

2018 Benefits Guide



If you have pets, don't forget you can elect pet insurance* along with your other 2018 benefits during **Benefits Open Enrollment November 6 – November 17**. Your furry family members need insurance too!

**Pet insurance can be elected anytime throughout the year.*

Be well. **Choose well.** Live well.
[AECOMbenefits.com](https://www.aecom.com/benefits)

“This is my son Tim and Dimey Daisy, my daughter Katie's therapy dog. Dimey has been helping Katie through her leukemia chemotherapy, and we are forever grateful to Dimey.

#MyReasonToBeWell, Lois Naftzger, Sr. Manager, Benefits (Life, Disability, and Leave Management), AECOM, Los Angeles, California

What's inside

Enrolling in your AECOM benefits	2
Eligibility.....	4
Your medical benefits	5
Your dental benefits.....	12
Your vision benefits.....	13
Your income protection benefits	14
Your financial wellness	16
Voluntary benefits	19
Additional benefits you can elect/access any time	20
Your benefits and enrollment resources	22

BENEFITS TO HELP YOU BE WELL

One size does not fit all when it comes to benefits.

Every one of us has unique needs depending on our family and lifestyle. AECOM provides an array of benefits options, resources and perks to meet the diverse needs of our workforce.

We want to help you and your loved ones be well... physically, emotionally and financially. Our benefits can help you and your loved ones in nearly every aspect of your life, at work and beyond. AECOM pays the majority of the cost for you and your family.

Please review your options and make informed decisions for you and your family. We also ask that you take advantage of your benefits and resources year-round — to ensure you and your family have the benefits you need to be well and to help us manage your costs and the company's costs. When we work to be well together, we can deliver a better world... starting with your world.

The benefits described in detail in this guide may be elected or updated only as a new hire, during Benefits Open Enrollment or after a qualified life event.

AECOMbenefits.com
For all things benefits. ▶▶▶▶

You can learn more about all your benefits at [AECOMbenefits.com](https://www.aecombenefits.com), your first stop for all things benefits. When you are ready to make your elections, log in to your personalized benefits account for decision-making tools and to enroll.



If you need additional help, call the **AECOM Benefits Service Center** at **844.779.9567** (+ 1 312.843.5091 outside the U.S.), between 8 a.m. and 8 p.m. Central Time, Monday through Friday. For help selecting your 2018 benefits, press the prompt for the FREE Advocacy Service. Translation services for multiple languages are available.

Enrolling in your AECOM benefits

Enrolling during Benefits Open Enrollment

You have the opportunity to update your benefits elections for the upcoming year during Benefits Open Enrollment, which is November 6 – 17, 2017. You can go to AECOMbenefits.com and log in to make your 2018 elections.

Do I need to enroll?

You should enroll if you want to do any of the following for 2018:

- Update your current benefits elections.
- Add or remove dependents from your coverage.
- Contribute to a Health Savings Account (HSA).
- Contribute to a Flexible Spending Account (FSA).
- Change your attestation **as to whether your spouse/domestic partner has access to medical coverage through his or her employer (if you include your spouse/domestic partner in an AECOM medical plan).**
- Waive AECOM health and group coverage (you may need to attest that you have other medical coverage that meets the Affordable Care Act requirements).
- Elect your 2018 benefits as a new hire.

What if I don't enroll?

If you don't enroll, your current benefits elections will continue automatically for you and your currently covered dependents,* except for your current HSA, health care FSA, limited purpose FSA and dependent day care FSA contributions. HSA and FSA contributions do not continue automatically in 2018. They must be re-elected every year.

If you live in Hawaii and currently waive medical coverage, you will be automatically enrolled in employee only coverage in the HMSA HMO until you return your signed 2018 HC5 form.

**Assuming your dependent continues to be eligible for coverage and as long as your current elections are available in 2018.*

When are benefits effective?

Your benefits elections (and applicable paycheck deductions) will be effective January 1 – December 31, 2018.

Enrolling as a new hire

If you are a new hire (or a current employee who becomes eligible for benefits), you have 31 calendar days from your date of hire (or your benefits-eligibility date) to enroll in AECOM benefits. Go to AECOMbenefits.com and log in to your personalized benefits account to make your elections. Your enrollment elections will be retroactive to your date of hire. You will be able to make changes to your elections throughout your eligibility period and will be able to see your final elections on the site after your 31-day eligibility period.

If you don't enroll within 31 days, you'll receive only the default coverage provided automatically by AECOM:

- No medical or dental coverage, unless the following apply to you:
 - If you are on international assignment, you will automatically be enrolled in International Health Plan (Cigna)
 - If you live in Hawaii, you will automatically be enrolled in the HMSA HMO
- Basic benefits: basic vision, basic life, basic accidental death and dismemberment (AD&D)
- Short-term disability (STD)
- The additional benefits described on page 20 (as applicable).

If you are hired in 2017 (as a new hire or a rehire eligible for benefits), you'll need to go to AECOMbenefits.com and log in to your personalized benefits account to make elections for your 2017 benefits before you make your 2018 benefits elections. Click "2017 U.S. Benefits" on the log in page. If you make your 2017 elections on or before Open Enrollment begins, you'll have an opportunity to enroll in your 2018 benefits during the Open Enrollment period. If you enroll in your 2017 coverage after Open Enrollment begins, you'll have 31 days from the date you enroll to choose your 2018 benefits.

