 25% | You pay \$30 | You pay \$25 | You pay \$20 |
| Tier 2: Generally medium cost options | You pay 100% until you've met the deductible, then you pay 25% | You pay \$125 | You pay \$100 | You pay \$75 |
| Tier 3: Generally highest cost options | You pay 100% until you've met the deductible, then you pay 25% | You pay \$175 | You pay \$150 | You pay \$125 |



If you live in California and you're eligible for coverage under Gold II, note that prescription drug coverage is the same as for the Gold coverage level shown above.

Prescription Drug Coverage: Your Medical Insurance Carrier Matters

Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why **you need to do your homework** to determine how your medications will be covered before choosing a medical insurance carrier.

Things to Consider

If you or a covered family member regularly takes medication, it is strongly recommended that you call the medical insurance carrier before you enroll.

Just tell the carrier you're considering medical coverage offered through the Aon Active Health Exchange* and ask the following questions.

✓ Is my drug on the 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. If your drug isn't on a carrier's formulary, you'll pay more for it.

✓ How much will my drug cost?

The cost of your prescription depends on how your medication is classified by your insurance carrier—either Tier 1, Tier 2, or Tier 3. The higher the tier, the more you'll pay.

While generics typically cost less than brand name drugs, insurance carriers can classify higher-cost generics as Tier 2 or Tier 3 drugs, which means you'll pay the Tier 2 or Tier 3 price for certain generic drugs. You can also find this information on the carrier preview sites, or use the prescription drug search tool when you enroll.

✓ Will I have to pay a penalty if I choose a brand name drug?

Because many brand name drugs are so expensive, some medical insurance carriers will require you to pay the copay or coinsurance of a higher tier—plus the cost difference between brand and generic drugs—if you choose a brand when a generic is available.

✓ Is my drug considered "preventive" (covered 100%)?

The Affordable Care Act requires that certain preventive care drugs are covered at 100% when you fill them in-network—but, each insurance carrier determines which drugs it considers "preventive." If a drug isn't on the preventive drug list, you'll have to pay your portion of the cost.

See the Prescription Drug Transition Worksheet

It can help you track your answers to these questions. Have the **worksheet** on hand when you contact the medical insurance carriers for assistance.

What's a Pharmacy Benefit Manager?

Each medical carrier uses a pharmacy benefit manager to handle its prescription drug coverage. It's like how car manufacturers rely on other companies to build certain parts of the car, like the radio or tires. Depending on your pharmacy benefit manager, you might receive a separate prescription drug card to present to the pharmacy when filling a prescription.

*The medical plan options are offered through the Aon Active Health Exchange™, which 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.

✓ **Will my doctor have to provide more information before my prescription can be approved?**

Many carriers require approval, or prior authorization, of certain medications before covering them. This may apply for costly medications that have lower-cost alternatives or aren't considered medically necessary.

✓ **Will I have a step therapy program?**

If this applies to one of your medications, you'll need to try using the most cost-effective version first—usually the generic. A more expensive version will only be covered if the first drug isn't effective in treating your condition.

✓ **Are there any quantity limits for my medication?**

Certain drugs have quantity limits—for example, a 30-day supply—to reduce costs and encourage proper use.

✓ **How do I take advantage of mail-order service?**

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.

How Much Will It Cost?

It's up to you.

You can choose the coverage level and insurance carrier that offer the right balance.

You get to decide how much you want to pay for coverage. You can choose the coverage level you want from the insurance carrier offering it at the best price.

There are other factors that impact how much you pay, too, including your contribution amount from AECOM, how many family members you cover, your (and, if applicable, your spouse/domestic partner's) commitment to well-being, and the working spouse/domestic partner surcharge (if applicable). The end result is that you could end up paying more—or less—for coverage than you do today.

Keep in mind, you'll pay the cost of medical (and dental and vision) coverage with pre-tax dollars.

Price Shopping

You'll be able to see the contribution amount from AECOM and your price options for coverage when you enroll

Pay Now or Pay Later?

How much you pay out of your paycheck is one thing. You also have to consider what you'll pay throughout the year when you need care. You determine which coverage level gives you the best deal on your total health care costs.



If you miss a paycheck deduction

If you miss one or more paycheck deductions for your benefits, due to the timing of your benefits elections or status change, Alight (our benefits administration partner) will notify Payroll to collect one extra deduction per paycheck until your arrears balance has been paid.

Pay LESS now and MORE when you need care

The Bronze and Bronze Plus coverage levels cost less per paycheck, but the deductibles are higher. Make sure you know how the deductible works, and that the deductible amount is something you can afford in the event you need a lot of health care.

Keep in mind, you can enroll in an HSA when you enroll in a Bronze or Bronze Plus coverage level. See how an HSA could save you money on page 18.



Pay MORE now and LESS when you need care

The Silver, Gold, and Platinum coverage levels generally cost more per paycheck, but the Silver and Gold deductibles are lower. The Platinum coverage level does not have a deductible. If you don't expect to have a lot of health care needs next year, you could be spending money for benefits you don't use.

Health Savings Account

Save the smart way.

A Health Savings Account (HSA) is a great way to save for the future. Just set aside a few dollars from each paycheck now, and then you'll have funds to help cover health care expenses that come up later. Plus, it's tax-free, so you're actually getting a better deal.

Use an HSA and Save

The Bronze and Bronze Plus coverage levels give you access to an HSA administered by Bank of America Merrill Lynch. This is a personal bank account that works with your medical plan if you're eligible.

The HSA allows you to set aside tax-free money to pay for qualified health care expenses, like your medical, dental, and vision copays, deductibles, and coinsurance.

You can decide whether to enroll in an HSA and how much (if any) money you want to save when you enroll. You can change the amount you save at any time throughout the year.

What's Great About the HSA?

While no one likes taking money out of their paycheck, there are a number of advantages to setting aside money in an HSA.

✓ It's tax-free when it goes in.

You can put money into your HSA on a pre-tax basis through convenient paycheck contributions. Not only do you save money on qualified health care expenses, but your taxable income is also lowered. For 2024, you can save up to \$4,150* if you're covering just yourself, or \$8,300* if you're covering yourself and your family.

If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to \$1,000*.

✓ It's tax-free as it grows.

You earn tax-free interest on your money. The interest you earn even earns interest!

