

2025 U.S. Benefits Open Enrollment

Frequently Asked Questions

If you have a specific question, see if it's in the list below, and click on the link to be taken to the page where you can find that FAQ. To learn more about why we're making updates for 2025, see the digital [What's Changing Guide](#). For plan details not addressed in these FAQs, see the [2025 Benefits Guide](#).

New medical plan options for 2025	3
1. How are the AECOM benefits changing for 2025?	3
2. Why are our benefits changing for 2025?	3
3. What are the key differences between the current and new medical plans?	3
4. How did AECOM choose UHC?	3
5. How do the new medical plans work?	3
6. What alternatives are available in the new plan options for those who were enrolled in the Platinum or Gold plans in 2024?	4
7. How do I choose the right plan for me?	4
8. Do I need to change doctors?	4
9. How do I find out if my current providers are in UHC's network?	4
10. Is the UHC network available in every state?	4
2025 costs	5
11. How is AECOM changing its approach to medical coverage?	5
12. How will my plan costs change in 2025?	5
13. When and where can I see my 2025 costs?	5
14. How can I manage higher costs when selecting a comparable health plan? What are my options?	5
15. Will I receive the well-being credit?	6
16. Will I need to earn a well-being credit in the future?	6
Benefits Open Enrollment	6
17. Do I have to make new elections for 2025?	6
18. What happens if I don't make elections during Benefits Open Enrollment?	6
19. How do I make my elections?	6
20. Why must I provide my dependents' Social Security numbers when enrolling in AECOM medical coverage?	6
21. I'm a part-time variable/casual or temporary employee. What health plan benefits are available to me?	7
Medical Expense Estimator	7
22. What is the Medical Expense Estimator?	7
23. Will my information be shared with anyone?	7
Making your elections	7
24. When I'm making my elections online, can I save my choices and come back later to finish the enrollment process?	7
25. I'm a new employee. Will my new hire benefits elections continue in 2025?	8
26. Do I have to verify my dependent's eligibility for 2025 benefits?	8
27. Can I make my elections by phone?	8
Your medical coverage	8

28.	My dependents and I live in different states. Will we both be covered under any of the UHC plans?	8
29.	I am being treated for a major medical condition. What should I do if my current providers are not in UHC's network?	9
30.	What if my necessary health care services are not available from a network provider in my area?	9
31.	I am eligible for Medicare (and/or my dependent is eligible for Medicare). How do these medical plan options coordinate with Medicare coverage?	9
Your prescription drug benefits		10
32.	How are prescription drugs covered?	10
33.	How can I make sure my prescription medication is on a carrier's formulary?	10
34.	How do I find retail pharmacies in the network?	10
35.	Will I need to go through prior authorization again for my prescription medication?	10
36.	How can I find out which prescription drugs are covered under the UHC medical plan and what should I do if my medication becomes more expensive?	10
37.	I am currently taking GLP-1 medication for weight loss. Will my medication be covered under the new plans?	10
38.	Do I get a pharmacy ID card, separate from my medical ID card?	11
39.	What happens to my current mail order prescription medications if there are refills left at the end of this year?	11
Your dental and vision plan options		12
40.	Will the current dental and vision plan coverage levels and carriers continue?	12
41.	How can I check the carrier networks?	12
42.	How does in-network and out-of-network coverage work in the dental PPO options?	12
43.	Does the Bronze dental plan cover major dental care?	12
44.	In the Platinum dental plan, how is the network different from the other plan networks?	12
45.	What if I or my covered dependent is currently receiving orthodontia treatment?	13
Health Savings Account (HSA) and Flexible Spending Account (FSA)		13
46.	Are HSA contribution limits increasing?	13
47.	What happens to my HSA balance if I move from an HDHP to a PPO medical plan option (Traditional PPO or Surest)?	13
48.	Can I use my HSA to pay eligible expenses even if the amount of the expenses exceeds the amount of money in my account?	13
49.	How much can I contribute to the FSA in 2025?	13
50.	What is the difference between a Health Savings Account (HSA) and a Flexible Spending Account (FSA)?	13
Additional benefits		14
51.	Why is AECOM no longer offering Care.com?	14
52.	Are there any programs or benefits that can help me find child care resources?	14
53.	Why is AECOM no longer offering Carrot Fertility?	14
54.	Where can I access fertility and family planning support?	14
If you still have questions		15

New medical plan options for 2025

1. How are the AECOM benefits changing for 2025?

AECOM is simplifying your medical plan choices for 2025, transitioning to one national carrier, UnitedHealthcare (UHC). Additionally, regional medical plans through Kaiser will continue to be offered in some states, where available, and Kaiser and HMSA will be offered in Hawaii.