Your benefits elections (and paycheck deductions) will take effect retroactively from your date of hire (or the date you became benefits-eligible) and will be visible when you log in to see your personalized benefits 31 days after you enroll. Your elections will remain in place through December 31, 2018.

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

AECOMbenefits.com
For all things benefits. >>>>



If you miss a paycheck deduction

If you miss one or more paycheck deductions for your benefits, due to the timing of your benefits elections or status change, Alight (our benefits administration partner) will collect one extra deduction per paycheck until your arrears balance has been paid. (This does not apply to retroactive imputed income amounts which are reconciled on the next available paycheck.)

Eligibility

Am I eligible for benefits?

You're eligible for AECOM benefits if you are a part-time or full-time employee classified as working at least 20 regularly scheduled hours per week. Please note that health, group and retirement benefits may differ by union, SCA, collective bargaining agreement or other contract.

If you are a part-time employee classified as working less than 20 hours a week or are a variable or temporary/casual employee, you are eligible for the Basic HDHP medical plan (or the HMSA HMO if you live in Hawaii), sick leave, the EAP, the 401(k) Retirement and Savings Plan and business travel benefits.

Whom can I cover?

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

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

Covering dependents?

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

Our benefits partner, Alight (formerly Aon), will conduct a verification process in early 2018 with employees who include any dependents in an AECOM medical, dental and/or vision plan for 2018 and have not already provided eligibility documentation to Alight.

Domestic partner coverage

To qualify for domestic partner coverage, you and your partner must meet specific criteria. In addition, any premium contributions made by AECOM on behalf of your domestic partner are considered taxable income to you. Please call the **AECOM Benefits Service Center** at **844.779.9567** (+ 1 312.843.5091 outside the U.S.) for more information and for the applicable forms.

Your medical benefits

Anthem medical plan options

AECOM offers four comprehensive medical plan options that include prescription drug coverage. These options each feature the Anthem network of doctors and specialists who provide services at a discounted price, as well as the Express Scripts network of pharmacies. You can see providers outside of the network, but if you use the in-network providers, you'll pay less.

- Premier Plus HDHP
- HDHP
- PPO
- Basic HDHP

If you enroll in an Anthem medical plan, you also have access to MDLIVE telemedicine and Best Doctors. See page 20 for details.

Other medical plan options

- If you live in California or Hawaii, go to [AECOMbenefits.com](https://www.aecombenefits.com) and log in to your personalized benefits account to see if HMO options (e.g., Kaiser, HMSA) are also available to you.
- If you live in Puerto Rico, you are eligible for the Triple-S Plan instead of the other options.
- If you are an international assignee, you may enroll in the International Health Plan (Cigna).



Know your terms

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

COPAY (COPAYMENT): The set fee you pay out of your own pocket for certain services, such as a doctor's office visit or prescription drugs.

DEDUCTIBLE: The amount you pay out of your own 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 your own 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.

Anthem medical plan options: key features

The information below is an overview of the coverage provided by each Anthem medical plan. Items in **orange type** indicate a change for 2018. Deductibles, copays and coinsurance percentages shown in the chart below are amounts for which **you** are responsible.

Key Features	Premier Plus HDHP		HDHP		PPO		Basic HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
AECOM Matching Contribution to Your Health Savings Account (HSA)								
Employee Only	Up to \$750		Up to \$300		N/A		\$0	
Family	Up to \$1,500		Up to \$600		N/A		\$0	
Annual Calendar Year Deductible								
Individual ¹	\$2,500	\$5,000	\$1,800	\$3,600	\$1,200	\$2,400	\$3,400	\$6,800
Family	\$5,000	\$10,000	\$3,600	\$7,200	\$2,400	\$4,800	\$6,800	\$13,600
Out-of-Pocket Maximum (includes all copays)								
Individual (includes deductible and prescription drugs)	\$5,500	\$11,000	\$4,000	\$8,000	\$4,500	\$9,000	\$6,350	\$18,000
Family (includes deductible and prescription drugs)	\$11,000 (\$6,850 individual max) ²	\$22,000	\$8,000 (\$6,850 individual max) ²	\$16,000	\$9,000	\$18,000	\$12,700 (\$6,850 individual max) ²	\$36,000
Lifetime Maximum	Unlimited							
Coinsurance for Preventive Care (portion you pay, no deductible)	0%	Plan pays 100% of allowance, subject to balance billing.	0%	Plan pays 100% of allowance, subject to balance billing.	0%	Plan pays 100% of allowance, subject to balance billing.	0%	Plan pays 100% of allowance, subject to balance billing.
Coinsurance for Non-Preventive Care (portion you pay, after deductible)	20%	50%	20%	50%	Office visit: Deductible + \$30 (PCP)/\$60 (Specialist) Hospital: 20% + \$250 copay ER: 20% + \$250 copay Other: 20%	50%	30%	50%

¹In the HDHP options, the individual deductible applies if you choose employee-only coverage. If you choose another coverage level — employee + spouse/domestic partner, employee + child(ren) or employee + family — only the family deductible applies.