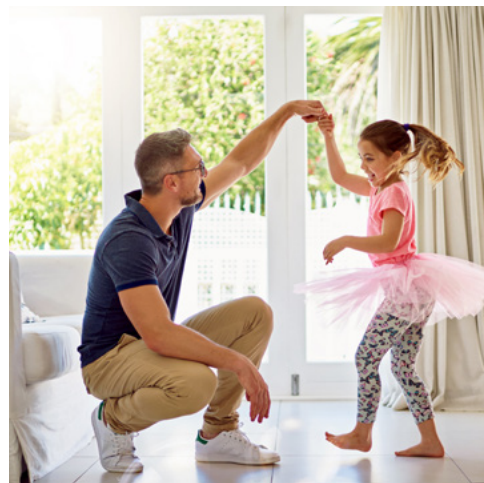
✓ It's tax-free when you spend it.

When you spend your HSA on qualified health care expenses, you don't pay any taxes. That means you're saving money on things like your medical, dental, and vision coinsurance and deductibles. Of course, you'll want to make sure you have sufficient funds in your HSA before paying for these expenses. See more about how to use your HSA on the next page.

✓ It's always your money.

Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical plans, leave the company, or retire.

*Limits subject to mid-year changes per [IRS regulations](#).



After-Tax Is an Option Too

If you want to, you can elect to contribute after-tax dollars to your HSA by transferring money from your bank account or writing a check. After-tax contributions cannot be made through payroll deductions.

The annual limit is the sum of both your pre-tax and after-tax contributions.

Back Up Your HSA

Consider how critical illness, hospital indemnity, and accident insurance coverage can provide additional medical protection and lower your out-of-pocket medical costs. That way, you can save your HSA for when you really need it. See pages 22-24.

Use Your HSA Easily

It's your money, so it **should** be easy to access—and it is! In addition to being able to manage your account online, there are three ways to use your HSA to pay for expenses. You can use your HSA debit card, pay for your expenses up front and pay yourself back from your HSA, or pay your provider directly through Bank of America Merrill Lynch.

See a complete [list of qualified expenses](#).

Your [HSA User's Guide](#) includes details about how to grow your HSA, access your funds online, and more.

Rules About Eligibility

- ✓ To be eligible to contribute to an HSA, you must be enrolled in a Bronze or Bronze Plus medical coverage level. If you're covered by a second medical plan, it must also be a high-deductible option for you to be eligible for an HSA. For example, if you're also enrolled in your spouse's coverage, that plan must be a high-deductible option too.
- ✓ You can't contribute to an HSA if:
 - You're enrolled in Medicare or a veteran's medical plan (TRICARE).
 - You're claimed as a dependent on someone else's federal tax return.
 - You or your spouse currently participates (or previously participated within the current plan year) in a **general purpose** Health Care Flexible Spending Account (Health Care FSA).
- ✓ Although you can enroll your children up to age 26 in your medical coverage, you **can't** use money from your HSA to pay their health care expenses unless you claim them as dependents on your federal income taxes (generally children up to age 19 or under age 24 if they are full-time students).
- ✓ In general, you can't contribute to an HSA if you use a Health Care FSA for **medical** expenses. If you have an HSA and a Health Care FSA:
 - In order to contribute to an HSA, your Health Care FSA must be "limited purpose" and can only be used to pay for qualified **dental** and **vision** expenses. However, once you meet the medical deductible, then it can be used toward qualified medical expenses as well.
 - Your HSA can be used for qualified medical, dental, and vision expenses.

If you currently have money in a Health Care FSA and you want to contribute to an HSA in the next plan year, use the Health Care FSA money by December 31.

Also Have an FSA?

If you're wondering ...

- How is an HSA different from a Health Care FSA?
- Would I want to use both an HSA and a Health Care FSA?

You can get answers in the [ABCs of HSAs and FSAs](#).

Choose Your Insurance Carrier

This is how our health care approach saves you money—by making insurance companies compete for your business. Instead of AECOM choosing one or two carriers to do business with, you have several carriers to choose from.

No matter which coverage level you select, you may be able to choose from the following national and regional carriers.*

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

National Carriers

• Aetna

Before you're a member (preview site): <https://www.aetna.com/aon/fi>

Once you're a member (website): <https://www.aetna.com>

Phone number: **855.496.6289**

• Anthem

Before you're a member (preview site):

<https://www.anthem.com/ca/learnmore>

Once you're a member (website): <https://www.anthem.com/ca>

Phone number: **844.424.8089**

• Cigna

Before you're a member (preview site):

<https://connections.cigna.com/aonactivehealth-2024>

Once you're a member (website): <https://my.cigna.com>

Phone number: **855.694.9638**

• UnitedHealthcare

Before you're a member (preview site): <https://www.whyuhc.com/aon9>

Once you're a member (website): <http://myuhc.com>

Phone number: **888.297.0878**

Regional Carriers

• Dean/Prevea 360 (generally available in WI)

Before you're a member (preview site): <http://aon.deanhealthplan.com>

Once you're a member (website): <http://aon.deanhealthplan.com>

Phone number: **877.232.9375**

• Geisinger (generally available in PA)

Before you're a member (preview site): <https://geisinger.org/aon>

Once you're a member (website):

<https://www.geisinger.org/member-portal>

Phone number: **844.390.8332**



Which Carriers Are Available to Me?

Your specific options are based on where you live (so it's important to make sure your home address on record in Workday is correct before you enroll). You'll be able to see the options available to you when you enroll.

If your insurance carrier name includes a state, this refers to the location the carrier operates from (i.e., which state has primary jurisdiction over the laws, rules, and regulations the carrier follows). In general, it isn't a reference to the network—many offer coverage nationally.

*If you live outside the service areas of all the insurance carriers, an out-of-area option through Aetna at the Silver coverage level will be your only choice. See page 7 for details.