2. Why are our benefits changing for 2025?

Acknowledging your feedback and our shared concerns over health care costs, we conducted a comprehensive evaluation of our benefits programs, including analyzing usage rates, employee feedback, health care trends and forecasting our future needs. We found UHC provides access to quality care with minimal disruption and cost-effective plans that will serve our employees best.

3. What are the key differences between the current and new medical plans?

While the new plans include similar options such as High Deductible Health Plans (HDHPs) and a Traditional PPO plan, the coverage details are new for 2025, making direct comparisons to your current plan challenging. Additionally, we're introducing a new PPO option called the Surest plan, which offers unique features, like no deductibles and up-front pricing transparency.

To get a clear understanding of your choices and find the plan that best meets your needs, review the [2025 Benefits Guide](#), find plan and provider information on the [UHC preview website](#) and use the Medical Expense Estimator tool on myAECOMbenefits.com as you review your medical plan options during Benefits Open Enrollment.

4. How did AECOM choose UHC?

AECOM selected UHC after a thorough evaluation to ensure the best possible experience for our employees. UHC was chosen for its reliable customer service, providing support and resources to help you easily navigate your medical and prescription benefits. Additionally, UHC offers minimal disruption to in-network providers, allowing you to continue seeing many of the same doctors you trust, and helping you and AECOM manage costs as much as possible.

5. How do the new medical plans work?

For 2025, you have four medical plan options through UHC, giving you the flexibility to choose the coverage that best fits your needs.

- The **HDHP** has the highest annual deductible and out-of-pocket maximum but the lowest employee paycheck contributions. This plan also allows you to pair with a Health Savings Account (HSA), allowing you to pay for eligible expenses with tax-free dollars, if you so choose.
- The **HDHP Premier** has a lower annual deductible and out-of-pocket maximum than the HDHP, but it has higher employee paycheck contributions. You can also choose to contribute to an HSA with this plan, allowing you to pay for eligible expenses with tax-free dollars.
- The **Traditional Plan** is a PPO plan that has both copays and coinsurance. The employee paycheck contributions are the highest for this plan, and it has a lower annual deductible than the HDHP and HDHP Premier. You can also contribute to a Flexible Spending Account (FSA) with this plan, allowing you to pay for eligible expenses with tax-free dollars.

- The **Surest plan** is a PPO that does not have deductibles or coinsurance. Before you receive care, you will be able to see a list of treatment options, in-network doctors and out-of-pocket costs for each. This transparency allows you to choose providers based on both location and cost, making it easier to manage your health care expenses. You can also contribute to an FSA with this plan, allowing you to pay for eligible expenses with tax-free dollars. [Learn more about Surest](#) and [set up a 15-minute 1:1 consultation](#) with a Surest expert to get all of your questions answered.

For more details on each plan, refer to the [2025 Benefits Guide](#) or visit the [UHC preview website](#).

6. What alternatives are available in the new plan options for those who were enrolled in the Platinum or Gold plans in 2024?

Within our new plan options, there is no directly comparable plan to the Platinum and Gold options we offered in 2024. We understand that this change may be concerning. We are committed to helping you navigate your options and get access to quality healthcare that meets your needs. The Traditional PPO or Surest PPO plans may provide the best alternatives to your current plans.

Be sure to use the Medical Expense Estimator tool when you enroll to see the total expected cost for each medical plan, which includes your employee contributions and your out-of-pocket plan costs (i.e., deductible, coinsurance and copays).

7. How do I choose the right plan for me?

Before you elect your benefits, consider your health care and financial needs for the year ahead, get to know your plan options through the resources at [AECOMbenefits.com](#) and use the Medical Expense Estimator tool on [myAECOMbenefits.com](#) to help you find the medical plan that best meets your needs.

