

2024 U.S. Benefits Open Enrollment

Frequently Asked Questions

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What's new for 2024

1. **How are the AECOM benefits changing for 2024?**

For 2024, we are maintaining the same benefits as last year and will continue to pay the majority of the cost to provide medical coverage for U.S. employees and their families. However, as medical costs continue to rise due to inflation and health care market trends, employees who remain in their current medical plans and coverage levels will see an increase in their contributions. You may be able to reduce the impact of higher costs by switching to a different metallic plan and/or a lower cost carrier.

Additionally, to help manage costs and affordability for as many of our employees as possible, we are shifting our investment toward medical coverage, as it is one of the most elected benefits across our U.S. population. As a result, employees who choose dental and vision coverage will pay the full cost of those plans with access to employer group discounted rates. Costs for other insurance — including voluntary benefits, life and accident insurance, and disability insurance — will stay the same in 2024.

We are committed to providing a range of health plan options and decision-making tools so you can choose the coverage that best fits your financial and health care needs.

2. **Are any of the medical plan designs changing?**

There are a few updates to the medical plan designs for 2024.

- Enhancements (on certain metallic plans) to your cost sharing for emergency room and urgent care visits — instead of paying a coinsurance percentage:
 - Gold plan members will pay a \$150 copay for emergency room visits before the deductible.
 - Silver/Gold/Platinum plan members will pay a \$50 copay (Silver), \$40 copay (Gold), \$25 copay (Platinum) for urgent care visits both before and after the deductible is met.
- To comply with both IRS minimum deductible limits and California Assembly Bill 1305, the deductible is increasing from \$3,000/\$6,000 to \$3,200/\$6,400 in the Bronze Plus plan.

3. **How is the Carrot fertility health care and family-forming benefit being enhanced?**

Starting January 1, 2024, the fertility health care and family-forming benefit will include return to work and early parenting support, which provides access to specialized experts and additional educational resources to members postpartum to 12+ months and returning to work after parental leave.

4. **What is the new Identity Theft Protection option?**

Through the Identity Theft Protection benefit, you can currently choose Allstate's Pro Plan, which provides comprehensive identity and financial monitoring, up to \$1 million in expense reimbursement and more. During this Benefits Open Enrollment, you have a new second option — Allstate's Pro Plus Plan, which includes all the same features as the Pro Plan plus some additional features, including online data exposure and credit monitoring.

5. **Are Health Savings Account (HSA) or Flexible Spending Account (FSA) contribution limits increasing?**

HSA contribution limits are increasing to \$4,150 for individual coverage and \$8,300 for family coverage. If you are age 55 or older by the end of 2024, you can also contribute an additional \$1,000 for the year.

Health Care FSA contribution limits are increasing to \$3,050.

The Dependent Day Care FSA contribution limit is staying the same at \$5,000 (or \$2,500 if married and filing separately).

Benefits Open Enrollment

6. **Do I have to make health insurance benefits elections for 2024?**

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

Provider networks also change regularly, so it's important to make sure your and your family's favorite doctors and other health care providers are in-network when you make your choices. See [Tips for Finding Network Providers](#).

When you enroll, make sure you follow the *Help Me Choose* tool, which is a step within the online enrollment process, to compare your options and costs and make your choices.

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

You and your family will NOT have medical, dental or vision coverage, or any HSA contributions or FSA contributions for 2024.

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

8. **How do I make my elections?**

Log in to myAECOMbenefits.com during Benefits Open Enrollment, November 6 – 22, 2023, and use the *Help Me Choose* tool, which is a step within the enrollment process, to find the most compatible medical plan based on what's most important to you.

9. **Why should I update my beneficiaries during Benefits Open Enrollment?**

One of the most important things you can do to protect your financial well-being is to keep your beneficiaries up to date. Naming beneficiaries ensures your money goes to the person(s) you want it to go to, and keeping your beneficiary information up to date makes it easier for your beneficiaries when you're gone. When beneficiary information is missing, outdated or incorrect, it can cause benefits to be held in an estate account and end up costing your loved ones time and money.

