



AECOM U.S. Benefits
For your world.

Choose benefits for *your* world.

Make sure you have the coverage you and your family need to be well and thrive.

2024 Hawaii Benefits Guide

Benefits Open Enrollment is November 6 – 22, 2023

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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 to get the coverage you want in 2024.

You must enroll to get the medical coverage you want next year!

If you elect “no medical coverage” for next year or if you do not enroll in any coverage, you must complete a Hawaii medical coverage waiver form (HC-5). If you do not complete the HC-5 form, you will be enrolled in medical coverage under the lowest cost Gold option until the form is received by the AECOM Benefits Service Center.

Also, if you don’t enroll, you will **not** have dental or vision coverage through AECOM next year. You must also make an active election if you want to contribute to 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 family.

After you answer ten questions about your health care needs and preferences, *Help Me Choose* gives you a compatibility score for each of your medical plan options based on what’s most important to you.

The plan with the highest compatibility score is the medical plan that is best suited to your needs (based on the answers and information you provide in *Help Me Choose*). You can choose the plan with the highest score, if you’d like, or you can choose any other plan.

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 39 for instructions on how to find *Help Me Choose* in the enrollment system.



Everyone MUST Enroll

If you want to choose your medical, dental and vision plan option and contribute to an FSA for 2024, you must make an election 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.

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.

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, and voluntary benefits. 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 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.

Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **HMSA Gold:** A comprehensive medical PPO option with a deductible and separate medical and prescription drug out-of-pocket maximums
- **Kaiser Gold:** An HMO option that covers in-network care only and has a deductible and prescription drug copays for most medications
- **HMSA Platinum:** A PPO option with separate medical and prescription drug out-of-pocket maximums
- **Kaiser Platinum:** An HMO option that covers in-network care only and has prescription drug copays for most medications

When you enroll, you'll be able to compare benefits and features across your medical options.

Waiving Medical Coverage

If you elect "no medical coverage" for next year, the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form (HC-5). A copy of this form will be sent to you through the U.S. mail. By completing this form, you claim to be exempt from coverage requirements under the Prepaid Health Care Act. After completing it, please return it to the AECOM Benefits Service Center at the address provided.

Note for Hawaii employees: Even if you elect "no medical coverage," you will be enrolled in medical coverage under the lowest cost Gold option only until the form is received by the AECOM Benefits Service Center.



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.

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.

Annual Deductible and Out-of-Pocket Maximum

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. Here's how the deductible works:

The HMSA Gold and Kaiser Gold options have a 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.

The HMSA Platinum and Kaiser Platinum options don't have an in-network deductible. Keep in mind, though, that as a trade-off for no deductible, the Platinum coverage level is usually more expensive per paycheck.

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. It doesn't include amounts taken out of your paycheck for health coverage.

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
Annual Deductible (individual/family)	Combined in-network and out-of-network: \$200/\$600	In-network: \$200/\$400 Out-of-network: Not covered	In-network: None Out-of-network: \$100/\$300	In-network: None Out-of-network: Not covered
Annual Out-of-Pocket Maximum (individual/family)	Combined in-network and out-of-network: \$2,200/\$6,600	In-network: \$2,200/\$4,400 Out-of-network: N/A	Combined in-network and out-of-network: \$2,500/\$7,500	In-network: \$2,500/\$7,500 Out-of-network: Not applicable

Exception! If you choose HMSA as your insurance carrier, you'll have a separate and additional out-of-pocket maximum for prescription drugs. That means your medication costs will not count toward your medical out-of-pocket maximum (and vice versa). See page 10 for details.

Going Out of Network?

- If you choose HMSA, seeing out-of-network providers will cost you more than seeing in-network providers. For example, you could pay more through a higher deductible, higher coinsurance, and the entire amount that exceeds the maximum allowed amount, which is typically based on the amount Medicare pays.
- Out-of-network care is **not** covered if you choose Kaiser Permanente as your insurance carrier.

For more information, see page 14.

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.