8. Do I need to change doctors?

Your current in-network doctors and other health care providers are most likely also in the UHC network, allowing you to maintain the relationships you've built and ensure your care remains consistent and uninterrupted. However, there is a chance that you (and your covered family members) may need to change providers to continue receiving in-network coverage through UHC. When [searching for providers](#), choose the Choice Plus Network (or the Select Plus Network if you live in California).

9. How do I find out if my current providers are in UHC's network?

Visit the [UHC preview website](#) created for AECOM to easily verify that your doctors and other health care providers are in UHC's network. You can also search for providers on the medical enrollment page during Open Enrollment to see if your providers are in-network.

10. Is the UHC network available in every state?

UHC offers a comprehensive nationwide network, making it available in every state except Hawaii.

2025 costs

11. How is AECOM changing its approach to medical coverage?

We are moving from a fully insured to a self-funded medical plan approach. This means that instead of paying an insurance company to cover your health care claims costs, AECOM will pay the costs for your health care claims directly. This change allows us to have more control over the design of our benefits. This is a common approach among companies of our size.

12. How will my plan costs change in 2025?

AECOM will continue to pay the bulk of the cost of medical coverage for U.S. employees and their families. Your 2025 medical plan premiums depend on a variety of factors — including if you (and your spouse/domestic partner) received the well-being credit, the plan you choose, and any dependents included in your coverage.

Some employees will see a decrease, and some will see an increase in employee cost with a comparable plan. Be sure to use the Medical Expense Estimator tool when you enroll to see the total expected cost for each medical plan, which includes your employee contributions and your out-of-pocket plan costs (i.e., deductible, coinsurance and copays).

Your costs for dental and vision coverage will increase slightly in 2025, and costs for other insurance — including voluntary benefits, life and accident insurance, and disability insurance — will stay the same in 2025.

13. When and where can I see my 2025 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 4–22, 2024. For each of the health care options, you'll see your contribution, the spousal/domestic partner surcharge and the well-being credit (if applicable).

14. How can I manage higher costs when selecting a comparable health plan? What are my options?

Some employees will find medical coverage options with minimal to no additional cost with comparable health plans. There will be some employees who will see an increase in costs with a comparable plan and may choose to enroll in a more cost-effective option.

Be sure to use the Medical Expense Estimator tool when you enroll to see the total expected cost for each medical plan, which includes your employee contributions and your out-of-pocket plan costs (i.e., deductible, coinsurance and copays).

15. Will I receive the well-being credit?

If you earned 100 points in the U.S. Well-Being program by August 30, 2024, your 2025 well-being credit will automatically be reflected in your employee contributions when you enroll.

The well-being credit is \$720/year (\$27.69 biweekly) for you and an additional \$720/year credit for your spouse/domestic partner (if they earned 100 points too) for a combined credit of \$55.38/biweekly or \$1,440/year for both of you.

The credit is different for the Hawaii medical plans. If you are a Hawaii employee, you can see your credit when you make your 2025 benefits elections at myAECOMbenefits.com.

New employees hired on or after June 15, 2024, employees returning from an international assignment or leave of absence on or after June 15, 2024 (and their spouses/domestic partners), and spouses/domestic partners added to a domestic AECOM medical coverage on or after June 15, 2024, automatically qualify for the 2025 well-being credit.

16. Will I need to earn a well-being credit in the future?

No, we are discontinuing the well-being credit, so you no longer need to track your well-being activities toward earning points.

Benefits Open Enrollment

17. Do I have to make new elections for 2025?

As in the past few years, your current 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, and Flexible Spending Account (FSA).

18. 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 2025. 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.

19. How do I make my elections?

You'll make your elections just as you have over the past several years — by logging in to myAECOMbenefits.com or using the Alight Mobile app during Benefits Open Enrollment, November 4–22, 2024.

20. Why must I provide 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 each of your covered dependents (spouse/domestic partner and children). This is due to a tax reporting requirement under the Affordable Care Act. 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 four 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 the U.S.), and ask to speak with a manager.

21. 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 AECOM's medical plan options as well as state-mandated sick leave, the 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, accidental death and dismemberment (AD&D) insurance and disability coverage.