When you choose your 2024 benefits at myAECOMbenefits.com, you can review and update your beneficiaries for your life and AD&D benefits. For other benefits, including your HSA (if applicable), retirement accounts and Employee Stock Purchase Plan (ESPP), [log in](#) to your Merrill account.

10. **Why must I provide my and my dependents' Social Security numbers when enrolling in AECOM medical coverage?**

When you choose AECOM medical coverage, you must provide a Social Security number for yourself and each of your covered dependents (spouse/domestic partner and children). This is due to a tax reporting requirement under the Affordable Care Act. Make sure each Social Security number is entered correctly; otherwise, you might be subject to a tax penalty from the IRS. It's a good idea to review and confirm Social Security numbers when you log in to myAECOMbenefits.com during each Benefits Open Enrollment to check for accuracy. For security reasons, you can view only the last 4 digits of a dependent's Social Security number online. If you need to confirm the full Social Security number, call the [AECOM Benefits Service Center](#) at **844.779.9567** (U.S.), +1 312.843.5091 (Outside U.S.), and ask to speak with a manager.

11. I'm a part-time variable/casual or temporary employee. What health plan benefits are available to me?

If you are a part-time variable/casual employee classified as working less than 20 hours a week or a temporary employee, you are eligible for the full array of medical plan options as well as state-mandated sick leave, the GuidanceResources Employee Assistance Program (EAP), the Retirement & Savings Plan (RSP) — 401(k) and business travel benefits.

You are not eligible for other benefits, including dental and vision coverage, life insurance, AD&D insurance and disability coverage.

12. Can I still enroll in my spouse/domestic partner's employer-provided health care coverage even though their enrollment window has closed?

If you missed the enrollment window for comparing your AECOM medical plan options against your spouse/domestic partner's options, you can check with their employer about the possibility of making post-enrollment changes to your spouse/domestic partner's elections.

Under IRS rules, a company may allow enrollment/disenrollment outside of their usual enrollment period when there is a "significant" change in the other plan's cost or coverage. It is up to each company to determine what "significant" means and whether or not they want to administer plan changes in those circumstances. (AECOM is flexible in these circumstances and does allow such changes outside of our Benefits Open Enrollment when required supporting documentation of the change in other cost/coverage is provided.)

Your costs

13. How will my medical plan costs change in 2024?

AECOM will continue to pay the majority of the cost of medical coverage for U.S. employees and their families. However, as medical costs continue to rise due to inflation and health care market trends, if you choose to remain in your current medical plan and coverage level, you will see an increase in your contributions.

The amount you pay for coverage in 2024 will depend on the plan and carrier you choose. You may be able to reduce the impact of higher costs by switching to a different metallic plan and/or a lower cost carrier.

Plan costs for accessing health care (e.g., deductibles, copays and coinsurance) will continue in 2024 except for the medical plan updates in FAQ #2.

14. How will my dental and vision plan costs change in 2024?

To help manage costs and affordability for as many of our employees as possible, we are shifting our investment toward medical coverage, as it is one of the most elected benefits across our U.S. population. As a result, if you choose dental and vision coverage, you will pay the full cost of those options with access to employer discounted rates.

15. When and where can I see my 2024 costs?

You'll be able to see all your benefits costs when you log in to myAECOMbenefits.com and make your elections during Benefits Open Enrollment, November 6 – 22, 2023. For each of the health care options, you'll see the full cost, AECOM's contribution amount and your contribution — along with your well-being credit and the working spouse/domestic partner surcharge (if applicable).

16. How can I save money on my health care costs?

The decisions you make during Benefits Open Enrollment can help you save money on your health care costs:

- Complete the *Help Me Choose* section of the online enrollment process to help you choose a medical plan that best meets your needs for both coverage and costs.
- Compare your costs for AECOM coverage against your costs for other coverage you have access to (like your spouse/domestic partner's plan).
- Contribute to tax-advantaged accounts, including an HSA (available in the Bronze and Bronze Plus plans) and a Health Care FSA.