²If one family member incurs costs that exceed the \$6,850 individual maximum, the plan pays 100% of that family member's remaining expenses.

Anthem medical plan options: key features (continued)

Key Features	Premier Plus HDHP		HDHP		PPO		Basic HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Prescriptions (30-day supply) — Certain preventive prescription drugs are covered prior to the deductible in the HDHP options.								
Generic	\$10 copay after deductible	50% of the maximum allowed amount + costs in excess of the maximum allowed amount ³	\$10 copay after deductible	50% of the maximum allowed amount + costs in excess of the maximum allowed amount ³	\$10 copay	50% of the maximum allowed amount + costs in excess of the maximum allowed amount ³	\$10 copay after deductible	50% of the maximum allowed amount + costs in excess of the maximum allowed amount ³
Brand-Name Formulary ⁴	20% after deductible, \$30 minimum/\$75 maximum		20% after deductible, \$30 minimum/\$75 maximum		20% after deductible ⁵ , \$30 minimum/\$75 maximum		20% after deductible, \$30 minimum/\$75 maximum	
Brand-Name Non-Formulary ⁴	30% after deductible, \$50 minimum/\$100 maximum		30% after deductible, \$50 minimum/\$100 maximum		30% after deductible ⁵ , \$50 minimum/\$100 maximum		30% after deductible, \$50 minimum/\$100 maximum	
Home Delivery Mail-Order Prescriptions (90-day supply) — Certain preventive prescription drugs are covered prior to the deductible in the HDHP options.								
Generic	\$25 after deductible	Not applicable	\$25 after deductible	Not applicable	\$25	Not applicable	\$25 after deductible	Not applicable
Brand-Name Formulary ⁴	\$100 after deductible		\$100 after deductible		\$100		\$100 after deductible	
Brand-Name Non-Formulary ⁴	\$200 after deductible		\$200 after deductible		\$200		\$200 after deductible	

³If you use an out-of-network pharmacy, you must file a claim for reimbursement up to the plan's allowed amount.
⁴The additional cost of a brand-name drug is only covered if there is no generic equivalent or if you provide medical evidence that a prescribed drug cannot be substituted.
⁵In the PPO plan, there is a \$200/member deductible for non-preventive brand-name medications filled at a retail pharmacy.

Save time and money

In all of our Anthem medical plan options, after you receive two refills of a prescription at a retail pharmacy, you must receive any remaining refills through the mail-order program. This helps you save money on medications you need to take on a regular, ongoing basis — and they are conveniently delivered to you, so it saves you time as well. See the [Mail-Order FAQs](#).



See page 9 for other medical plan options.
 Visit [AECOMbenefits.com](https://www.aecombenefits.com) and log in to your personalized benefits account to access medical plan costs and details.

HDHPs put you in charge

High-deductible health plans or HDHPs — like our Premier Plus HDHP, HDHP and Basic HDHP — encourage us to make wellness a priority and become savvy health care shoppers. From day one, you can use any money in your HSA to pay for eligible medical expenses. Most of us look for ways to stretch our HSAs, so we're more likely to choose our care wisely and seek preventive services to maintain our health.

Here's a quick look at what makes the HDHP unique:

Lower employee contributions. You pay lower employee contributions in exchange for a higher deductible. In other words, you pay less up front, and then you pay only for the care you need, if and when you need it.

An HSA to help you be well financially. Most HDHP members can open a health savings account (HSA). When you elect the Premier Plus HDHP or the HDHP and contribute to your HSA, AECOM makes a company matching contribution to your HSA — the more you save, the more AECOM contributes (up to the annual maximum match amount). You can use your HSA to help cover your deductible and eligible expenses. Whatever you don't use, you keep. See page 16 for details.

Prescription drugs. With the HDHP options, you can purchase many different preventive drugs without meeting the deductible. However, other prescription drugs are subject to the deductible. In the PPO, prescription drugs are not subject to the deductible.

Free preventive care and preventive drugs with no deductible

In all of the AECOM medical plans, including the HDHPs, you pay nothing for in-network preventive care, such as annual physicals — well-woman, well-man and well-child — and certain labs, x-rays and more. In addition, certain prescription drugs that help you prevent illness and manage health conditions are also paid at 100% before the deductible. See the [Anthem HDHP Drugs Not Subject To Deductible](#) list.



Tools to help you consider your costs

When you think about your health care costs, the first thing that probably comes to mind is your employee contribution — the amount that comes out of every paycheck for coverage. But to see the total picture, you also have to consider what you're likely to pay out of pocket, such as when you go to the doctor or get a prescription filled. Keep this in mind as you consider your medical plan options.

Remember, take what you'll pay for the different coverage options and then add what you think you'll pay for health care services during the year. Estimating your health care costs this way can help you determine which option will be the best total value for your family.

For example, if you expect to have high prescription drug expenses, carefully compare your costs under the PPO and the HDHP options. Because non-preventive prescription drugs are subject to the deductible in the HDHP, you might find that your total costs will be less in the PPO.