- **Health Net (generally available in CA)**

Before you're a member (preview site): <https://www.healthnet.com/myaon>

Once you're a member (website): <https://www.healthnet.com/myaon>

Phone number: **888.926.1692**

- **Kaiser Permanente (generally available in CA, CO, DC, GA, MD, VA, OR, WA)**

Before you're a member (preview site): <https://www.kp.org/aon>

Once you're a member (website): <https://www.kp.org>

Pre-enrollment phone number: **877.580.6125**

CA post-enrollment phone number: **800.464.4000**

CO post-enrollment phone number: **800.632.9700**

DC, MD, VA post-enrollment phone number: **800.777.7902**

GA post-enrollment phone number: **888.865.5813**

OR, southwest WA post-enrollment phone number: **800.813.2000**

WA pre-enrollment **and** post-enrollment phone number: **855.407.0900**

- **Medical Mutual (generally available in OH)**

Before you're a member (preview site): <https://medmutual.com/aon>

Once you're a member (website): <https://member.medmutual.com>

Pre-enrollment phone number: **800.677.8028**

Post-enrollment phone number: **800.541.2770**

- **Priority Health (generally available in the lower peninsula of MI)**

Before you're a member (preview site): <https://www.priorityhealth.com/aon>

Once you're a member (website): <https://member.priorityhealth.com/login>

Phone number: **833.207.3211**

- **UPMC Health Plan (generally available in PA)**

Before you're a member (preview site):

<https://www.upmchealthplan.com/aon>

Once you're a member (website):

<https://www.upmchealthplan.com/members>

Pre-enrollment phone number: **844.252.0690**



Do You Live in California?

Remember, the insurance carrier you choose may also affect your coverage level choices. See page 11 for details.

What Are People Saying About Their Experiences With Health Carriers?

Sometimes it really helps to see what other people think about consumer products and services. See how others have rated their health carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and specific comments are available when you enroll online and throughout the year at myAECOMbenefits.com. Taking a look may help you with your choices.

Other people want to hear about your experiences too. Once you're a member, join in the dialogue and share your own ratings and opinions with others.

Why Stay In-Network?

Seeing out-of-network providers may cost you substantially more than seeing in-network providers. For example, you will pay more through a higher out-of-network deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount, even after you've reached your annual out-of-network out-of-pocket maximum.

Each medical insurance carrier can determine its maximum allowed amounts for out-of-network providers. For example, among other ways, carriers may use what's considered "reasonable and customary" and/or a Medicare-based calculation to determine the maximum allowed amount.

If you use out-of-network providers, call the insurance carriers beforehand to confirm the maximum allowed amounts for the type of services you need. It could make a big difference. For example, let's say you will have an out-of-network surgery that costs \$5,000 and you will pay 45% coinsurance. The maximum allowed amounts could be different across carriers:

- If one carrier has a maximum allowed amount of \$2,000, you would owe 45% of \$2,000 **and** 100% of the remaining \$3,000, for a total of \$3,900.
- If a second carrier has a maximum allowed amount of \$3,000, you would owe 45% of \$3,000 **and** 100% of the remaining \$2,000, for a total of \$3,350.

Critical Illness Insurance

When illness strikes, you can strike back.

If you have a serious health condition, critical illness coverage can help lighten the load.

Critical illness insurance pays you a benefit if you or a covered family member is treated for a major medical event or diagnosed with a critical illness — heart attack, stroke, cancer, major organ transplant or kidney failure (COVID is not covered). View the [Voluntary Benefits Overview](#) for details.

Critical illness insurance is not a replacement for medical coverage.

Why Do You Need It?

Critical illness insurance can provide you with extra cash when a health emergency strikes. Even **with** medical insurance, you could have to pay a deductible, coinsurance, and costs for any other services that may not be covered (e.g., long-term rehabilitation, home modification).

You can find additional information about this coverage [online](#) or by calling Allstate's customer service at **888.282.2550**.

Choose Your Coverage Level

If you decide you want critical illness coverage, you may choose from these benefit amounts:

- \$7,500
- \$15,000
- \$30,000

Things to Consider

✓ Cost

The cost of coverage is based on who you cover, age, tobacco status, and the level of coverage you elect. You'll be able to see the cost per paycheck for all your options when you enroll.

✓ Your and your family's needs

Does a serious health condition run in your family? Would you need financial help to offset the cost of a serious health situation? If you answered "yes" to either question, having critical illness insurance could give you peace of mind.

✓ Other coverage

Consider how critical illness insurance could fit in with other coverage for which you might enroll.



How Does It Work?

If you were to enroll in a \$15,000 critical illness plan and suffer a heart attack, for example, the plan would pay you the full \$15,000* to be used for anything you need, including a deductible, coinsurance, or long-term rehabilitation.

*Critical illness insurance has state variations, exclusions, and limitations. You can find these details when you enroll through your personalized benefits account.

Hospital Indemnity Insurance

Put the focus on recovery.

How prepared would you be to pay for an unexpected hospital bill?

Hospital indemnity insurance pays you a benefit in the event you or a covered family member is hospitalized.

Hospital indemnity insurance is not a replacement for medical coverage.

Why Would I Enroll in It?

Even with medical insurance, hospital stays can be costly. You may have copays, deductibles, and other incidental hospital charges that add up.

You can find additional information about this coverage [online](#) or by calling Allstate's customer service at **888.282.2550**.

Things to Consider

✓ Cost

The cost of coverage is based on who you cover. You'll be able to see the cost per paycheck when you enroll.

✓ Your and your family's needs

Does a serious health condition run in your family? Are you or an eligible family member frequently hospitalized? If you answered "yes" to either question, having hospital indemnity insurance could give you peace of mind.

✓ Other coverage

Consider how hospital indemnity insurance could fit in with other coverage for which you might enroll.



How Does It Work?

If you were to enroll in the family plan and be hospitalized two days following gall bladder surgery, for example, the plan would pay you \$1,200* to be used for anything you need, including a deductible, coinsurance, or rehabilitation.

*Hospital indemnity insurance has state variations, exclusions, and limitations. You can find these details when you enroll through your personalized benefits account.

Accident Insurance

Accidents can slam your wallet too.

You may not be able to avoid accidents, but you can deflect part of the cost.

Accident insurance pays you a benefit in the event you or your covered family members are injured in an accident.

Accident insurance is not a replacement for medical coverage.

Why Would I Enroll in It?

Even with medical coverage, your costs related to an accident can be hefty. Depending on the injury, you may be faced with copays, deductibles, hospital charges, transportation fees, and lodging expenses.

You can find additional information about this coverage [online](#) or by calling Allstate's customer service at **888.282.2550**.

Things to Consider

✓ Cost

The cost of coverage is based on who you cover. You'll be able to see the cost per paycheck when you enroll.

✓ Your and your family's needs

Does your family lead an active lifestyle? Have you or an eligible family member suffered financial loss resulting from an accident? If you answered "yes" to either question, having accident insurance could give you peace of mind.

✓ Other coverage

Consider how accident insurance could fit in with other coverage for which you might enroll.



