AECOM

AECOM U.S. Benefits For your world.

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

2024 Benefits Guide for U.S.-Based Expatriates on International Assignment (A001)

2024 Benefits Open Enrollment is November 6 – 22

2024 International/Expatriate Health Plan

Your health and well-being are important to AECOM

We're committed to providing benefits that support you and your family, wherever in the world you may be at any time. This expatriate benefits guide provides an overview of the health care benefits available to our U.S. employees on international assignments and on U.S. payroll.

As an employee on an international assignment, you and your family are eligible for the International/Expatriate Health Plan. The plan provides medical and dental coverage in the U.S. and internationally, and also covers an annual eye exam — these services are bundled and only show on the medical section of the enrollment process. The plan also includes referrals for up to 6 face-to-face sessions with a licensed professional through the IEAP (International Employee Assistance Plan) as well as global evacuation services and access to telehealth.

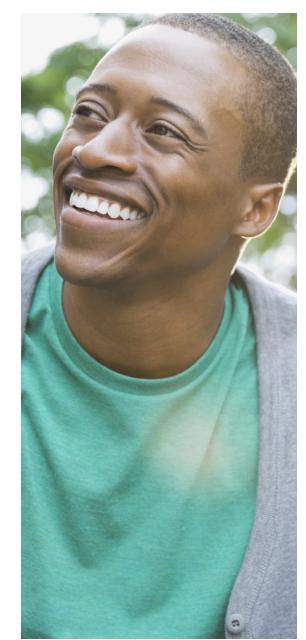
If you are a current employee starting an international assignment, you have the opportunity to elect the International/Expatriate Health Plan (and, if applicable, enroll in or update your domestic dental and vision coverage options) by logging in to your **personalized benefits account**. If you don't make an election, you will be enrolled in the same coverage level you currently are, including dependent elections. Your medical coverage will automatically change to the International/Expatriate Health Plan on the date your international assignment starts.

If you are a new hire, you must enroll in the International/Expatriate Health Plan (and, if applicable, enroll in or update your domestic dental and vision coverage options) by logging in to your **personalized benefits account** within 31 days of receiving your enrollment email.

Visit **<u>AECOMbenefits.com</u>** to explore additional benefits available to you, including the GuidanceResources Employee Assistance Program (EAP), Kudos, mental health digital platform, Mental Health Allies and resources to help you be well.

Physical ID cards are not needed

You don't need a physical ID card to access your plan benefits, so you won't receive an ID card in the mail. Instead, you can access a digital ID card, file claims and speak with a customer service representative with the Cigna Envoy app. Some **countries** issue additional country-specific cards. Those cards will be sent to you at your home address of record.



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.

Medical coverage

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

International/Expatriate Health Plan: Medical Coverage					
Plan Feature	International	U.S. In-Network	U.S. Out-of-Network		
Annual Deductible	\$100 employee only	\$800 employee only	\$800 employee only		
	\$200 family	\$1,600 family	\$1,600 family		
Out-of-Pocket Maximum	\$2,000 employee only	\$3,000 employee only	\$6,000 employee only		
	\$4,000 family	\$6,000 family	\$12,000 family		
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100%		
General Coinsurance (after deductible)	Plan pays 90%, you pay 10%	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%		
	Plan pays 90%, you pay 10%	Generic: \$10 copay	Plan pays 60%, you pay 40%		
Retail Prescription Drugs* (30-day supply)		Preferred Brand: \$30 copay			
		Non-Preferred Brand: \$50 copay			
Mail Order Prescription	Not covered	Generic: \$30 copay	Not covered		
Drugs* (90-day supply)		Preferred Brand: \$90 copay			
		Non-Preferred Brand: \$150 copay			

Certification Requirements — for services rendered inside the U.S.

Pre-certification for inpatient and outpatient services received in the U.S. may be required.

- Providers must call our toll-free number, 800.441.2668, to pre-certify services.
- You or your dependents are responsible for ensuring that out-of-network providers pre-certify services.
- Failure to obtain pre-certification may affect out-of-pocket costs.
- This is a summary only. Additional details can be found in the certificate booklet.

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

How the domestic PPO and international Cigna plans compare:

- In-network and out-of-network coverage: The International/Expatriate Health Plan provides international coverage abroad in addition to in-network and out-of-network coverage in the U.S. The international coverage has a lower deductible, out-of-pocket maximum and coinsurance levels than your U.S. coverage. Deductibles for U.S. in- and out-of-network coverage are the same, but the in-network benefit provides a lower coinsurance cost share for employees. The deductibles and out-of-pocket maximums cross-accumulate between U.S. in-network, U.S. out-of-network and international coverage. U.S.-based PPO plans may also provide coverage outside the U.S.
- Health Savings Account (HSA): In the International/Expatriate Health Plan, you may use the funds in your HSA (if you have a balance) to pay for eligible health care expenses, but you will no longer be able to contribute to your HSA.
- Flexible Spending Account (FSA): Once you enroll in the International/Expatriate Health Plan, you will no longer be eligible for the Health Care FSA. Eligible services incurred before your assignment start date can be filed with Bank of America Merrill Lynch (BAML) and must be submitted no later than March 15 of the following plan year.
- Deductibles and out-of-pocket maximums transfers: You can transfer your deductible and out-of-pocket maximum when you move between an AECOM U.S. domestic plan and the International/Expatriate Health Plan. To initiate a transfer, you'll need to provide the carrier with your final Explanation of Benefits (EOB) form showing any deductible and out-of-pocket maximum met in the other carrier's plan in that plan year. Contact customer service to provide the EOB, and the claims team will apply the accumulated deductible and out-of-pocket maximums to the plan you are moving to.

