

2018 Benefits Open Enrollment

Frequently asked questions

BENEFITS COSTS FOR 2018

How are employee contributions changing for 2018?

Most employees will see a minimal increase in their employee contributions for medical and dental coverage. Your specific cost increase will depend on the plan you elect and who you include in your coverage. All other contribution amounts are staying the same for 2018.

How do AECOM's medical plans and costs compare to what's available in the health care marketplace?

In comparison to the public health care marketplace, AECOM's medical plans compare quite favorably to other marketplace plans, especially when it comes to the plan you enroll in and the cost for coverage. Since AECOM absorbs the majority of the cost of the medical plans, enrolling in one of AECOM's medical plans is likely more cost effective than enrolling in a comparable plan in the public exchange.

WELLNESS DISCOUNT

What is the wellness discount?

You and your spouse/domestic partner were able to earn a wellness discount on 2018 medical plan contributions.

- If you earned 100 wellness points by the extended deadline (September 29, 2017), your wellness discount on 2018 medical plan contributions is \$60/month (\$720/year).
- If your spouse/domestic partner earned 100 wellness points by the extended deadline (September 29, 2017), their wellness discount is an additional \$60/month discount on 2018 medical plan contributions (for a combined discount of \$120/month or \$1,440/year for you both).

In compliance with state law, the discount is \$20/month in the Hawaii plans.

Why does AECOM provide a wellness discount?

Wellness at AECOM is paying off — in improved health and well-being for many and in helping all of us manage our costs, together. A recent analysis of our employee population shows that those who participate in *Wellness at AECOM* have lower health care costs, compared to those who do not participate.

The savings is substantial — there is a 20% reduction in the average cost for wellness participants vs non-wellness participants, and we pass a large majority of that savings along to you in the wellness discount. It's simple: The healthier you are, the less you and the company will spend on medical expenses throughout the year.

Why does AECOM provide a wellness discount for spouses/domestic partners?

We want to help our employees and their loved ones be well, at home and at work. We also want to reward spouses/domestic partners for making healthy choices, which helps you and AECOM better manage our shared costs. This is particularly important because, on average, medical costs for spouses/domestic partners tend to be higher than medical costs for employees.

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Does my spouse/domestic partner have to enroll in an AECOM medical plan to be eligible for the spouse/ domestic partner wellness discount?

Yes, the spouse/domestic partner wellness discount only applies if your spouse/domestic partner enrolls in an AECOM medical plan for 2018.

Last year I earned a wellness discount of \$90 for employee + child(ren) coverage. Why is it that this year I'm only able to earn a \$60 discount for myself by earning 100 wellness points?

We decided to change our approach for 2018 to provide the same discount amount to every individual — employees and spouses/domestic partners — who qualify for the wellness discount. The 2017 wellness discount was inconsistent because employees who cover dependents receive a higher discount amount than those employees who did not cover dependents. For 2018, every qualifying employee will be eligible for the same discount amount, regardless of whether or not they cover dependents. Spouses/domestic partners can earn their own wellness discount, too.

While the 2018 discount is lower than the 2017 discount for employees who include a child(ren) in their coverage, these employees are earning the same 2018 discount amount as every other individual who qualifies for the discount.

Why doesn't AECOM offer the wellness discount for adult dependent children?

We believe it would be inconsistent to offer the wellness discount for participation in wellness activities to only some dependent children, based on age, when not all dependent children can participate.

I earned 100 wellness points, but I don't see the wellness discount reflected in the enrollment system when I log in to select my benefits.

Please email wellness@aecom.com for assistance or call StayWell at **800.493.5980**.

Keep in mind that if you are covered by a union plan, SCA, collective bargaining agreement or other contract, you may not be eligible for the wellness discount. If you have questions regarding your eligibility, please contact your Human Resources representative.

I thought I had earned 100 wellness points to receive the wellness discount. How can I verify my status, number of points, etc.?

Please email wellness@aecom.com for assistance or call StayWell at **800.493.5980**.

Are there groups or individuals who are exempt from earning 100 wellness points for the wellness discount?

While all employees are encouraged to use the great resources and support provided by *Wellness at AECOM*, the following groups will automatically be eligible:

- Employees hired after June 15 (and their spouses/domestic partners),
- Employees returning from a leave of absence after June 15 (and their spouses/domestic partners) and
- International assignees on assignment after June 15 (and their spouses/domestic partners).

If you are covered by a union plan, SCA, collective bargaining agreement or other contract, you may not be eligible for the wellness discount. If you have questions regarding your eligibility, please contact your Human Resources representative.

Can I start earning wellness points toward the 2019 wellness discount?

Yes. Now you can earn wellness points virtually all year round. Learn more about our year-round approach to wellness at AECOMbenefits.com (select All benefits, then select *Wellness at AECOM*).