How Does It Work?

If you were to enroll in the plan and suffer a broken foot, for example, the plan would pay you a certain amount in cash* to be used for anything you need, including a deductible, coinsurance, or transportation.

*Accident insurance has state variations, exclusions, and limitations. You can find these details when you enroll through your personalized benefits account.



Dental

Just like your medical coverage, you get to choose the dental coverage level, cost, and insurance carrier that are right for you. Make sure to take action so you don't miss out!

Dental Coverage

Dental benefits for your dental needs.

You should choose the option that's right for you. For example, if you don't need orthodontic care (braces) or major restorative care, the Bronze coverage level may be all you need. If you want AECOM dental coverage in 2024, you must enroll.

Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze:** A PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), but does **not cover major services or orthodontic expenses**
- **Silver:** A buy-up to the Bronze option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and, for children up to age 19, orthodontic expenses
- **Gold:** An enhanced PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children and adults
- **Platinum:** A DHMO option that covers in-network care only, including orthodontic expenses for children and adults (not available in some limited areas)

Paying for Coverage

You'll pay the cost of dental coverage with pre-tax dollars. Just like your medical coverage, you get to decide how much you want to pay for coverage. You can choose the coverage level you want from the insurance carrier offering it at the best price.

In-Network and Out-of-Network Coverage

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.



Is a Primary Care Dentist Required?

If you select an HMO dental plan, such as the Platinum coverage level (where available by carrier), you must designate a primary care dentist to coordinate your care.

If you don't designate a primary care dentist when you enroll, one may be assigned to you. To change your primary care dentist, you will need to contact the insurance carrier directly.

Considering Platinum?

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 Platinum network. Be sure to check the availability of local in-network dentists before you enroll. If you don't use a network dentist, you'll pay for the full cost of services.

Considering Bronze?

Keep in mind that the Bronze options do not cover major services, such as implants, dentures and orthodontia.

Annual Deductible and Plan Limits

The deductible is what **you** pay out of pocket before your insurance starts paying its share of your costs. The annual maximum is the most the insurance carrier will pay in a year for dental costs. The orthodontia lifetime maximum is the total amount the insurance carrier will pay per person.

| | BRONZE | SILVER | GOLD | PLATINUM ¹ |
|---|--------------------|--------------------|--------------------|-----------------------------|
| Annual Deductible (individual/family) | \$100/\$300 | \$100/\$300 | \$50/\$150 | None |
| Annual Maximum (excludes orthodontia) | \$1,000 per person | \$1,500 per person | \$2,500 per person | None |
| Orthodontia Lifetime Maximum ² | Not covered | \$1,500 per child | \$2,000 per person | Varies by insurance carrier |

¹Not available in some limited areas. Only the coverage levels for which you are eligible will show as options when you enroll online.

²If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

In-Network Benefits

When you enroll, you'll be able to see additional coverage details, and any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, call the carrier directly.

| | BRONZE | SILVER | GOLD | PLATINUM ¹ |
|--|------------------------------|--|---|---|
| Preventive Care | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100%, no deductible | Varies by insurance carrier; generally covered 100% |
| Minor Restorative Care (e.g., root canal, gum disease treatment, and oral surgery) | You pay 20% after deductible | You pay 20% after deductible | You pay 20% after deductible | Varies by insurance carrier |
| Major Restorative Care (e.g., implants, dentures) | Not covered | You pay 40% after deductible | You pay 20% after deductible | Varies by insurance carrier |
| Orthodontia | Not covered | You pay 50%, no deductible; children up to age 19 only | You pay 50%, no deductible; for children and adults | Varies by insurance carrier |

¹Not available in some limited areas. Only the coverage levels for which you are eligible will show as options when you enroll online.

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

Choose Your Insurance Carrier

Your specific options are based on where you live. You'll be able to see the options available to you when you enroll. No matter which coverage level you select, you may be able to choose from the following insurance carriers:

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

- **Aetna**

Before you're a member (preview site):

<https://www.aetna.com/aon/fi>

Once you're a member (website): <https://www.aetna.com>

Phone number: **855.496.6289**

- **Cigna**

Before you're a member (preview site):

<https://connections.cigna.com/aonactivehealth-2024>

Once you're a member (website): <https://my.cigna.com>

Phone number: **855.694.9638**

- **Delta Dental Insurance Company (Bronze, Silver, and Gold)**

Before you're a member (preview site):

<http://ddca.deltadentalexchange.com>

Once you're a member (website): <http://www.deltadentalins.com>

Pre-enrollment phone number: **800.503.4162**

Post-enrollment phone number: **800.471.7614**

- **DeltaCare USA (Platinum)**

Before you're a member (preview site):

<http://ddca.deltadentalexchange.com>

Once you're a member (website): <http://www.deltadentalins.com>

Pre-enrollment phone number: **800.546.9751**

Post-enrollment phone number: **800.471.8073**

- **MetLife**

Before you're a member (preview site):

<https://www.metlife.com/aon-exchange>

Once you're a member (website): <https://www.metlife.com/mybenefits>

Phone number: **888.309.5526**

- **UnitedHealthcare**

Before you're a member (preview site): <https://www.whyuhc.com/aon9>

Once you're a member (website): <https://www.myuhc.com>

Phone number: **888.571.5218**

Do Your Homework

With most carriers, knowing that your dentist is in the network is a simple way to get the best deal when you need care. If you're considering Delta Dental, you need to take it one step further to get the same deal.

- If you choose a **Bronze**, **Silver**, or **Gold** option, there are actually two Delta Dental networks—**PPO** and **Premier**. Although the benefits are the same for both, you may have to pay more if your dentist is only a part of the **Premier network**. You can save more by seeing a Delta Dental dentist who participates in both the **PPO** and **Premier** networks, or by using any in-network dentist if you choose another insurance carrier.
- If you choose a **Platinum** option, the **Delta Dental network** goes by the name of "DeltaCare." So you need to make sure your dentist is in the **DeltaCare network**—not just the **Delta Dental network**. Or get the same deal by using any in-network dentist if you choose another insurance carrier.

What Are People Saying About Their Experiences with Dental Carriers?

Sometimes it helps to see what other people think. When you enroll, you'll be able to see how others have rated their dental carriers. Once you're a member, share your own ratings and opinions with others too!



Vision

Just like your medical and dental coverage, you get to choose the vision coverage level, cost, and insurance carrier that are right for you and your family. Make sure to take action so you don't miss out!