Throughout the year, you can save money with support from these additional resources provided by AECOM:

- Maintain or improve your well-being by participating in the U.S. Well-Being program. There are lots of activities and resources to help you achieve your well-being goals for 2024, and you can earn incentive rewards, including the U.S. Well-Being credit toward lowering your 2025 AECOM medical plan contributions.
- Make informed choices as a health care consumer throughout the year — for example: get your free in-network preventive care, use in-network providers, choose generic medications over brand-name medications when possible, receive free second opinions through 2nd.MD and receive free diabetes supplies and support through Livongo.*
- Watch for and read communications from the AECOM Benefits team, including the monthly U.S. benefits e-newsletter, for consumer tips and opportunities to manage costs and be well.

**2nd.MD and Livongo are available to AECOM U.S. medical plan participants.*

17. What is the amount of the 2024 U.S. Well-Being credit?

If you earned 100 points in the U.S. Well-Being program by August 31, 2023, your well-being credit is \$60/month (\$720/year). If your spouse/domestic partner earned 100 well-being points by August 31, 2023, their well-being credit is an additional \$60/month credit (for a combined credit of \$120/month or \$1,440/year for both of you).

To calculate the well-being credit per paycheck, the annual well-being credit (\$720 or \$1,440) was divided by 26 biweekly or 52 weekly pay periods, depending on your paycheck frequency.

The credit is different for the Hawaii medical plans. If you are a Hawaii employee, you can see your credit when you make your 2024 benefits elections at myAECOMbenefits.com.

18. Will I be able to earn a well-being credit on my 2025 medical plan contributions?

Yes, the [2023 - 2024 U.S. Well-Being program](#) began October 1, 2023. As in past years, you and your spouse/domestic partner can complete activities to help you achieve your health goals and earn rewards, including a well-being credit on 2025 AECOM medical plan contributions.

Help Me Choose

19. What is *Help Me Choose*?

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

20. Why should I use *Help Me Choose*?

You can choose from five different medical plans, each offered by a variety of carriers with different provider networks and different price points. The easiest way to compare your plan choices is to go directly into the enrollment system and use *Help Me Choose*. With *Help Me Choose*, you can see and compare your health care options based on what's most important to you (costs, coverage, network providers, prescription drugs).

21. How do I access *Help Me Choose*?

When you enroll at myAECOMbenefits.com, you'll automatically be guided through the *Help Me Choose* tool, which is a step within the enrollment process.

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

1. Log in to myAECOMbenefits.com.
2. Select the *It's Open Enrollment!* tile or *Make Your Open Enrollment Choices* box in your message center.
3. Click the green *Research and Enroll* button.
4. Click the blue *Start Now* button.

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

1. Log in to myAECOMbenefits.com.
2. Select the *It's Open Enrollment!* tile or *Make Your Open Enrollment Choices* box in your message center.
3. Click the green *View or Change* button.
4. Go to the Medical/Rx section and select the *View/Change* button.
5. Scroll down and select Update Information under *Help Me Choose*.

22. How do I complete *Help Me Choose*?

After you answer questions about your health care needs and preferences, *Help Me Choose* scores each of your medical plan options based on what's most important to you. The plan with the highest compatibility score is the medical plan that's 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.

23. **What questions do I need to answer?**

You'll answer questions about:

- How you prefer to pay for your medical care — do you prefer to pay more up front through payroll contributions and less as you need care, or do you prefer to pay less up front through payroll contributions and more as you need care?
- Your household income, which helps determine the best cost option for you and your family.
- The doctor(s) and other health care providers you and your covered family members prefer to use. You'll want to have your provider information (names and addresses) on hand when you enroll.
- Prescription medications you and your covered family members take regularly. You'll want to have the name, dosage and frequency for each prescription medication on hand when you enroll.