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Transferring prescriptions to the International/Expatriate Health Plan

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

Transitioning care to the International/Expatriate Health Plan

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

Dental coverage

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

	International/Expatriate Health Plan		U.S. Domestic Plan	
Plan Feature	International and U.S. Dental Coverage		Aetna DPO	Aetna DPO Premier
		Dental coverage is included with the cost of medical, on the International Plan, and will not appear as a separate plan on your benefit statement. You may select an additional U.Sbased dental plan at an additional cost to you.	In-Network/Out-of-Network	In-Network/Out-of-Network
Annual Deductible	\$50 individual \$150 family		\$75/\$150 individual \$150/\$300 family	\$50/\$100 individual \$100/\$200 family
Preventive Services (no deductible)	No cost		No cost	No cost
Basic Services	You pay 20%		You pay 30%/50%	You pay 20%/40%
Major Services	You pay 50%		You pay 50%/60%*	You pay 40%/60%*
Orthodontia	You pay 50% (child/adult) Plan pays up to \$1,500 per person per lifetime		Not covered	You pay 50% (child/adult) Plan pays up to \$1,500 per person per lifetime
Annual Calendar Year Maximum	\$1,500		\$1,250	\$1,500

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

Vision coverage

When you enroll in the International/Expatriate Health Plan, you automatically receive coverage for an annual eye exam at no cost to you. Eyewear is not covered.

If you want coverage for eyewear (eyeglasses and/or contact lenses) and you travel to the U.S. often or have dependents remaining in the U.S., you may also enroll (or continue to participate in) one of the U.S. domestic vision plans shown below.

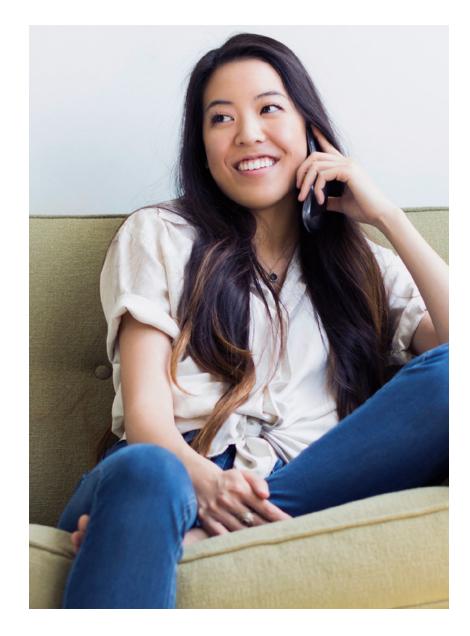
	VSP Basic In-Network/Out-of-Network	VSP Premier In-Network/Out-of-Network
Exam	No cost/\$45 allowance	No cost/\$45 allowance
Lenses	No allowance	\$10 materials copay/\$45 – \$125 allowance
Frames	20% savings on complete pair of prescription glasses/no allowance	\$10 copay, then \$150 allowance plus 20% off remaining balance/\$47 allowance
Contact Lenses Instead of Glasses		
Conventional/Disposable	15% savings on a contact lens exam including fitting and evaluation, materials at usual & customary/no allowance	\$10 material copay + \$60 exam copay, then \$120 allowance/\$105 allowance
Medically Necessary	15% savings on a contact lens exam including fitting and evaluation, materials at usual & customary/no allowance	\$10 material copay + \$60 exam copay, then covered in full/\$210 allowance

International Employee Assistance Program (IEAP)

The International/Expatriate Health Plan coverage through AECOM includes an IEAP that you can reach directly by calling one of these toll-free numbers: 888.851.7032 or 877.857.2952. There is also a reverse charge access number of +44 208.987.6230. These phone lines provide immediate access to confidential services for behavioral health concerns. Services include triage via telephone for crisis intervention and referrals to community support for ongoing needs. Coverage is available for referrals for up to 6 face-to-face sessions with a licensed behavioral professional where available. Currently, face-to-face options are available in 160 countries (subject to provider preference).

Global Evacuation Plan

The International/Expatriate Health Plan includes evacuation for emergency medical scenarios. Approved services are covered at 100% with no deductible. In a case where the employee will remain hospitalized away from home for more than 7 days, the plan also includes roundtrip airfare for one family member to travel to the employee. Airfare for dependent children to return to their country of residence due to medical situations is also covered at 100% for approved services. The evacuation services can be reached toll-free at 800.441.2668.



Life and AD&D insurance benefits

Life and accidental death and dismemberment (AD&D) insurance helps your family members maintain their standard of living if you die or experience certain accidental injuries.