Medical Expense Estimator

22. What is the Medical Expense Estimator?

The Medical Expense Estimator tool is available on myAECOMbenefits.com during Benefits Open Enrollment to help you compare your medical plan options and choose the plan that is the best fit for you. To get a snapshot of your total plan costs, you will answer questions about your expected medical expenses, including the number of doctor visits, prescriptions, urgent care visits, emergency room visits, planned procedures and any other care you anticipate receiving in 2025. The Medical Expense Estimator tool calculates your total cost of coverage — what you pay each paycheck and what you may pay out-of-pocket for care — and recommends the most cost-effective plan for you.

23. Will my information be shared with anyone?

The information you provide is used strictly to provide total cost information for each of the medical plans. Your answers are not shared with anyone, including AECOM.

Making your elections

24. 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 Friday, November 22, 2024. You will receive a Confirmation of Benefits Statement when you submit your elections.

25. I'm a new employee. Will my new hire benefits elections continue in 2025?

No. As a new hire, you must make benefits elections for 2024 and 2025 and complete the enrollment process twice. You will receive a Confirmation of Benefits Statement for each year of coverage.

- You must make your 2024 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 2024 enrollment instructions and complete your new hire enrollment.
- You must make your 2025 elections within 31 days after you complete your 2024 New Hire elections. To enroll in your 2025 benefits, log in to myAECOMbenefits.com and follow the prompts to enroll for Benefits Open Enrollment.

26. Do I have to verify my dependent's eligibility for 2025 benefits?

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

27. Can I make my elections by phone?

The easiest way to enroll is online at myAECOMbenefits.com or by using the [Alight Mobile app](#). The [AECOM Benefits Service Center](#) can help if you have questions about your benefits and/or how to enroll. The representatives can also help you complete your enrollment over the phone. They can guide you through the online enrollment process, including the Medical Expense Estimator tool, during Benefits Open Enrollment, November 4–22, 2024. Representatives are available Monday – Friday, 8 a.m. – 8 p.m. Central Time, at **844.779.9567** (U.S.), +1 312.843.5091 (outside the U.S.).

Your medical coverage

28. 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.

28. My dependents and I live in different states. Will we both be covered under any of the UHC plans?

The UHC plans provide nationwide coverage, making them a great option if you and your dependents live in different states. If you reside in a region where Kaiser is available, but your dependents are outside of those coverage areas, it's best to choose one of the UHC plans. This ensures that both you and your dependents have access to in-network care, regardless of your location.

29. I am being treated for a major medical condition. What should I do if my current providers are not in UHC's network?

Transition of Care gives new UHC members the option to request extended coverage from their current out-of-network health care professional at network rates for a limited time due to a specific medical condition, until the safe transfer to a network health care professional can be arranged. You must apply for Transition of Care within 60 days of when UHC coverage begins.

Examples of covered medical conditions are:

- Pregnant and undergoing a course of treatment for pregnancy
 - Coverage for newborn children begins at the moment of birth and continues for 30 days — you must select an in-network pediatrician and report your life event at myAECOMBenefits.com within 31 days from the baby's date of birth to add the baby as a covered dependent
- Newly diagnosed or relapsed cancer and currently receiving chemotherapy, radiation therapy or reconstruction
- Transplant candidates or transplant recipients in need of ongoing care due to complications associated with a transplant
- Recent major surgeries in the acute phase and follow-up period (generally six to eight weeks after surgery)
- Serious acute conditions in active treatment, such as heart attacks or strokes
- Other serious chronic conditions that require active treatment

In December, contact UHC at 855.248.0896 for assistance with your [transition of care](#) into 2025. If you enroll in the Surest plan during Benefits Open Enrollment, you can contact Surest at 866.683.6440 for assistance with [Transition of Care](#).

30. What if my necessary health care services are not available from a network provider in my area?

If you are currently receiving care that is not available from a UHC network provider, you may be eligible to continue receiving care from [an out-of-network provider](#). In this situation, your Network Physician will notify UHC or Surest and, if they confirm that care is not available from an in-network provider, UHC and Surest will work with you and your Network Physician to coordinate care through an out-of-network provider.