24. **Do I have to answer the questions?**

No, the *Help Me Choose* tool is completely optional. Even if you choose to complete *Help Me Choose*, which is strongly recommended, some of the specific questions are optional as well. Answering all the questions and getting your compatibility score is the easiest way to find the medical plan that's the best match for you and your family.

25. **Will my information be shared with anyone?**

The information you provide is used strictly to generate your compatibility scores for each of the medical plan options available to you. Your answers are not shared with anyone, including AECOM. However, you have the option to grant permission to share your information with the insurance carrier(s) you choose as explained below.

26. **Does the information I share have any impact on the costs of the plan options available to me?**

No, the information you provide when you answer questions has no impact on the cost of your health plan options.

27. **Why am I asked if I want to share my answers with the medical plan carrier I choose? Do I have to share my answers?**

Sharing your answers can help you get important plan information from your carrier — for example, about special programs that might help you save money and well-being opportunities specific to your health care needs. However, you can opt not to share your answers with the insurance carrier you choose.

28. **When I review and compare my medical plan options, can I model different scenarios for who I want to include in my coverage?**

Yes. When you get to the medical section of the enrollment process, you'll be asked to add dependents to your coverage. You can add multiple dependents, including a spouse/domestic partner, and select each scenario you would like to model by selecting the dependents you want to add to the plan. You can select the "Change who's covered" link and select or deselect any dependents you may or may not want to cover so that you can model as many different scenarios as you'd like.

Making your elections

29. **When I'm making my elections online, can I save my choices and come back later to finish the enrollment process?**

Once you start the enrollment process, your benefits elections will be saved only if you submit them before you log out of myAECOMbenefits.com by clicking the "Confirm" button at the bottom of the enrollment page. If you don't click on the "Confirm" button to submit your elections, your elections won't be saved, and you won't see them when you go back in to complete the enrollment process.

Once you submit your elections, you can go back into the enrollment system at any time to update your elections — just make sure you click "Confirm" to submit your final elections by the Benefits Open Enrollment deadline: 11:59 p.m. Central Time on Wednesday, November 22, 2023. You will receive a Confirmation of Benefits Statement when you submit your elections.

30. **I'm a new employee. Will my new hire benefits elections continue in 2024?**

No. As a new hire, you must make benefits elections for 2023 and 2024 and complete the enrollment process twice. You will receive a Confirmation of Benefits Statement for each year of coverage.

- You must make your 2023 elections within 31 days of your date of hire. If you haven't done that yet, log in to myAECOMbenefits.com and select *New User?* and follow the prompts to register. Then check your Notification Center for 2023 enrollment instructions and complete your new hire enrollment.
- You must make your 2024 elections at myAECOMbenefits.com within 31 days after you complete your 2023 New Hire elections.

31. **Do I have to verify my dependents' eligibility for 2024 benefits?**

You must provide proof of eligibility only for any NEW dependents you want to add to your coverage (including any current dependents who are not currently covered by AECOM benefits). If applicable, you'll receive information about dependent eligibility and documentation requirements after you enroll. Added dependents will be covered initially and will remain covered if their eligibility is verified.

32. **Do I have to choose the same metallic level (e.g., Bronze, Bronze Plus, Silver, Gold, Platinum) or the same insurance carrier for my medical, dental and vision coverage?**

No. You can choose any combination of metallic plan designs and insurance carriers.

33. **Can I make my elections by phone?**

The easiest way to enroll is online at myAECOMbenefits.com, accessible 24/7 from desktops and mobile devices. When you enroll online, you can access the *Help Me Choose* decision-making tool and choose health care coverage that's most compatible with your and your family's needs. You can also enroll using the [Alight Mobile app](#).

The [AECOM Benefits Service Center](#) can help if you have questions about your benefits and/or how to enroll. AECOM Benefits Service Center representatives can also walk you through the online enrollment process, including the *Help Me Choose* tool, during Benefits Open Enrollment, November 6 – 22, 2023. Representatives are available Monday – Friday, 8 a.m. – 8 p.m. Central Time, at **844.779.9567** (U.S.), +1 312.843.5091 (Outside U.S.).