BENEFITS CHANGES

Why is the out-of-network coinsurance increasing to 50% in the Premier Plus HDHP, HDHP and PPO medical plan options?

This is one of several updates being made to the Anthem medical plan options which align our benefits with industry benchmarks. This particular change reflects the higher cost of using out-of-network providers. Whenever possible, you should seek care from Anthem network providers who agree to charge plan members discounted amounts for their services.

Why is the out-of-pocket maximum increasing in the Premier Plus HDHP and the deductible increasing in the HDHP?

These updates help us align our benefits with industry benchmarks and keep pace with rising health care costs.

Why are PPO deductible amounts increasing for the second year in a row? Why is there a new prescription drug deductible and new copays for hospital and emergency room visits in the PPO?

PPO coverage continues to be the most expensive plan option provided by the company, which means it's expensive for you as well. The PPO plan changes we're making for 2018 are designed to help us align our benefits with industry benchmarks and keep pace with rising health care costs, while still allowing us to offer the PPO as an option for employees to choose from. While it's not the most cost-effective option, it is one of many and we offer other ways to manage your costs, including free preventive care and low-cost telemedicine. We want you to make the best choices for you and your family, so please review all your medical plan options before making your election.

Why are some prescription drug copays increasing in the Anthem medical plan options?

As prescription drug costs continue to climb, the copay changes are designed to help our coverage align with industry benchmarks and keep pace with rising drug costs. Check with your doctor to see if other, more cost-effective alternatives are available to you.

Why is the International Health Plan changing from GeoBlue to Cigna Global?

The International Health Plan for employees on an international assignment will switch from GeoBlue to Cigna Global. The benefits offered will remain the same, however, the provider network and plan administration will be provided through Cigna instead of GeoBlue. Cigna Global is a reputable, global brand that is better able to deliver a higher level of service for employees and their families away on an international assignment.

Are any other benefits changing?

No, there are no changes to our other benefits, perks and resources, including life and accident insurance, disability insurance, Care.com, GuidanceResources Employee Assistance Program (EAP), Smart Spend, the Retirement & Savings Plan (RSP) and the Employee Stock Purchase Plan (ESPP). For information about all of these benefits and more, please visit [AECOMbenefits.com](https://www.aecombenefits.com).

HSA CONTRIBUTIONS

How much can I contribute to a Health Savings Account (HSA) in 2018?

Due to the valuable tax advantages, the IRS sets limits on annual HSA contributions. For 2018, your contributions and AECOM's contributions, combined, cannot exceed:

- \$3,450 for employee only coverage
- \$6,900 for all other coverage levels

If you're age 55 or older, the IRS allows you to contribute an extra \$1,000 per year.

How much will AECOM contribute to HSAs in 2018?

AECOM's HSA matching contribution will continue to be \$750 employee/\$1,500 family in the Premier Plus High Deductible Health Plan (HDHP) option and \$300 employee/\$600 family in the HDHP option.

I am making pre-tax contributions to both the HSA and the 401(k) plan. Which is more cost effective and beneficial for me? What are the advantages and disadvantages of each?

Both offer great tax advantages, a company matching contribution and the opportunity to save for the future — but they serve different purposes. The HSA is available only to eligible participants in one of our HDHP medical plan options. You can use your HSA now or save it for the future, and, as long as you use the money for eligible health care expenses, it is always tax-free. The 401(k) is available to everyone. You can access your 401(k) savings tax-free after age 59½. For additional guidance, consult with your financial planner or tax advisor.

WORKING SPOUSE SURCHARGE

Why does AECOM have a working spouse surcharge?

We want to make sure that everyone at AECOM, and their family members, has access to medical coverage. We offer coverage to eligible spouses/domestic partners and dependent children, but spouses/domestic partners who have access to coverage through their own employers are encouraged to enroll in their employer-sponsored plans. If your spouse/domestic partner has medical coverage available through his or her employer and chooses AECOM medical coverage instead (or in addition), there will be a \$100 monthly spouse surcharge (\$46.15 biweekly) for 2018. (See the FAQs below for some exceptions.)

Do I have to pay the working spouse surcharge if my spouse/domestic partner does not have access to medical coverage through their employer (or former employer)? What if my spouse/domestic partner has access to medical coverage through Medicare, military benefits or some other non-employer source?

No, the working spouse surcharge only applies if your spouse/domestic partner has access to medical coverage through his or her employer and they choose AECOM coverage instead (or in addition).

How do I attest that my spouse/domestic partner does/does not have access to medical coverage through their employer?

When you make your benefits elections online or by phone, you will be asked to attest as part of the enrollment process.

If I attested about my spouse/domestic partner for 2017, do I need to attest again for 2018?