Vision Coverage

See how you can benefit from vision coverage.

You have several vision options available that offer a range of coverage—from exams only to coverage for lenses, frames, and contacts. If you want AECOM vision coverage in 2024, you must enroll.

Choose Your Coverage Level

You have three coverage levels to choose from: Bronze, Silver and Gold. See the next page for a comparison of the three coverage levels.

Paying for Coverage

You'll pay the cost of vision coverage with pre-tax dollars. Just like your medical and dental coverage, you get to decide how much you want to pay for coverage. You can choose the coverage level you want from the insurance carrier offering it at the best price.



Coverage for Annual Eye Exams

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 contact lenses and eyeglasses as well as annual eye exams. However, there is a copay for annual eye exams.

In-Network Benefits

When you enroll, you'll be able to see additional coverage details, and any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, call the carrier directly.

| | BRONZE | SILVER | GOLD |
|--|---|---|---|
| Routine Vision Exam (once per plan year) | Covered 100% | You pay \$20 | You pay \$10 |
| Frames (once per plan year) | Discount may apply | \$130 allowance ¹ | \$200 allowance ¹ |
| Lenses (once per plan year; premium lenses may cost more) | | | |
| Single Vision | Discount may apply | You pay \$20 | You pay \$10 |
| Bifocal | | | |
| Trifocal | | | |
| Standard Progressive ² | | | |
| Lenticular | | | |
| Lens Enhancements | | | |
| UV Treatment | Discount may apply | You pay \$15 | You pay \$15 |
| Tint (solid and gradient) | | You pay \$15 | You pay \$15 |
| Standard Plastic Scratch-Resistant Coating | | You pay \$15 | You pay \$15 |
| Standard Anti-Reflective Coating | | You pay \$45 | You pay \$45 |
| Standard Polycarbonate—Adults | | You pay \$40 | You pay \$15 |
| Standard Polycarbonate—Children | | You pay nothing | You pay nothing |
| Other Add-Ons | | Discount only | Discount only |
| Contact Lenses | | | |
| Medically Necessary | Not covered | You pay \$20 | You pay \$10 |
| Elective | Not covered | \$130 allowance ¹ | \$200 allowance ¹ |
| Fit and Evaluation | Discount may apply | You pay \$20 | You pay \$10 |
| Laser Surgery Discounts | | | |
| | 15% off regular price or 5% off promotional price | 15% off regular price or 5% off promotional price | 15% off regular price or 5% off promotional price |

¹Allowance can be used for frames or elective contact lenses, but not both.

²Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

Choose Your Insurance Carrier

Your specific options are based on where you live. You'll be able to see the options available to you when you enroll. No matter which coverage level you select, you may be able to choose from the following insurance carriers.

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

- **EyeMed**

Before you're a member (preview site):

<https://eyemed.com/en-us/exchange-aon>

Once you're a member (website):

<https://member.eyemedvisioncare.com/member/en>

Phone number: **844.739.9837**

- **MetLife**

Before you're a member (preview site):

<https://www.metlife.com/aon-exchange>

Once you're a member (website): <https://www.metlife.com/mybenefits>

Phone number: **888.309.5526**

- **UnitedHealthcare**

Before you're a member (preview site): <https://www.whyuhc.com/aon9>

Once you're a member (website): <https://www.myuhcvision.com>

Phone number: **888.571.5218**

- **VSP**

Before you're a member (preview site): <http://aon.vspexchange.com>

Once you're a member (website): <https://www.vsp.com/signon.html>

Phone number: **877.478.7559**

What Are People Saying About Their Experiences with Vision Carriers?

Sometimes it really helps to see what other people think. When you enroll, you'll be able to see how others have rated their vision carriers.

Once you're a member, share your own ratings and opinions with others too!



More Options

You get to choose other benefits that are right for you and your family.

Flexible Spending Accounts

AECOM offers two tax-advantaged FSAs: the Health Care FSA and Dependent Care FSA. Both FSAs are administered by Bank of America Merrill Lynch.

Health Care FSA

A Health Care FSA allows you to set aside dollars (up to \$3,050 for 2024) from your pay on a pre-tax basis to reimburse yourself for qualified medical, dental, and vision expenses. You may use this account without being enrolled in medical coverage.

Dependent Care FSA

A Dependent Care FSA may be used to reimburse yourself for qualified child and dependent care expenses.

The Dependent Care FSA contribution limit is \$5,000 (or \$2,500 if you are married and filing taxes separately) for 2024. Once you set your annual contribution when you enroll, you cannot change that amount during the year (except in the case of certain qualified life events).

And, with an FSA, you lose any unused money at the end of the year, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.

Things to Consider

When deciding whether to enroll in FSAs, be sure to consider the following:

✓ Your medical option

If you enroll in the Silver, Gold, or Platinum coverage level, you can use the Health Care FSA to pay for qualified medical, dental, and vision expenses.

If you enroll in the Bronze or Bronze Plus coverage level and **do not** enroll in a Health Savings Account (HSA), your Health Care FSA will be a full purpose Health Care FSA and can be used to pay for qualified medical, dental and vision expenses.

If you enroll in the Bronze or Bronze Plus coverage level, and **do** enroll in an HSA, your Health Care FSA will be a limited purpose Health Care FSA and can only be used to pay for qualified dental and vision expenses only.

✓ Tax savings

Do you have moderate to high health care or dependent care expenses? If so, an FSA could help reduce how much you pay in taxes.

✓ Your expected expenses

Because you lose any unused FSA money at the end of the year, you need to carefully estimate your anticipated eligible expenses for the coming year. You should only set aside FSA dollars for eligible expenses you know to expect.



Important FSA Rules

Once you enroll and set your annual contribution, you cannot change that amount during the year (except in the case of certain qualified life events).

You lose any unused money at the end of the year, so carefully estimate your eligible expenses for the coming year.

Disability Coverage

Peace of mind when you can't work.

Could you pay your bills if an illness or injury prevented you from working? Disability benefits can help.

Disability benefits are administered by The Hartford. They replace a portion of your income if you're unable to work due to a pregnancy and/or childbirth, illness, or non-work-related injury.

Short-Term Disability (STD)

- AECOM provides basic STD insurance to you automatically and pays the full cost.
- If you have a qualifying disability, benefits begin after seven consecutive days and may continue up to 26 weeks from the date of disability.
- The STD benefit provides 100% of your base weekly earnings for up to six weeks.
- After six weeks, the STD benefit provides 66.67% of your base weekly earnings for the remainder of the approved STD period.