Your medical plan options

34. Will the current metallic/coverage level plans continue to be available?

Yes, you continue to have five different metallic coverage level plan designs to choose from: Bronze, Bronze Plus, Silver, Gold and Platinum. Each coverage level is available from multiple insurance carriers at different costs. The plan options are slightly different in California, and Hawaii has a different array of options and carriers as well. You can find details about all the plan options available to you when you enroll at myAECOMbenefits.com during Benefits Open Enrollment, November 6 – 22, 2023, and in your [2024 Benefits Guide](#).

35. What are my carrier options?

All the same carriers will continue in 2024. You have four national carriers to choose from — Aetna*, Anthem, Cigna and UnitedHealthcare. Depending on where you live, you may also be able to choose from one or more regional carriers: Priority Health (Michigan), Dean/Prevea 360 (Wisconsin), Geisinger (Pennsylvania), Health Net (California), Kaiser (multiple locations), Medical Mutual (Ohio) and University of Pittsburgh Medical Center (Pennsylvania). If you want to learn more about a carrier that you're not currently enrolled with, visit the [carrier preview websites](#).

**Excluding Alaska, Idaho, Montana and Wyoming*

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

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

Check the [carrier preview websites](#).

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

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

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

Identify yourself as an AECOM employee eligible for the Aon Active Health Exchange, so they know which plans apply to you. After you become a member (starting January 1), you can simply provide your member information that will be printed on your ID card.

38. What are the names of the specific provider networks?

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

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

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

40. **How should I choose a medical insurance carrier if my dependents and I live in different states?**

Because you and your dependents must enroll in the same option, you may want to consider one of the national insurance carriers (Aetna*, Anthem, Cigna or UnitedHealthcare), which offer national provider networks, so your dependents have access to in-network providers in most locations.

**Excluding Alaska, Idaho, Montana and Wyoming*

41. **I am being treated for a major medical condition. What should I do if I want to change carriers?**

If you or a covered family member is being treated for a medical condition (including pregnancy) and your current provider is not in the new network, you may be able to temporarily continue care with your current provider(s) at the in-network rate once your new medical coverage begins. This is called “transition of care.”

As you consider your insurance carrier options, complete the [Transition of Care Worksheet](#) and [call the carrier\(s\)](#) to find out about their transition of care benefits. You can also receive transition of care assistance through AECOM’s Advocacy Service, which is accessible through the AECOM Benefits Service Center at **844.779.9567** (U.S.), +1 312.843.5091 (Outside U.S.).

42. **I am eligible for Medicare (and/or my dependent is eligible for Medicare). How do these medical plan options coordinate with Medicare coverage?**

AECOM’s Advocacy Service can help you with questions about Medicare, including how your new coverage will coordinate with your Medicare coverage. Call the [AECOM Benefits Service Center](#) at **844.779.9567** (U.S.), +1 312.843.5091 (Outside U.S.) and select the prompt for the Advocacy Service.

You can also find additional information [here](#).

Your prescription drug benefits

43. **How are prescription drugs covered?**

Prescription drug coverage is included in whichever medical plan you choose. In some plans, prescription drug coverage is provided by the insurance carrier. In other plans, the insurance carrier might partner with a separate company to provide prescription drug benefits — such as Express Scripts (ESI), CVS Caremark or OptumRx.

Each plan and carrier has its own rules about how prescription drugs are covered, and each has its own formulary. Before choosing your plan and carrier, you should:

- Call the medical insurance carrier to find out how your prescription medication(s) will be covered. Here are [prescription drug questions](#) you’ll want to ask. Visit the [Meet the Carriers](#) page for carrier phone numbers.
- Use the *Help Me Choose* tool, which is a step within the enrollment process, when you make your benefits elections within the enrollment system.