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

Call the [AECOM Benefits Service Center](#) at **844.779.9567** (U.S.), +1 312.843.5091 (outside the U.S.), and request to speak with a Health Pro to receive help with questions about Medicare, including how your new coverage will coordinate with your Medicare coverage.

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

Your prescription drug benefits

32. How are prescription drugs covered?

Prescription drug coverage is included in all of the AECOM medical plan options. The UHC medical plans include comprehensive prescription drug coverage through OptumRx. For coverage details, see the [2025 Benefits Guide](#) for coverage details or visit the [UHC preview website](#).

33. 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 coverage. Review the UHC formulary at [UHC preview website](#) to make sure your drug is listed on the formulary before you fill it. If it isn't, contact your provider to see if an alternative drug on the formulary list may be an option for you.

34. How do I find retail pharmacies in the network?

Review the in-network pharmacy listing on the [UHC preview website](#) to make sure your current pharmacy is in the network or to find a new pharmacy.

35. Will I need to go through prior authorization again for my prescription medication?

Prior authorization is a cost management process by pharmacy programs to determine whether the use of certain medications meets the plan's conditions of coverage. For these medications, a coverage review is necessary to determine whether a prescription can be covered under your plan. If you are a current UHC member, any prior authorizations will transfer automatically to the new UHC plans.

36. How can I find out which prescription drugs are covered under the UHC medical plan and what should I do if my medication becomes more expensive?

The UHC medical plans include comprehensive prescription drug coverage through OptumRx. Prescription drugs are broken into three tiers and the amount you pay depends on the tier.

Explore [UHC's covered prescription drug list](#) to see all the medications that are covered. If there are changes that make your prescriptions more expensive, you may want to talk to your doctor about an alternative medication. You can also contact OptumRx to discuss available options and find the most cost-effective solution.

37. I am currently taking GLP-1 medication for weight loss. Will my medication be covered under the new plans?

If you are currently taking GLP-1 medication for weight loss, please be aware that it will no longer be covered under any of the AECOM medical plans. We encourage you to talk to your doctor about other options to support your weight loss goals.

This decision was made after a thorough review of our health care benefits to ensure we balance offering comprehensive benefits with maintaining sustainable costs. The rising demand and high

cost of GLP-1 drugs have made it difficult to continue covering them for weight loss without impacting other aspects of health care benefits. We will continue to monitor the latest findings and advancements regarding GLP-1 medications and reevaluate coverage as needed.

38. Do I get a pharmacy ID card, separate from my medical ID card?

No. Your medical ID card from UHC will include your pharmacy information. For 2025, you will receive a new medical plan ID card in the mail. Digital ID cards will be available through your carrier account (e.g., myuhc.com or kp.org) if you need your card before your physical ID card arrives.

39. What happens to my current mail order prescription medications if there are 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 OptumRx. You will likely need a new 90-day prescription from your doctor. And, because mail order can take a few weeks to establish, be sure to fill your medication before your current coverage ends on December 31, 2024. If you need a refill in January, ask your doctor for a 30-day prescription to fill at a retail pharmacy while you are waiting for the 90-day prescription to be filled.

If you are currently enrolled in a UHC medical plan, your coverage through OptumRx will continue, and your current mail order prescriptions will carry forward.

Your dental and vision plan options

40. Will the current dental and vision plan coverage levels and carriers continue?

Yes. The dental and vision plan designs are staying the same for 2025. You can find details about all the plan options when you enroll at myAECOMbenefits.com during Benefits Open Enrollment, November 4–22, 2024, and in your [2025 Benefits Guide](#).

41. How can I check the carrier networks?

To see whether your provider 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.

42. 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.*

43. Does the Bronze dental 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.

44. In the Platinum dental plan, how is the network different from the other plan networks?

If you are considering a Platinum dental option:

- 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.
- 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.
- You will generally pay less in paycheck contributions.

45. 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 learn more 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 4–22, 2024, and in your [2025 Benefits Guide](#).

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

46. Are HSA contribution limits increasing?

Yes. For 2025, HSA contribution limits are increasing to \$4,300 for individuals and \$8,550 for families. The HSA “catch-up” contribution for those age 55 and older continues at \$1,000.

47. What happens to my HSA balance if I move from an HDHP to a PPO medical plan option (Traditional PPO or Surest)?

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.