Long-Term Disability (LTD)

- You must enroll to have this coverage. You can elect the core LTD insurance coverage at 60% of base pay — AECOM pays 50% of the premium cost and you pay the other 50%.
- The LTD benefit is 60% of base annual earnings, up to \$15,000 per month.
- A buy-up option to increase coverage to 66.67%, up to \$15,000 per month, is available at an additional cost.
- LTD benefits begin after 180 days and may be payable up to your Social Security normal retirement age.

Things to Consider

✓ Cost per paycheck

The cost of disability coverage is based on the level of coverage you elect. Your coverage and cost will change with any pay changes. You'll be able to see the cost per paycheck when you enroll online.

✓ Other income sources

If you were unable to work, would other sources of income be available to you, such as sick pay, salary continuance, a short-term state disability plan, or Social Security? If so, consider whether you would have enough money to pay your ongoing expenses for a period of time.

✓ Taxes

Disability benefits may be taxable as ordinary income. That means taxes may be deducted from disability benefit checks. When choosing a disability coverage level, be aware that taxes may affect the dollar amount of your benefit.



Calculate Your Income Protection Needs

Find out how much income protection you might need with this convenient [**calculator**](#) provided by The Hartford.

Life Insurance

Hope for the best, plan for the worst.

Protect your loved ones.

Choose the amount of life insurance coverage that's right for you and your family.

Life insurance protects your family financially in the event of a death. AECOM automatically provides basic life insurance for you free of charge (see "Imputed Income") below. If you decide your family needs more protection, you can buy supplemental coverage for yourself and dependents.

Life insurance plans are administered by The Hartford.

Things to Consider

✓ Cost per paycheck

Your cost to purchase supplemental life insurance is based on your or your spouse/domestic partner's age and how much coverage you buy. Your cost automatically increases as you or your spouse/domestic partner enters a new age bracket or your salary increases. The AECOM Benefits Service Center will notify you of the increase one month before your or your spouse's/domestic partner's birthday or as soon as administratively possible. Your payroll contributions will increase automatically the month following that birthday.

✓ Your family's needs

Remember that life insurance is intended to help protect your family financially if a covered family member dies. Would you have enough money to pay funeral expenses? Would you need to replace an income? Every situation is different, so consider your family situation carefully.

✓ EOI requirements

In order to buy certain levels of supplemental life insurance coverage, you'll need to prove that you are in good physical health. This is called providing evidence of insurability (EOI).

If EOI is required, you will receive instructions on how to access the form as you complete your enrollment online. Please fill out the form and submit it promptly. Full coverage won't take effect until the carrier approves your coverage.

If you don't submit the EOI form or it is not approved, you'll receive the highest level of coverage that doesn't require EOI, if any.

✓ Life insurance decreases at age 65

The original amount of your basic life insurance and your or your spouse/domestic partner's supplemental life insurance benefit will reduce by 35% when you or your spouse/domestic partner turns age 65. At age 70, the original benefit will reduce by 50%. All amounts are rounded to the next higher \$1,000.



Protect your loved ones by updating your beneficiaries

When enrolling in life insurance, you'll be prompted to designate your beneficiary(ies) — the person or persons you want to receive your life insurance benefit if you die. You can change beneficiaries at any time and, in fact, it's a good idea to review and update your beneficiary information to make sure all the information is complete and up to date. If you die and have no beneficiaries on file or if your beneficiary information is outdated, there could be a significant delay in payment (or no payment at all) during an already challenging time for your loved ones.

You can review and update your beneficiary information at myAECOMbenefits.com.

Imputed Income

Federal tax law requires you to pay taxes on the cost of basic life insurance coverage over \$50,000. This is called "imputed income" and will be added to your gross taxable income. It will be included on your paychecks and on your Form W-2 each year. The amount of imputed income is based on your age and coverage amount.

Accidental Death and Dismemberment (AD&D) Insurance

Accidents happen. It's a fact of life.

But you can soften the financial impact of an accidental death or injury.

AD&D benefits protect your family financially in the event of a tragic accident. AECOM automatically provides basic AD&D coverage for you free of charge. If you decide you or your family needs more protection, you can buy AD&D coverage for yourself and your family.

AD&D plans are administered by The Hartford.

Things to Consider

✓ **Cost per paycheck**

The cost of supplemental AD&D coverage is based on the level of coverage you elect. You'll be able to see the cost per paycheck for your options when you enroll.

✓ **Your life insurance election(s)**

Remember that AD&D coverage is intended to help protect your family financially if you or a covered family member dies or suffers a serious injury resulting from an accident. **Because AD&D only pays a benefit in the event of an accident, it is not a substitute for life insurance.**

✓ **AD&D insurance decreases at age 65**

The original amount of your basic and supplemental AD&D insurance benefit will reduce by 35% when you turn 65. At age 70, the original benefit will reduce by 50%. All amounts are rounded to the next higher \$1,000.



Choose Your Beneficiaries

Just as with life insurance, you need to designate beneficiaries for your AD&D benefit. See page 36 for information on designating beneficiaries.

Legal Services

Legal advice doesn't have to break the bank.

You have an affordable way to get help with your personal legal needs.

You don't want to spend a fortune to get legal advice when you need it. Legal Services offers a network of attorneys who can help with creating or updating a will, real estate matters, tax audits, document preparation, and more.

If you use a network attorney, you don't pay any fees, deductibles, or copays. For a complete list of network attorneys and covered services, go [online](#) (access code: 9901714) or call MetLife Legal Plans at **800.821.6400**.

Legal Services is a voluntary benefit administered by MetLife Legal Plans. The plan covers employees and eligible family members.

Things to Consider

✓ **Cost per paycheck**

If you expect to need legal services, the cost of legal services coverage could be less than if you paid an in-network attorney directly. You'll be able to see the cost per paycheck when you enroll.

✓ **Network**

MetLife Legal Plan's national attorney network has more than 13,000 attorneys across all 50 states and U.S. territories.

✓ **Your personal situation**

Think about your expected legal needs. For example, do you plan to purchase, sell, or refinance a home? Or do you need help preparing a will or trust? If you answered "yes" to either question, having legal services coverage could give you peace of mind.



Identity Theft Protection

Your personal information under lock and key.

Let the professionals help you keep your private information private.