Help Me Choose can tell you which medical plan(s) best matches your prescription drug needs. You’ll want to have the name, dosage and frequency of all prescription medications you or your family takes regularly.

44. **How can I make sure my prescription medication is on a carrier's formulary?**

A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. Check with your carrier to make sure your drug is listed on the formulary before you fill it. If it isn't, you'll pay more. Visit the [carrier's preview site](#) to learn more about their formulary. You can also check a plan's formulary using the *Help Me Choose* tool, which is a step within the enrollment process.

45. **If I change carriers, what happens to my current mail order prescription medications if there are still refills left at the end of this year?**

If you wish to continue receiving your prescription medications by mail, you will need to set up a mail order account with your new insurance carrier, so you can continue receiving your medications in a timely manner through the new plan. To set up mail order with a new medical insurance carrier, you'll likely need a new 90-day prescription from your doctor. And, because mail order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime. Visit the [carrier's preview site](#) to learn more about setting up your new mail order prescriptions.

Your dental plan options

46. **Will the current dental plan coverage levels and carriers continue?**

Yes. You continue to have four different coverage level plan designs to choose from: Bronze, Silver, Gold and Platinum. Each plan design is available from multiple insurance carriers at different costs. The five national carriers are Aetna, Cigna, Delta Dental, MetLife and UnitedHealthcare. The dental plan designs are staying the same for 2024.

You can find details about all the plan options when you enroll at [myAECOMbenefits.com](#) during Benefits Open Enrollment, November 6 – 22, 2023, and in your [2024 Benefits Guide](#).

47. **How can I check the carrier networks?**

To see whether your dentist is in-network:

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

48. **How does in-network and out-of-network coverage work in the dental PPO options?**

In-network and out-of-network dental services are covered at the same percentages. However, if you receive care from an in-network dental provider, you get the advantage of the provider-contracted rate. Out-of-network providers may charge more than the contracted rate, which means you may pay quite a bit more if you receive out-of-network care.

For example, let's say you need to have a tooth filled.

- An in-network dentist charges \$100, which is the contracted rate. The plan pays 80%, \$80. You pay the remaining \$20.
- An out-of-network dentist charges \$120. The plan pays 80% of the allowed amount*, which is \$110. So, the plan pays \$88. You pay the remaining \$32.

*The allowed amount is set by each carrier based on the average usual amount providers charge for services in a particular location.

49. **Does the Bronze plan cover major dental care?**

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

50. **How is the Platinum network different from the other plan networks?**

If you are considering a Platinum dental option:

- You will generally pay less in paycheck contributions.
- It may cost less than some of the other options, but you must get care from a dentist who participates in the insurance carrier's DHMO network. The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll.
- The Platinum dental option does not provide out-of-network benefits. If you don't use a network dentist, you'll pay the full cost for services.

51. **What if I or my covered dependent is currently receiving orthodontia treatment?**

If the orthodontia treatment is going to continue into next year and you want to change plans/carriers, [call the insurance carrier](#) you are considering to find out about transition of orthodontia care. Also, keep in mind that not all plans cover orthodontia, and some may cover orthodontia for children only. You can find details about all the plan options when you enroll at myAECOMbenefits.com during Benefits Open Enrollment, November 6 – 22, 2023, and in your [2024 Benefits Guide](#).

Your vision plan options

52. **Will the current vision plan coverage levels and carriers continue?**

Yes. You continue to have three different plan designs to choose from: Bronze, Silver and Gold. Each plan design is available from multiple insurance carriers at different costs. You can choose from four national carriers: EyeMed, MetLife, UnitedHealthcare and VSP. The vision plan designs are staying the same for 2024.

You can find details about all the plan options when you enroll at myAECOMbenefits.com during Benefits Open Enrollment, November 6 – 22, 2023, and in your [2024 Benefits Guide](#).