When you visit [AECOMbenefits.com](https://www.aecombenefits.com) and log in to your personalized benefits account to make your elections, look for the "Estimate and Compare Medical Expenses" tool to see how the costs under each of your AECOM medical plan options compare. This online tool and others — including "Compare Health Plan Features" and "DecisionDirect" — can help you choose the plan that makes the best sense for you and your family.

Other medical plan options: key features

These plans are available in specific regions and/or to certain groups of employees, as described in the chart below. Deductibles, copays and coinsurance percentages shown in the chart below are amounts for which **you** are responsible. Items in **orange type** indicate a change for 2018.

Key Features	Kaiser HMO (California only)	Kaiser HMO (Hawaii only)	HMSA HMO (Hawaii only)	HMSA PPO (Hawaii only)		Triple-S (Puerto Rico only)		Cigna International Health Plan (International Assignees)
	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
AECOM Contributions to Your Health Savings Account (HSA)								
Employee Only	N/A	N/A	N/A		N/A		N/A	N/A
Family	N/A	N/A	N/A		N/A		N/A	N/A
Annual Calendar Year Deductible								
Individual	\$500	\$0	\$0	\$0	\$100	\$0	\$0	\$600
Family	\$1,000	\$0	\$0	\$0	\$300	\$0	\$0	\$1,200
Out-of-Pocket Maximum (includes all copays)								
Individual (includes deductible and prescription drugs)	\$3,000	\$2,000	\$2,500; Rx: \$3,600	\$2,500; Rx: \$3,600	\$2,500; Rx: \$3,600	\$0	\$0	\$2,500
Family (includes deductible and prescription drugs)	\$6,000	\$6,000	\$7,500; Rx: \$4,200	\$7,500; Rx: \$4,200	\$7,500; Rx: \$4,200	\$0	\$0	\$5,000
Lifetime Maximum	Unlimited							
Coinsurance for Preventive Care (portion you pay, no deductible)	100% covered	100% covered	100% covered	100% covered for child; adult annual physical not covered.	Child exam covered at 100% of allowance, subject to balance billing.	100% covered	Covered by reimbursement only when the specialty is not available in the list of network providers.	100% covered
Coinsurance for Non-Preventive Care (portion you pay, after deductible)	20%	0%	Varies by service	Varies by service	30% after deductible	30% after deductible	Varies by service	20% after deductible; 40% after deductible for U.S. out-of-network

Other medical plan options: key features (continued)

Key Features	Kaiser HMO (California only)	Kaiser HMO (Hawaii only)	HMSA HMO (Hawaii only)	HMSA PPO (Hawaii only)		Triple-S (Puerto Rico only)		Cigna International Health Plan (International Assignees)
	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Retail Prescriptions (30-day supply)								
Generic	\$10 copay	\$12	Tier 1 Mostly Generic Drugs: \$7 copay	Tier 1 Mostly Generic Drugs: \$7 copay	\$7 copay; 30-day supply; plus 20% of remaining eligible charge, plus difference between actual and eligible charge.	\$5	Covered in U.S. or its territories by reimbursement to the members up to 75% of Triple-S established fees, less the applicable drug copay or coinsurance.	
Brand-Name Formulary	\$30 copay	\$12	Tier 2 Mostly Preferred Brand Drugs: \$30 copay; 30-day supply. Tier 4 Mostly Specialty Drugs: \$100 copay; 30-day supply.*	Tier 2 Mostly Preferred Brand Drugs: \$30 copay; 30-day supply. Tier 4 Mostly Specialty Drugs: \$100 copay; 30-day supply.*	Tier 2 Mostly Preferred Brand Drugs: \$30 copay plus 20% coinsurance; 30-day supply. Tier 4 Mostly Specialty Drugs: not covered.*	25%; minimum \$15 up to \$2,000, then 50% coinsurance.	Covered in U.S. or its territories by reimbursement to the members up to 75% of Triple-S Salud established fees, less the applicable drug copay or coinsurance.	International: 20% Generic U.S. In-Network: \$10 copay Brand U.S. In-Network: \$30 copay U.S. Out-of-Network: 40%
Brand-Name Non-Formulary	\$30 copay	\$12	Tier 3 Mostly Non-Preferred Brand Drugs: \$30 copay plus \$45 other brand-name cost share; 30-day supply. Tier 5 Mostly Other Specialty Drugs: \$200 copay; 30-day supply.*	Tier 3 Mostly Non-Preferred Brand Drugs: \$30 copay plus \$45 other brand-name cost share; 30-day supply. Tier 5 Mostly Other Specialty Drugs: \$200 copay; 30-day supply.*	Tier 3 Mostly Non-Preferred Brand Drugs: \$30 copay and 20% coinsurance plus \$45 other brand-name cost share; 30-day supply. Tier 5 Mostly Other Specialty Drugs: not covered.*	25%; minimum \$15 up to \$2,000, then 50% coinsurance.	Covered in U.S. or its territories by reimbursement to the members up to 75% of Triple-S established fees, less the applicable drug copay or coinsurance.	