More than 422 million individuals in the United States were impacted by identity theft in 2022 alone. Unfortunately, even someone who knows how to minimize their exposure may still be at risk. That's why AECOM offers Allstate Identity Protection as a voluntary benefit. The plan covers all eligible family members. And you can drop coverage at any time during the year.

There are two options: Pro plan and Pro Plus plan.

Both options provide an at-a-glance insight into your risk, updates on scams relevant to you, comprehensive identity and financial monitoring, dark web monitoring, full-service remediation and resolution support, up to \$1 million in expense reimbursement for stolen funds due to identity theft, and more.

The Pro Plus plan option also includes these additional features:

- Allstate Digital Footprint®, a privacy tool that shows where your data lives online and how it might be exposed
- Tri-bureau credit monitoring with annual reporting and credit score
- Ability to lock your TransUnion credit report in a click and get credit freeze assistance

For a complete list of identity theft protection services available, go [online](#) or call **855.969.3373**.

Things to Consider

✓ Cost

You'll be able to see the cost per paycheck for both options when you enroll.

✓ Your risk factors

While everyone has risk, some people are at greater risk than others. For example, have you used credit cards on unsecure websites? Or do you make online purchases regularly? If you answered "yes" to either question, having identity theft protection could give you peace of mind.



New for 2024!

Two identity theft protection plans are available, giving you more flexibility to choose coverage that works best for you and your needs.

Auto and Home Insurance

It's your stuff. Keep it safe.

Get in on special rates for auto and home insurance.

You can get special group rates and policy discounts on many types of insurance—including auto, home, condominium, renter's, and recreational vehicle insurance.

Auto and home insurance is a voluntary benefit. And you can add or drop coverage at any time during the year. You have a choice of three insurance carriers: Farmers Insurance Group®, Travelers and Liberty Mutual.

You can learn more and sign up for coverage at any time by reaching out to the carriers directly:

- **Farmers Insurance Group:** www.myautohome.farmers.com, 800.438.6381.
- **Travelers:** www.travelers.com/aecom, 888.695.4640.
- **Liberty Mutual:** www.libertymutual.com/aecom2, 800.216.1625



Paying for Coverage

You'll pay your premiums through direct billing with the insurance company.

Things to Consider

✓ Cost

The cost for coverage depends on the insurance carrier you select, the type of policy you choose, and your location. Before you enroll, you can get a personalized quote from each insurance carrier.

✓ Your personal situation

Auto and home insurance offers policies to cover your possessions against damage and theft. And you may be eligible for additional discounts if you buy more than one policy from the same insurance carrier.

✓ Flexibility

Because you can add or drop coverage at any time, it's easy to make a change if the need arises.

Pet Insurance

Take care of your family's "best friend."

Pet insurance allows you to focus on your pet's health—not how to pay for it.

Pet insurance can help pay veterinary expenses for a sick or injured dog or cat. It covers a wide range of services with no annual or lifetime limits. There is not a network of providers—you can use any licensed veterinarian.

You can sign up for coverage at any time by contacting the insurance carrier, Nationwide, directly **online** or by calling **800.USA.PETS**.

Paying for Coverage

You'll pay your premiums through direct billing with the insurance company.

Things to Consider

✓ Cost

Your cost of coverage is based on the type of pet, breed, and age. Before you enroll, you can get a personalized quote from Nationwide.

✓ Your pet's needs

Does your pet need regular veterinary care? Are you paying a lot of money out of your pocket for veterinary care? If you answered "yes" to either question, having pet insurance could give you peace of mind.

✓ Flexibility

Because you can add or drop coverage at any time, it's easy to make a change if the need arises.



Have More Than One?

Coverage is provided by pet. In other words, if you have more than one, you can get a personalized quote for each.

International Vacation Medical

Is your family covered for health care outside the U.S.?

International vacation medical insurance offers affordable, comprehensive coverage for you and your covered family members when traveling outside the U.S. for personal reasons. 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.

Have an international trip coming up? Call **844.358.7278** for more information or go **online**. You can enroll in this coverage at any time.

Paying for Coverage

If you buy this coverage, you will pay the carrier, GeoBlue, directly.

Things to Consider

✓ Your medical coverage

First, check with your medical insurance carrier to see how they will cover you and your family when traveling internationally. If coverage is limited or unavailable, having international vacation medical coverage could give you peace of mind.

✓ Cost

Your cost of coverage is based on age, length of stay, policy amount, and deductible selected.

✓ Your personal situation

Do you (or an eligible family member) have an ongoing health condition or often require health care? If you answered "yes" and your medical carrier offers limited or no international coverage, having international vacation medical coverage could be valuable.



Business Travel Benefits

If you are traveling internationally for business reasons, you (and your spouse/domestic partner and dependent children who are traveling with you) are eligible for emergency medical insurance and other services through **AECOM's Business Travel Benefits program.**

Bill Negotiation Services

You don't have to be a health care expert when you have one in your corner.

Bill negotiation services puts years of health care and billing expertise to work for you. When you're facing a large bill from an out-of-network provider, negotiators are available to partner with you and your providers to make sure the amount billed to you is appropriate (which could reduce the amount you owe). In many cases, negotiations can help you save 20% or more.

Bill negotiation services is administered by Medical Cost Advocate (MCA). You do not need to enroll for coverage. When you have a bill of at least \$300, you can sign up and get started **online**. Or, call **844.891.8981** for more information.

Paying for Coverage

If you don't save any money through bill negotiation services, it's totally free. If you do save money through bill negotiation services, you'll pay 35% of your savings.

Things to Consider

✓ It's risk-free

Because you only pay if negotiators save you money, you have nothing to lose—and a smaller provider bill to gain.

✓ Peace of mind

Do you think you've been overcharged for health care services? Do you lack the time, expertise, and energy needed to successfully negotiate health care charges? If you answered "yes" to these questions, bill negotiation services could give you peace of mind.

✓ Provider network

Bill negotiation services can save you money on large, out-of-network provider bills. Just remember, you will receive the highest benefit by using in-network providers.



Additional Benefits

Access these benefits at any time at [AECOMbenefits.com](https://www.aecombenefits.com).

Be well physically

2nd.MD (FREE for medical plan participants) — Expert medical advice and second opinions at no cost to you.

Carrot Fertility Health Care and Family-Forming Benefit (FREE for medical plan participants) — Access to family forming assistance — at no cost to you.