48. 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 you 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.

49. How much can I contribute to the FSA in 2025?

You can elect to contribute up to \$3,200 to your Health Care FSA for 2025. 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.

50. What is the difference between a Health Savings Account (HSA) and a Flexible Spending Account (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 more](#).

Additional benefits

51. Why is AECOM no longer offering Care.com?

Care.com was identified as a program to be discontinued to shift investments elsewhere. We understand eliminating this program may be challenging for those who were using it, and we are here to support you in finding comparable options and resources. While AECOM no longer subsidizes Care.com services, you can continue the service at your own expense.

52. Are there any programs or benefits that can help me find child care resources in my area?

Our global GuidanceResources Employee Assistance Program (EAP) through ComPsych provides free support to help you find reliable child care and elder care. Additionally, the EAP offers a robust library of articles and podcasts on a variety of topics, including parenting resources. Visit guidanceresources.com to learn more or contact [ComPsych](#) directly for personalized assistance.

53. Why is AECOM no longer offering Carrot Fertility?

While the concierge fertility and family planning services offered through Carrot have ended, we remain committed to supporting you on your family planning journey. Fertility coverage continues to be available through our AECOM medical plans, which include a lifetime maximum benefit of \$25,000 for fertility treatments.

54. Where can I access fertility and family planning support?

Our medical plans provide access to providers who can assist you on your family-forming journey and offer expert medical advice. Our medical plan carriers (UHC, Kaiser and HMSA) may also offer additional resources to support you. We encourage you to reach out directly to your medical plan carrier for detailed information on covered services and any additional family planning programs or benefits they may offer.

If you still have questions

If you have questions that were not answered here, explore the [2025 Benefits Open Enrollment page](#) at [AECOMbenefits.com](https://www.aecombenefits.com) and reach out to the following contacts:

Who to call	Phone number	How they can help	Website
AECOM Benefits Service Center*	844.779.9567 (U.S.) +1 312.843.5091 (outside the U.S.), Monday – Friday from 8 a.m. – 8 p.m. CT	Paycheck deduction questions General benefits questions Enrollment assistance, including Medical Expense Estimator tool (beginning November 4, when the phone system asks why you are calling, say “Complete Open Enrollment.” After being presented with an option to complete the enrollment online, you will be given an option to speak to a representative if you do not want to complete the enrollment online.	AECOMbenefits.com/alight/
AECOM Benefits Service Center – Alight Benefits Guidance (ABG)	Beginning October 28, 2024, go to myAECOMbenefits.com and make an appointment during Open Enrollment, November 4–22, for personal assistance	30-minute guided one-to-one benefit enrollment sessions conducted by licensed benefit counselors by appointment only	myAECOMbenefits.com
AECOM Benefits Service Center Health Pro	Visit myAECOMbenefits.com and click the Health Pro Connections tile	Claims, billing assistance, help comparing plans (such as with your domestic partner/spouse’s employer-provided plans) Set up an appointment with a Health Pro by clicking the Health Pro Connections tile when you log into myAECOMbenefits.com	AECOMbenefits.com/advocacy-service/
UnitedHealthcare (UHC)	Available beginning October 28, Monday – Friday from 8 a.m. – 8 p.m. CT, 855.248.0896 (say “Open Enrollment”)	Transition of Care, provider finder, pharmacy questions, prior authorization, specific coverage for certain medical procedures/conditions	whyuhc.com/AECOM
Surest	Available beginning October 28 866.683.6440, Monday – Friday from 9 a.m. – 6 p.m. CT	Transition of Care, provider finder, pharmacy questions, prior authorization, specific coverage for certain medical procedures/conditions Set up a 15 min 1:1 consultation with a Surest expert to get all your questions answered	whyuhc.com/AECOM
Kaiser Permanente	800.324.9208 Monday – Friday 9 a.m. – 6 p.m. PT	Transition of Care, provider finder, pharmacy questions, prior authorization, specific coverage for certain medical procedures/conditions	kp.org

*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 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 made available to someone else.

This document provides information on various AECOM benefit plans and outlines changes that take effect in 2025. 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 2025 benefits are available at myAECOMbenefits.com. You can request a hard copy by calling the [AECOM Benefits Service Center](#).