Other medical plan options: key features (continued)

Key Features	Kaiser HMO (California only)	Kaiser HMO (Hawaii only)	HMSA HMO (Hawaii only)	HMSA PPO (Hawaii only)		Triple-S (Puerto Rico only)		Cigna International Health Plan (International Assignees)
	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Mail-Order Prescriptions (90-day supply)								
Generic	\$10 copay	\$24 copay	Tier 1 Mostly Generic Drugs: \$11 copay; 90-day supply	Tier 1 Mostly Generic Drugs: \$11 copay; 90-day supply	Not covered	\$10 copay	Not covered	International: Not covered Generic U.S. In-Network: \$20 copay Brand U.S. In-Network: \$60 copay U.S. Out-of-Network: Not covered
Brand-Name Formulary	\$30 copay	\$24 copay	Tier 2 Mostly Preferred Brand Drugs: \$65 copay; 90-day supply. Tier 4 Mostly Specialty Drugs: not covered.*	Tier 2 Mostly Preferred Brand Drugs: \$65 copay; 90-day supply. Tier 4 Mostly Specialty Drugs: not covered.*	Not covered	19%; minimum \$30 up to \$2,000, then 38% coinsurance	Not covered	
Brand-Name Non-Formulary	\$30 copay	\$24 copay	Tier 3 Mostly Non-Preferred Brand Drugs: \$65 copay plus \$135 other brand-name cost share; 90-day supply. Tier 5 Mostly Other Specialty Drugs: not covered.*	Tier 3 Mostly Non-Preferred Brand Drugs: \$65 copay plus \$135 other brand-name cost share; 90-day supply. Tier 5 Mostly Other Specialty Drugs: not covered.*	Not covered	19%; minimum \$30 up to \$2,000, then 38% coinsurance	Not covered	

*See the HMSA prescription drug certificate for details.



Visit [AECOMbenefits.com](https://www.aecombenefits.com) and log in to your personalized benefits account to access medical plan costs and details.

Your dental benefits

Dental coverage is important to your overall health and well-being. You can enroll in dental benefits for yourself and your family. The dental plans feature a network of dentists and specialists who have agreed to provide services at a discounted price. If you use these in-network providers, you'll pay less. You can see providers outside of the network, but you'll pay more. Please note: When you enroll in an Aetna dental plan, you will not receive a dental benefits card. To download one, please go to aetna.com.

Dental benefits summary

Any deductibles, copays and coinsurance percentages shown in the chart below are amounts for which **you** are responsible.

Note: The coverage amounts below are for in-network services only. Visit AECOMbenefits.com and log in to your personalized benefits account to see out-of-network coverage and additional details about your coverage, limitations and exclusions.

Key Features	Aetna DPO Premier	Aetna DPO	Triple-S Dental (Included in the Triple-S Plan in Puerto Rico)	Cigna (International Assignees)
Annual Calendar Year Maximum	\$1,500	\$1,250	\$1,000	\$1,500
Deductible				
• Individual	\$50	\$75	N/A	\$50
• Family	\$100	\$150	N/A	\$150
Preventive Services (no deductible)	No cost	No cost	No cost	No cost
Basic Services	20%	30%	30% for composites/oral surgery, 20% for space maintainers	20%
Major Services	40%	50%	50% for partial prosthesis, 43% for crowns	50%
Orthodontia Lifetime Maximum	\$1,500 (coverage for adult and child)	Orthodontia is not covered	Covered through reimbursement, maximum is \$1,000 per person	\$1,500

If you are an international assignee, you will automatically be enrolled in the International Health Plan through Cigna. However, if you have dependents living in the U.S. or if you travel to the U.S. often, you can enroll yourself and your dependents in one of the domestic Aetna dental plans.



Visit AECOMbenefits.com and log in to your personalized benefits account to access dental plan costs and details.

Your vision benefits

AECOM offers you and your dependents vision coverage through Vision Service Plan (VSP).

Vision benefits summary

AECOM pays the full cost for the VSP Basic plan, which provides coverage for an annual vision exam covered at 100%. The VSP Premier plan option includes the same annual vision exam coverage, plus an allowance for frames and other eye wear.

Key Features	VSP Basic In-Network / Out-of-Network	VSP Premier In-Network / Out-of-Network
Exam	No cost/\$45 allowance	No cost/\$45 allowance
Lenses	Not covered	Between \$10 and \$55 copay/between \$45 and \$125 allowance
Frames	Not covered	\$10 copay, then \$150 allowance plus 20% off remaining balance/\$47 allowance
Contact Lenses Instead of Glasses		
Conventional/Disposable Medically Necessary	Not covered	\$10 - \$60 copay, then \$120 allowance for contact lenses includes fitting and evaluation/\$105 allowance



AECOM pays the full cost for the VSP Basic Plan. Visit [AECOMbenefits.com](https://www.aecombenefits.com) and log in to your personalized benefits account to access VSP Premier Plan costs.

Your income protection benefits

AECOM offers eligible employees a variety of plans to provide replacement income for you or your beneficiaries in the event of disability, accident or death. The following information is a summary of coverage only. For details, refer to your summary plan description (SPD) or certificate of coverage which is accessible when you log in to your personalized benefits account at [AECOMbenefits.com](https://www.aecombenefits.com). Please note that benefits may differ by union contract, SCA, collective bargaining agreement or other contract.