Business Travel Benefits (including International SOS) — Automatic coverage for approved AECOM business travel outside the U.S.

Livongo (FREE for medical plan participants) — Get healthier and manage your diabetes with smart, connected devices, personalized digital guidance, and 24/7 access to health professionals.

ClassPass — Free access to more than 4,000 premier on-demand fitness and wellness classes as well as discounted ClassPass memberships.

Be well emotionally

Mental Health Digital Platform — This resource through Koa Health Foundations uses computerized cognitive behavioral therapy to help you build resilience, improve your sleep, manage your health and cope with your emotions.

GuidanceResources Employee Assistance Program (EAP) — FREE resources to help you balance the demands of work and life, including mental health counseling sessions.

Mental Health Allies — Connect with a specially trained colleague at AECOM for support when you or someone you love is facing a mental health challenge.

Care.com — Find a caregiver for your child, elderly family member or pet for FREE. Receive up to 10 days of subsidized backup care each year.

eM Life — FREE mindfulness resources to help you raise your awareness and manage stressors.

Total Brain — FREE program that trains your brain to manage your mental health the way you manage your physical health.

Be well financially

Adoption Assistance — Receive up to \$5,000 per finalized adoption for qualified expenses.

Commuter Benefits — Save on work commute expenses using pre-tax dollars from your pay.

Gradifi (College Financing/Loans/Counseling Service) — Plan for, reduce and manage your student loan debt.

Education Assistance — Receive tax-free tuition reimbursement to help you reach your education goals. You can also earn your degree with no student loan debt through the University of Arizona Global Campus.

First-Time Licensure — Receive cash benefits for receiving up to two first-time licenses.

Purchasing Power — Convenient buying options for name-brand items.

LifeMart (through Care.com) — Save on everyday services and products.

Equity, diversity and inclusion

See how our benefits and resources **support** specific groups of AECOM employees and their families.

Well-Being at AECOM

Our **U.S.** and **Global Well-Being** programs provide opportunities and rewards to help employees and spouses/domestic partners be well.

Give your financial well-being a checkup

Take a moment to check in on your AECOM Retirement & Savings Plan (RSP) account and Employee Stock Purchase Plan (ESPP) account (if you have one). Increase your contributions if you can, update your investment strategy and update your beneficiary information. Don't have an account yet? Now's the time to get started. Log in at [benefits.ml.com](https://www.aecombenefits.com).

Give and receive Kudos

Celebrate professional contributions and personal achievements — for yourself and your colleagues around the world — with Kudos, AECOM's global service award and social recognition program.



Enroll

Now that you understand the basics, it's time to put it all together.

Enroll for 2024

- ✓ To enroll in your benefits for 2024, log in to myAECOMbenefits.com and select the It's Open Enrollment! tile.

Logging on for the first time? Register as a new user and follow the prompts to provide requested information and set up your username and password.

- ✓ To find the *Help Me Choose* step:
 - Click on Research and Enroll.
 - Select View/Change your Medical and Prescription Drug coverage and choose who you want to cover.
 - Click to Continue.
 - Click on Get Started and follow the prompts.

- ✓ Following your enrollment, you may still need to take action. If you do, the required follow-ups will appear on a confirmation page.

If You Don't Enroll

- **No** medical or prescription drug coverage
- **No** dental coverage
- **No** vision coverage
- **No** saving money through a Health Savings Account (HSA)
- **No** saving money through a Flexible Spending Account (FSA)

Questions?

Customer service representatives are available at AECOM Benefits Service Center from 8 a.m. to 8 p.m. CT, Monday through Friday, to answer questions. Call **844.779.9567** (+ **1 312.843.5091** outside the U.S.).

During Benefits Open Enrollment, you can schedule a telephone appointment with a Benefits Service Center representative (through the online system or through the call menu). If you're unable to keep your appointment, please cancel as soon as possible so that scheduled time can be opened up for others who need assistance.

Alight Mobile app: Access your health benefits on the go.

Enroll from anywhere and get access to your benefits on the go using the Alight Mobile app. To download the app, go to the **Apple App Store** or **Google Play** from your mobile device. You'll be able to enroll in benefits, check your current coverage and much more.

Stay in the loop!

Verify your email address to make sure you're getting important benefits information throughout the year. To get started, log in to myAECOMbenefits.com and update your personal information.

Tell us what you think!

In the weeks following enrollment, you may be asked to complete a short, confidential survey about your enrollment experience. The survey will be sent from an Aon email address. Please take a few minutes to share your thoughts and help us improve your experience.

If you're a new hire

You must make your 2024 elections after you complete your 2023 elections. This could be during Benefits Open Enrollment, November 6 – 22, 2023 or within 31 days of your date of hire (if later than November 22).

Online access and security

Maintaining the privacy and security of your personal information is very important. Your personalized benefits account uses the strongest available Internet encryption methods—making it virtually impossible to be read by anyone on another system. All of your information is stored in a secure location. And, if there is no activity on a web page for an extended period of time, the site automatically logs you off to ensure the safety of your personal information.

You can help keep your information safe, too! Don't write down or share your security information with anyone.

Security firewalls at AECOM

Some worksite locations may have security firewalls that prevent you from accessing certain websites at work, including your personalized benefits account. If that's the case, you can log in from any computer or smartphone at home or call the AECOM Benefits Service Center at 844.779.9567 (+ 1 312.843.5091 outside the U.S.). You can also enroll by mobile device if you have the app (accessible through [AECOMbenefits.com](https://www.aecombenefits.com)). Some locations will have computer kiosks, which you can use to enroll online if you don't have your own computer at work or home.

If you miss a paycheck deduction

If you miss one or more paycheck deductions for your benefits, due to the timing of your benefits elections or status change, Alight (our benefits administration partner) will notify Payroll to collect one extra deduction per paycheck until your arrears balance has been paid.

If there is a discrepancy between the information displayed in this guide and the official plan documents, the official plan documents will govern. AECOM reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time. This overview does not constitute a contract of employment. Please also note that the information provided in this guide is intended to be a summary of the most common plan designs offered across insurance carriers. It does not take into account how each insurance carrier covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the insurance carrier. If you have questions about a topic that isn't covered, please contact the insurance carrier for additional information.

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.

Legal notices related to your 2024 benefits are available at [myAECOMbenefits.com](https://www.aecombenefits.com). You can request a hard copy by calling the AECOM Benefits Service Center.

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