No, you don't need to attest again, unless you want to change your attestation (for example, if your spouse/domestic partner no longer has access to medical coverage through his or her employer).

Is the working spouse surcharge deducted on a pre-tax or post-tax basis?

Your paycheck deduction for medical coverage will include the regular employee contribution amount (with or without the wellness discount, whichever applies for you) plus the surcharge. So the surcharge will be deducted on a pre-tax basis.

Do I have to pay the working spouse surcharge if my spouse/domestic partner also works at AECOM?

No, the working spouse surcharge does not apply when both spouses/domestic partners work at AECOM.

WHO NEEDS TO MAKE ELECTIONS

Do I need to enroll this year?

Although we do encourage everyone to review their options and consider their benefits needs each year, not everyone needs to enroll. You should enroll if any of the following apply to you for 2018:

- You want to update your current benefits elections, including adding or removing a dependent.
- You want to contribute to a Health Savings Account (HSA).
- You want to contribute to a Health Care, Limited Purpose or Dependent Day Care Flexible Spending Account (FSA).
- You want to change your attestation as to whether or not your spouse/domestic partner has access to medical coverage through his or her employer (if your spouse/domestic partner will be covered in an AECOM medical plan next year).
- You want to waive AECOM health and group coverage. (You may need to attest that you have other medical coverage.)
- You need to elect your 2018 benefits as a new hire.

Open Enrollment is also a good time to review and update your beneficiary information, if needed.

What happens 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/or 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 automatically be 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.*

Why do I have to attest if I want to waive medical coverage in 2018?

Under the Affordable Care Act, we are required to report information that confirms employees who waive coverage in an AECOM medical plan have adequate medical coverage through another source.

AECOMbenefits.com AND ENROLLMENT RESOURCES

What is AECOMbenefits.com?

AECOMbenefits.com is your new first stop for ALL things benefits. It pulls all your AECOM benefits information and resources together in one place. No login is required, making it easy for you and your spouse/domestic partner to find what you need... on your phone, tablet or computer. Start at AECOMbenefits.com whenever you need benefits information and resources and to connect to all our benefits partners' websites.

Go now for your 2018 benefits information, resources and perks. Starting November 6, you can go to AECOMbenefits.com and log in to your personalized benefits account to make your elections for 2018.

When I look at benefits documents on my phone or tablet, the links don't work. Why is that?

Benefits documents posted online are created in a document format called PDF (portable document format). While links within PDFs typically work well on desktop computers, some PDF links do not work well on some phones and tablets, depending on the specific touch device and operation system you are using. As a result, touch devices are not ideal for viewing PDF documents. If you are having difficulty with PDFs on your touch device, you may want to look at them on your computer.

What username and password do I use to access my personalized benefits account?

When you log in to your personalized benefits account (through [AECOMbenefits.com](https://www.aecombenefits.com)) or call the AECOM Benefits Service Center for the first time, you'll need to confirm some personal information (such as your date of birth and ZIP code) and create a user ID and password. You'll use the same password for both your personalized benefits account and the AECOM Benefits Service Center. You can reach 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.

What if I have forgotten my password?

If you have forgotten your password, you can have it reset online prior to logging in by clicking Forgot User ID or Password? Or you can have it reset through 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.

Who do I call if I need personalized assistance, including help choosing the right benefits?

If you can't find what you need on [AECOMbenefits.com](https://www.aecombenefits.com) or in your personalized benefits account, just 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. Translation services for multiple languages are available.

Is my personalized benefits information safe?

Maintaining the privacy and security of your personal information is very important. Your personalized benefits account website 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.

Why can't I access benefits websites from my worksite computer?

Some worksite locations may have security firewalls that prevent you from accessing certain websites at work. If that's the case, you can access [AECOMbenefits.com](https://www.aecombenefits.com) from any computer or smartphone at home and log in to your personalized benefits account to enroll or you can call the AECOM Benefits Service Center. You can also enroll by mobile device if you have the Aight app for your personalized AECOM benefits, which you can download from [AECOMbenefits.com](https://www.aecombenefits.com). Some locations have computer kiosks, which you can use to enroll online if you don't have your own computer at work or at home.

What should I do if I have a new address/phone number/last name?

Please contact your Human Resources representative for the specific procedures for your business group.

I'm a Third Country National (TCN), and I do not have an American ZIP code. How do I enroll?

When you enroll online through your personalized benefits account, you will be prompted to enter 00000 instead of your ZIP code. You'll also need to provide the last four digits of your Social Security number and your date of birth. Then, you will be able to create your login credentials for the site. If you have any trouble, please call the **AECOM Benefits Service Center** at **844.779.9567** (+ 1 312.843.5091 outside the U.S.), between 8 a.m. and 8 p.m. Central Time, Monday through Friday. Translation services for multiple languages are available.