Life and Accidental Death & Dismemberment (AD&D) Insurance

Life and AD&D Insurance help your family members maintain their standard of living if something happens to you. How much your family needs depends on your personal situation — other income sources, monthly expenses and short- and long-term debt such as credit card or mortgage expenses. Life and AD&D Insurance are administered by The Hartford.

Basic

- AECOM provides you with Basic Life and AD&D Insurance in the amount of one times your base annual salary, up to \$2 million.
- AECOM pays the full cost for this coverage.

Supplemental

- You can purchase Supplemental Life and AD&D Insurance for yourself, your spouse/domestic partner and your child(ren). You pay 100% of the cost of coverage. Visit [AECOMbenefits.com](https://www.aecombenefits.com) and log in to your personalized benefits account for costs.
- Coverage is available in amounts from one times to eight times your base annual salary, up to \$2.5 million.
- You can purchase, cancel or change supplemental coverage for yourself and your family at any time. However, evidence of insurability (EOI) may be required for certain amounts of Supplemental Life Insurance or if you enroll in Supplemental Life Insurance after the initial eligibility period.



Did you know?

LIFE AND AD&D INSURANCE DECREASES AT AGE 65.

The original amount of your Basic and Supplemental Life and AD&D Insurance benefit will reduce by 35% when you turn 65. At age 70, the original benefit will reduce by 50%. All amounts are rounded to the next higher \$1,000. Note: Age reduction schedule may vary by contract or collective bargaining agreement.

SUPPLEMENTAL LIFE INSURANCE RATES INCREASE AS YOU GET OLDER.

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

Disability

You have access to Short-Term Disability (STD) and Long-Term Disability (LTD) Insurance through Cigna.

STD

- AECOM will provide Basic STD Insurance to you automatically — and we'll pay the full cost.
- The STD benefit provides 66.67% of your base weekly earnings, up to \$1,500 per week, in the event of a qualifying disability.
- Benefits begin after seven consecutive days of absence and are payable up to a maximum of 26 weeks from the date of disability.

LTD

- If you want additional coverage, you can elect LTD Insurance — 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 26 weeks and may be payable up to your Social Security normal retirement age.



Keep your beneficiaries updated

While you're making or updating your benefits elections, make sure your beneficiaries are up-to-date too. It's important to make sure your loved ones will be protected in the event of your death. Learn more about updating your beneficiaries for your Life and AD&D Insurance, HSA and retirement accounts at [AECOMbenefits.com](https://www.aecombenefits.com).

Your financial wellness

Health Savings Account (HSA)

If you enroll in one of our HDHP options, you can also participate in an HSA. An HSA is a powerful tool that you can use to pay your deductible or eligible out-of-pocket health care expenses. Whatever you don't use today can be saved for the future, giving you a great way to build a nest egg for your health care expenses.

HERE ARE FIVE GREAT FEATURES OF AN HSA:

1

AECOM's matching contribution

If you elect the Premier Plus HDHP or the HDHP, AECOM will make a company matching contribution up to the annual amounts shown below:

Premier Plus HDHP

- Employee only: \$750
- Family: \$1,500

HDHP

- Employee only: \$300
- Family: \$600

For details about the company matching contribution, including examples, see the [HSA FAQs](#).

2

Future savings, with interest

Whatever you don't use, you can save for future health care needs, whether that's next week, next year or even in retirement.

Once it reaches \$1,000, you can invest your account balance.

4

Triple tax savings

HSAs are one of the best tax savings vehicles since the 401(k) plan was introduced. Here's why: You don't pay federal taxes on: 1) the money you or AECOM contributes to your account 2) any earnings on your account and 3) any money you withdraw from your account to pay for eligible medical expenses.

3

Your contributions

You can contribute on a federal tax-free basis, giving you another way to save pre-tax cash for your future needs. In 2018, your and AECOM's matching contributions cannot exceed \$3,450 for employee only coverage or \$6,900 for family coverage.

If you're age 55 or older, you can contribute an extra \$1,000 per year.

5

Portability

If you retire or leave AECOM, you can take your money with you (including the company matching contributions).

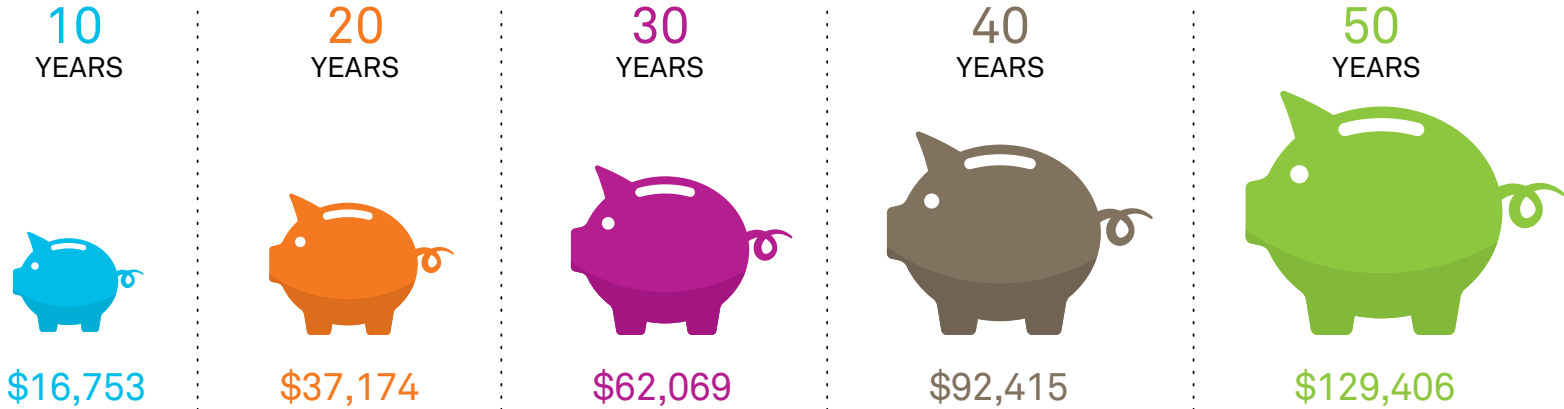
Who's eligible for an HSA?