How much insurance you need depends on your personal situation — other income sources, monthly expenses and short- and long-term debt such as credit card or mortgage expenses, etc.

Life and AD&D insurance is administered by The Hartford.

Basic Life and AD&D Insurance

- AECOM provides you with basic life and AD&D insurance in the amount of 1x your base annual salary, up to \$2 million.
- AECOM pays the full cost for this coverage.
- Basic coverage is automatic you don't need to enroll in it.

Supplemental Life and AD&D Insurance

- You can purchase supplemental life and AD&D insurance for yourself, your spouse/domestic partner and your child(ren).
- Coverage is available in amounts from 1x 8x your base annual salary, up to \$2.5 million.
- You pay the full cost of coverage. You can find specific cost information at <u>myAECOMbenefits.com</u>.
 For life insurance: The cost depends on the amount of coverage you choose and your age (and your spouse/domestic partner's age, if applicable). If you're enrolled, your rates will automatically increase as you or your spouse/domestic partner enters a new age bracket. The AECOM Benefits Service Center will notify you of the increase one month before your or your spouse/domestic partner's birthday. Your payroll contributions will increase automatically the month following that birthday.
- Evidence of insurability (EOI) may be required for certain amounts of life insurance.

This information is a summary of coverage only. Refer to your summary plan description (SPD) or certificate of coverage for more details.

Life and AD&D insurance benefits decrease at age 65

The original amount of your basic and supplemental life and AD&D insurance benefits 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.



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.

Disability insurance benefits

Disability insurance provides financial protection to you and your family if you become disabled and unable to work.

AECOM's disability insurance program is administered by The Hartford.

Short-Term Disability (STD) insurance

- 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) insurance

- If you want additional coverage, you can elect LTD we'll pay 50% of the cost.
- 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.



FAQs about your health care options

1

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

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

2

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

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

3

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

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

4

May I waive International/Expatriate Health Plan coverage?

Yes, you may waive International/Expatriate Health Plan coverage if you have coverage through a different medical plan. The health plan may not be another U.S.-based health plan. Please note that the AECOM Benefits Service Center may require that you attest to your other coverage upon enrollment.

5

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

If you return to the U.S. and you continue to be eligible for AECOM benefits, you must enroll in AECOM domestic benefits or waive coverage. The option to enroll in a domestic plan will be available to you upon a repatriation action on your Workday profile. If you are no longer benefits-eligible, you may be eligible for the COBRA International/Expatriate Health Plan. If you don't take action, you will default into no coverage.



Other questions?

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

Additional benefits

Your additional benefit options are the same whether you are on international assignment or on assignment in the U.S.

Plan	Plan details	For more information
Time Away	Flexible time off (FTO)Seven paid holidays	• No action needed.
Employee Assistance Program (EAP)	 24/7 confidential counselling Financial information and resources Legal support Work-life resources Online resources 	 You don't need to enroll — coverage is automatic. To access the EAP by phone, call 800.497.9096 (English) / 877.616.0509 (French). Find online resources at <u>GuidanceResources.com</u> (Company Web ID: AECOM).
Business Travel Benefits	 Business Travel Accident (BTA): 4 times annual salary (rounded to the next \$1,000) up to \$2,000,000 maximum (\$200,000 maximum for consultants while travelling to Iraq and Afghanistan) Travel Medical Benefits Abroad (TMBA): Up to a maximum of \$500,000 per injury or sickness 	• You don't need to enroll — coverage is automatic.
International SOS	• 24/7 travel and medical assistance (including medical evacuation) when you travel on business	 You don't need to enroll — coverage is automatic. Reach International SOS at 215.942.8226 <u>Download an ID card</u> (use Membership ID 11BMMS000147) <u>Get the mobile app</u>
On-Demand Mental Health Support	• 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.	 Access anytime, at no cost to you, at AECOMbenefits.com/mental-health-digital-platform
Global 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.	 Access anytime, at no cost to you, at <u>WellBeingAtAECOM.com</u> <u>culture/mental-health-allies</u>
Kudos	• AECOM's global service award and social recognition program, lets you celebrate professional contributions and personal achievements — for yourself and your colleagues around the world.	 Access anytime, at no cost to you, at AECOMbenefits.com/service-awards
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.	Access anytime, at no cost to you, at the Global Well-Being site <u>WellBeingAtAECOM.com</u>

For additional information about all your AECOM benefits and resources, visit **AECOMbenefits.com**.

This Guide is a Summary of Material Modifications (SMM) providing information on various AECOM benefit plans and outlining changes that take effect in 2024. It is intended to provide an overview of changes and information about some of the benefit plans you are eligible for as an employee of AECOM. If any information in this Guide conflicts with the plan documents and insurance policies, those plan documents and policies will govern. AECOM reserves the right to amend, modify or terminate these plans at any time. This Guide does not constitute a contract of employment.

Legal notices related to your 2024 benefits are available at myAECOMbenefits.com. You can request a hard copy by calling the AECOM Benefits Service Center at 844.779.9567 (+ 1 312.843.5091 outside the U.S.).

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