53. **How can I check the carrier networks?**

To confirm whether your eye doctor or retail store is in-network:

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

Health Savings Account (HSA) and Flexible Spending Account (FSA)

54. **Are HSA contribution limits increasing?**

Yes. For 2024, HSA contribution limits are increasing to \$4,150 for individuals and \$8,300 for families. The HSA “catch-up” contribution for those age 55 and older continues at \$1,000.

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

Your HSA balance is always yours to keep, even if you switch to a medical plan that doesn’t allow you to contribute to an HSA. You can continue to use the funds in your HSA to pay for eligible health care expenses.

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

You can use your HSA to pay for eligible health care expenses up to the amount you have in your account. For example, let’s say you have \$295 in your account when need to pay for a medical procedure that costs \$600. You can use the \$295 in your HSA to pay for part of the procedure, but you’ll need to pay the remaining \$305 with non-HSA dollars.

57. **What are the FSA contribution limits for 2024?**

The Health Care FSA contribution limit is \$3,050 for 2024. The Dependent Day Care FSA contribution limit is staying the same: \$5,000 a year for individuals or married couples filing jointly or \$2,500 for a married person filing separately. Married couples have a combined \$5,000 limit, even if each has access to a separate dependent care FSA through their employer.

58. **What is the difference between an HSA and an FSA?**

They may sound alike, and they both help you save money on your taxes, but each account has its own eligibility requirements, features and advantages. Learn about the differences with the [ABCs of HSAs and FSAs](#).

Aon and Alight

59. Who are Aon and Alight?

Alight is the administrator of myAECOMbenefits.com, where you log in to see your benefits elections, make new elections during Benefits Open Enrollment and update your elections after a life event. Alight also administers specific AECOM benefits, such as Commuter Benefits, and manages the AECOM Benefits Service Center.

We partner with Aon to bring you a new selection of health care and voluntary benefits options through their Aon Active Health Exchange™. You may see references to AECOM's benefits partners in some materials and on carrier preview sites.

60. What is the Aon Active Health Exchange™?

AECOM partners with Aon to offer some of your benefits options through the Aon Active Health Exchange™ — medical coverage, dental coverage, vision coverage, hospital indemnity insurance, critical illness insurance, accident insurance, legal services and identity theft insurance.

The Aon Active Health Exchange is America's first national, large-employer, multi-insurance carrier exchange. It is unrelated to the government-run state and federal health insurance exchanges or marketplaces (sometimes referred to as Obamacare or by a state-specific name, such as Covered California). It does, however, provide benefits consistent with the law and guarantees coverage, regardless of pre-existing conditions.

Aon Active Health Exchange is a trademark of Aon Corporation.

If you have questions not answered here:

- Explore the [2024 Benefits Open Enrollment](#) page at [AECOMbenefits.com](https://myAECOMbenefits.com).
- Visit the [carrier preview websites](#) for questions related to specific services and coverage provided by each insurance vendor (network providers, prescription drugs, telemedicine, etc.).
- Call the [AECOM Benefits Service Center](#) at **844.779.9567** (U.S.), +1 312.843.5091 (Outside U.S.), Monday – Friday from 8 a.m. – 8 p.m. Central Time:
 - If you need highly personalized assistance, such as help with a claims or billing issue, select the prompt for the Advocacy Service.
 - Wait times are shorter mid-week (Tuesday through Thursday) and mid-enrollment.
 - When you call, you'll have the option to make an appointment instead of waiting on hold. You can also make appointments from within the online enrollment process. If you need to cancel your appointment, please do so well in advance, so your scheduled time can be opened up to someone else.
 - Representatives can help you with online enrollments (including the *Help Me Choose* tool), starting November 6.

This document provides information on various AECOM benefit plans and outlines 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 AECOM employee. Benefits and eligibility may differ by union plan, service contract agreement, collective bargaining agreement or other contract. If you have questions about your eligibility, contact your local HR team member.

If any information in this document conflicts with the information outlined in any plan document or insurance policy, the plan document or insurance policy will govern. AECOM reserves the right to amend, modify or terminate these plans at any time. This document does not constitute a contract of employment.

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