HSAs have many great advantages, but under federal law you may not open an HSA if you are:

- Enrolled in another medical plan (even a spouse's/domestic partner's plan) that is not an HDHP
- Eligible for Medicare
- Enrolled in an employer-sponsored full-purpose health care FSA (or your spouse's/domestic partner's)
- Claimed as a dependent on someone else's federal income tax return.

Also, according to IRS regulations, if you are currently enrolled in a health care FSA, you will need to spend your entire FSA balance by December 31, 2017, to be able to make and receive AECOM's contributions to an HSA starting January 1, 2018.

AN EXAMPLE OF HOW YOUR HSA CAN GROW



If you choose employee only coverage in the Premier Plus HDHP, and contribute \$65 to your HSA every month, take a look at how your HSA can grow over time. This example assumes you continue contributing \$65 a month (slightly more than the \$62.50 needed) to receive the full company match of \$750 a year and is based on an average investment return of 2%. To estimate your future savings — and how much you'll save in taxes — based on your own personalized assumptions, use HealthEquity's [future savings calculator](#).

These amounts are based on the 2018 contribution levels, which are subject to change in the future.

Flexible Spending Account (FSA)

An FSA lets you set aside tax-free money in an account that you can use to pay for eligible health care or dependent day care expenses. By using tax-free money to pay for these expenses, you lower your taxable income, which can reduce the amount of taxes you pay. You can elect one of the health FSAs (limited purpose FSA or health care FSA, depending on your medical plan election), the dependent day care FSA or both.

Plan carefully when determining how much to contribute. Any unused balance at the end of the plan year will be forfeited.

	Limited Purpose FSA	Health Care FSA	Dependent Day Care FSA
Who Can Participate	Those enrolled in one of the HDHP options with an HSA	Available to everyone except those enrolled in an HDHP with an HSA	Everyone
Types of Expenses Allowed	Dental or vision plan deductibles, copays and/or coinsurance	Eligible health care expenses such as medical, dental or vision plan deductibles, copays and/or coinsurance, as well as prescription drugs	Eligible child and elder care expenses so you (and your spouse/domestic partner) can work or go to school
How Much You Can Contribute	Up to \$2,600	Up to \$2,600	Up to \$5,000



Give your financial well-being a checkup

Benefits Open Enrollment is a great time to check in on your AECOM Retirement & Savings Plan (RSP) account and Employee Stock Purchase Plan (ESPP) account (if you have one). Review your accounts, increase your contributions if you can, update your investment strategy and update your beneficiary information. Don't have an RSP and/or ESSP account yet? Now's the time to get started. Make sure you're on track to reach your financial goals by logging in to your retirement accounts through [AECOMbenefits.com](https://www.aecombenefits.com).

Voluntary benefits

You can customize your benefits to fit your unique needs with these additional options. You pay AECOM's group rates, paying less than you would if you purchased this coverage on your own. Your coverage renews automatically each year unless you make a change during Benefits Open Enrollment. Learn more at [AECOMbenefits.com](https://www.aecombenefits.com).

Legal Plan

The ARAG Legal Plan covers a wide range of legal matters, such as preparing wills, living trusts, real estate issues, civil litigation, adoption and taxes. It covers your fees when you work with network attorneys on hundreds of covered legal issues. Even if you don't elect the Legal Plan, you can take advantage of FREE online legal resources.

Identity Theft Services

Identity Theft Services, available through InfoArmor, can protect you and your family from the cost and inconvenience of identity theft and can assist you in recovering your credit and credentials if your identity is ever stolen.

Accident Insurance

Accident Insurance provides benefits through Aflac — in addition to your medical, life insurance and accidental death & dismemberment (AD&D) coverage — to help you pay the medical out-of-pocket costs and other expenses that add up after an accidental injury. The plan pays you a cash benefit for accidental injuries and you decide how the money is spent.

Critical Illness Insurance

Critical Illness Insurance provides you with a lump sum cash payment if you are diagnosed with a condition covered under the policy such as cancer, heart attack, stroke or organ failure. You can use the funds to cover any expenses you may have. Our Critical Illness Insurance partner is Lincoln Financial Group.

Hospital Indemnity Insurance

Hospital Indemnity Insurance through MetLife can help offset expenses from a hospital stay that might not be covered under your medical plan. If you elect coverage, you will receive a cash benefit — per day, per week, per month or per visit — if you or a covered family member is confined in a hospital. You can use the money however you choose. This benefit is in addition to your medical coverage.