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
Preventive Care	100% covered; deductible waived for most services	100% covered; deductible waived	100% covered	100% covered
Doctor's Office Visit	You pay \$12	You pay \$15	You pay \$12	You pay \$15
Emergency Room	You pay 20% after deductible	You pay 20%; deductible waived	You pay 20%	You pay \$75
Urgent Care	You pay \$12	You pay \$15	You pay \$12	You pay \$15
Inpatient Care	You pay 20% after deductible	You pay 10% after deductible	You pay 10%	You pay \$75 per day
Outpatient Care	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service

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 the next page to find out why your carrier matters too.



	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER 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.			
Prescription Drug Annual Out-of-Pocket Maximum (individual/family)	\$3,000/\$7,200	Included in medical out-of-pocket maximum	\$3,000/\$5,700	Included in medical out-of-pocket maximum
30-day retail supply				
Tier 1: Generally lowest cost options	You pay \$7	You pay \$5 for generic maintenance drugs; \$10 for other generic drugs	You pay \$5	You pay \$5 for generic maintenance drugs; \$10 for other generic drugs
Tier 2: Generally medium cost options	You pay \$35	You pay \$35	You pay \$30	You pay \$35
Tier 3: Generally highest cost options	You pay \$75	You pay \$35	You pay \$70	You pay \$35
90-day mail order supply				
Tier 1: Generally lowest cost options	You pay \$14	You pay \$10 for generic maintenance drugs; \$20 for other generic drugs	You pay \$10	You pay \$10 for generic maintenance drugs; \$20 for other generic drugs
Tier 2: Generally medium cost options	You pay \$70	You pay \$70	You pay \$60	You pay \$70
Tier 3: Generally highest cost options	You pay \$150	You pay \$70	You pay \$140	You pay \$70

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. Generally, 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 Benefits 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.

Consider This

- The Kaiser Gold and Platinum options do not cover medications that are classified as Tier 3 (non-formulary brand name) drugs.
- Under the HMSA options, you'll have a separate and additional out-of-pocket maximum for prescription drugs. That means your medication costs will not count toward your medical out-of-pocket maximum.

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 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.

Choose Your Insurance

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.

- **HMSA**

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

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

Phone number: **800.651.4672**

- **Kaiser Permanente**

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**

Post-enrollment phone number: **808.432.5955**



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.

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 service, 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 Maximum²	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://eyemed.com/en-us>

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:

✓ 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 29 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://aecombenefits.com).

Be well physically and emotionally

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

Mental Health Digital Platform — This resource through Koa Care 360 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.

Be well financially

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.

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

Equity, diversity and inclusion

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

Well-Being at AECOM

Our medical plans include well-being resources and programs, and we offer additional well-being resources through our other benefits partners and our **[Global Well-Being program](#)**.

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**.

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

- **Lowest cost** Gold medical plan option until HC-5 form is completed
- **No** dental coverage
- **No** vision coverage
- **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).

Important Terms to Know

To understand your AECOM benefits and how they work, it helps to know some key terms. And remember that you can reach out to the AECOM Benefits Service Center for assistance if you have questions: 844.779.9567 (+ 1 312.843.5091 outside the U.S.), 8 a.m. – 8 p.m. Central Time, Monday – Friday.

Coinsurance: The percentage of total costs that you pay out of pocket for covered expenses after you meet the deductible.

Copay (Copayment): The set fee you have to pay out of pocket for certain services, such as a doctor's office visit or prescription drug.

Deductible: The amount you pay out of pocket before the health plan will start to pay its share of covered expenses.

Network (also called In-Network): The doctors, pharmacists and/or other health care providers who make up the plan's preferred providers. When you use in-network providers, you pay less because they have agreed to pre-negotiated pricing.

Out-of-Pocket Maximum: The most you pay each year out of pocket for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Preventive Care Services: The services you receive to help you stay healthy (rather than when you're sick or injured). Preventive care services include annual physicals, wellness screenings and well-baby care.

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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