Additional benefits you can access any time

Learn more about these additional benefits at [AECOMbenefits.com](https://www.aecombenefits.com).

MDLIVE Telemedicine (for Anthem plan participants)

See a doctor anywhere, anytime, from your phone, computer or tablet for only \$38 per visit.

Best Doctors (for Anthem plan participants)

Expert medical advice and second opinions — at no cost to you.

BCBS Global Core (for Anthem plan participants)

Take your health care benefits with you when you are abroad on personal travel.

Wellness at AECOM

Wellness opportunities and rewards to help employees and spouses/domestic partners be well.

GuidanceResources Employee Assistance Program (EAP)

FREE resources to help you balance the demands of work and life.

Care.com

Find a caregiver for your child, elderly family member or pet for FREE with [Care.com](https://www.care.com). If you use the back-up care benefit, you pay a subsidized rate of \$6 per hour for in-home care and \$20 per child per day at a child care center (up to 10 days per year).

Adoption Assistance

Support for your growing family with up to \$5,000 per finalized adoption for qualified expenses.

Scholarship Program

Save on college costs for your children.

Education Assistance and First-Time Licensure

Receive tuition reimbursement to help you reach your education goals. You can earn your degree with no student loan debt through Ashford University. You can also receive cash benefits for receiving up to two first-time licenses.

Time Away

Take time away for rest and renewal with paid time off (PTO) or to take care of yourself and your family through a leave of absence.

Business Travel Benefits (including International SOS)

Automatic coverage for approved AECOM business travel outside the U.S.

Home, Auto and Pet Insurance

Protect what's important to you with coverage through MetLife.

Commuter Benefits

Save money on transit and parking expenses you incur commuting to and from work — using pre-tax dollars from your pay.

Smart Spend and Corporate Discounts

Save money on everyday expenses at major retailers, Equinox fitness club memberships and Sprint services.

Purchasing Power

Convenient buying options for name-brand items and resources to help you manage your finances.

Don't forget about AECOM's benefits to help you be well financially. Go to [AECOMbenefits.com](https://www.aecombenefits.com) to see how they can help you build your financial future.

AECOMbenefits.com
For all things benefits. ▶▶▶▶▶

Your benefits and enrollment resources

AECOMbenefits.com — your first stop for ALL things benefits

You and your family members can find all your benefits information and resources, carrier links and apps, personalized accounts, news about benefits events and deadlines — with no log in required. It's simple to use on any device, so you can easily find the benefits resources you need when you need them.

Personalized benefits account

When you visit [AECOMbenefits.com](https://www.aecombenefits.com), you can log in to your personalized benefits account to make your elections and access resources to help you choose the right coverage:



Watch and Learn (select on the home page)

Learn more about our medical plan options and tools to help you choose the best plan for you and your family.



Compare Medical Plan Features (where you make your elections)

View up to three medical plan options side-by-side so you can easily compare the features of each plan.



Estimate and Compare Medical Plan Expenses (where you make your elections)

Estimate and compare your medical plan costs based on national averages and your health care needs.



Get Help Choosing Your Medical Plan (where you make your elections)

Answer a few questions and DecisionDirect shows what medical plans are recommended for you.



Chat with a Benefits Pro (accessible from the home page)

If you need assistance, Live Chat (in real time) with an AECOM Benefits Service Center representative.

AECOM Benefits Service Center and the FREE Advocacy Service

If you need additional help or have trouble enrolling online, call the **AECOM Benefits Service Center** at **844.779.9567** (+ 1 312.843.5091 outside the U.S.) between 8 a.m. and 8 p.m. Central Time, Monday through Friday. For personalized benefits assistance — such as help selecting your benefits and/or comparing the AECOM plans with your spouse’s/domestic partner’s plans — press the prompt for the FREE Advocacy Service. Translation services for multiple languages are available.

Benefits Apps Tool

A number of our vendors offer great apps to help you be well physically, emotionally and financially. We’ve pulled them all together in one convenient place — our Benefits Apps Tool. You can search by the type of app you need, by benefits program or by vendor. Access the tool through [AECOMbenefits.com](https://www.aecombenefits.com).

Text alerts

Text **AECOMbenefits** to **213-810-5006** to receive significant benefits news and deadlines. Spouses/domestic partners can sign up, too. You can opt out any time.

Benefits carriers

Link to websites and find phone numbers for our benefits carriers at [AECOMbenefits.com](https://www.aecombenefits.com).



Online access and security

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

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

Security firewalls at AECOM

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

About This Guide

This Guide is a Summary of Material Modifications (SMM) providing information on various AECOM benefits plans and outlining changes that take effect in 2018. It is intended to provide an overview of changes and information about some of the benefits plans you are eligible for as an employee of AECOM. Benefits may differ for employees covered under a union plan, SCA, collective bargaining agreement or other contract. If you have questions about your eligibility, call the **AECOM Benefits Service Center** at **844.779.9567** (+ 1 312.843.5091 outside the U.S.), between 8 a.m. and 8 p.m. Central Time, Monday through Friday.

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.