AECOM

Take care of what matters most.

Choose your benefits for the year ahead.

2026 Benefits Open Enrollment is October 20 – November 7, 2025.

2026 Benefits Guide for U.S., Hawaii and Puerto Rico

Welcome to Your Benefits Guide

At AECOM, we care deeply about what matters most — you, your family, and the life you're building both inside and outside of work. As part of our commitment to you, we are proud to offer a comprehensive benefits program designed to support your health, wellbeing, and future.

This Benefits Guide is your resource to understanding the wide range of programs and services available to support your wellbeing. Wellbeing is personal, and no two journeys look the same. We've shaped our benefits offerings and programs around four pillars that we believe are essential: supporting your physical health, strengthening your financial confidence, caring for your emotional wellbeing, and fostering your career growth. Each of these areas connects back to one simple idea: your wellbeing is our shared priority.

We encourage you to explore the options available and make the choices that best suit you and your family. As you review this guide, please don't hesitate to reach out with any questions. Visit **benefits.aecom.com**, your one-stop-shop for ALL things benefits, or contact the **AECOM Benefits Service Center**.

With the right support, we believe you can find more balance, take on opportunities with clarity, and continue to grow with intention.

Benefits Open Enrollment

Benefits Open Enrollment is October 20 – November 7.

How to Enroll

Go to myaecombenefits.com or use the Alight Mobile app. Log in and select the enrollment tile to get started. Be sure to click the "Confirm" button at the bottom of the enrollment page to submit your elections.

Download on the App Store

GET IT ON Google Play

Your needs may have changed since last year — consider your planned medical and prescription needs when you review your plan options. Use the Medical Expense Estimator tool (during your medical plan election, click the "Help Me Choose" button) to help you select the right medical plan for you and your family.

Once you've selected your benefits, they will remain in effect for a full year. After November 7, you cannot change your selections until the following Benefits Open Enrollment, unless you experience a qualifying life event (see page 4 for more details).

Questions?

Visit **aecom.benefits.com**, your one-stop-shop for ALL things benefits, or contact the **AECOM Benefits Service Center**.

If You Don't Enroll

If you don't enroll during Benefits Open Enrollment, you'll automatically receive the following default coverage with 2026 rates. Below is the default coverage for regular full-time and part-time employees. Casual and temporary employees will receive different default coverage. Learn more.

U.S. benefit	2026 default coverage
Medical	Your 2025 election will carry over.[1]
Dental	If you're enrolled in a 2025 plan, you will be defaulted into the Low plan.
Vision	If you're enrolled in a 2025 plan, you will be defaulted into the Low plan.
Health Savings Account (HSA) and Flexible Spending Accounts (FSAs)[2]	No coverage
Basic life insurance (AECOM paid)	1x salary rounded to the next higher $1,000, if not already a multiple of $1,000.
Basic AD&D insurance (AECOM paid)	1x salary rounded to the next higher $1,000, if not already a multiple of $1,000.
Optional life insurance	Your 2025 election(s) will carry over.
Optional AD&D insurance	Your 2025 election will carry over.
Business travel accident insurance (AECOM paid)	4x salary rounded to the next higher $1,000, if not already a multiple of $1,000.
Short-term disability insurance (AECOM paid)	100% base weekly earnings for 6 weeks, then 66.67% for the remainder of approved STD period.
Long-term disability insurance	Your 2025 election will carry over.
Voluntary benefits (Legal Services, Critical Illness Insurance, Hospital Indemnity Insurance, Accident Insurance, Identity Theft Services)[2]	If you're enrolled in a 2025 plan, you will be defaulted into the closest level of coverage.
Charitable contributions (Engineers Without Borders, Water for People)	Your 2025 election will carry over.
Employee Assistance Program (AECOM paid)	Enrolled

[1]***Hawaii:*** *You must complete a Hawaii medical coverage waiver form (HC-5) if you decline medical coverage. If you do not complete the HC-5 form, you will be enrolled in medical coverage under the Kaiser Permanente Hawaii plan until the AECOM Benefits Service Center receives the form.*

[2]*Not available in* ***Puerto Rico****.*

After Benefits Open Enrollment, you can only update your benefits within 31 days of a qualifying life event, such as marriage or birth/adoption.

Adding a new dependent? You must provide documentation verifying your dependent is eligible for coverage.

Were you recently hired? If you were hired after October 20, you must elect benefits twice — once for the remainder of 2025 and again for 2026.

Eligibility

Regular Full-Time and Part-Time Employees

If you are classified as a regular full-time or regular part-time employee scheduled to work for at least 20 hours per week, you are eligible for AECOM benefits, including medical, dental, vision, life, AD&D and disability benefits, Employee Assistance Program (EAP), the Retirement & Savings Plan (RSP) - 401(k), business travel benefits, time off programs, leaves of absence and voluntary benefits.

Casual, Part-Time Variable and Temporary Employees

If you are classified as a casual (part-time variable) or temporary employee, you are eligible for medical benefits, local government mandated sick leave, the Employee Assistance Program (EAP), the Retirement & Savings Plan (RSP) – 401(k) and business travel benefits. You are not eligible for dental, vision, life, AD&D, disability or voluntary benefits.

Eligible Family Members

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

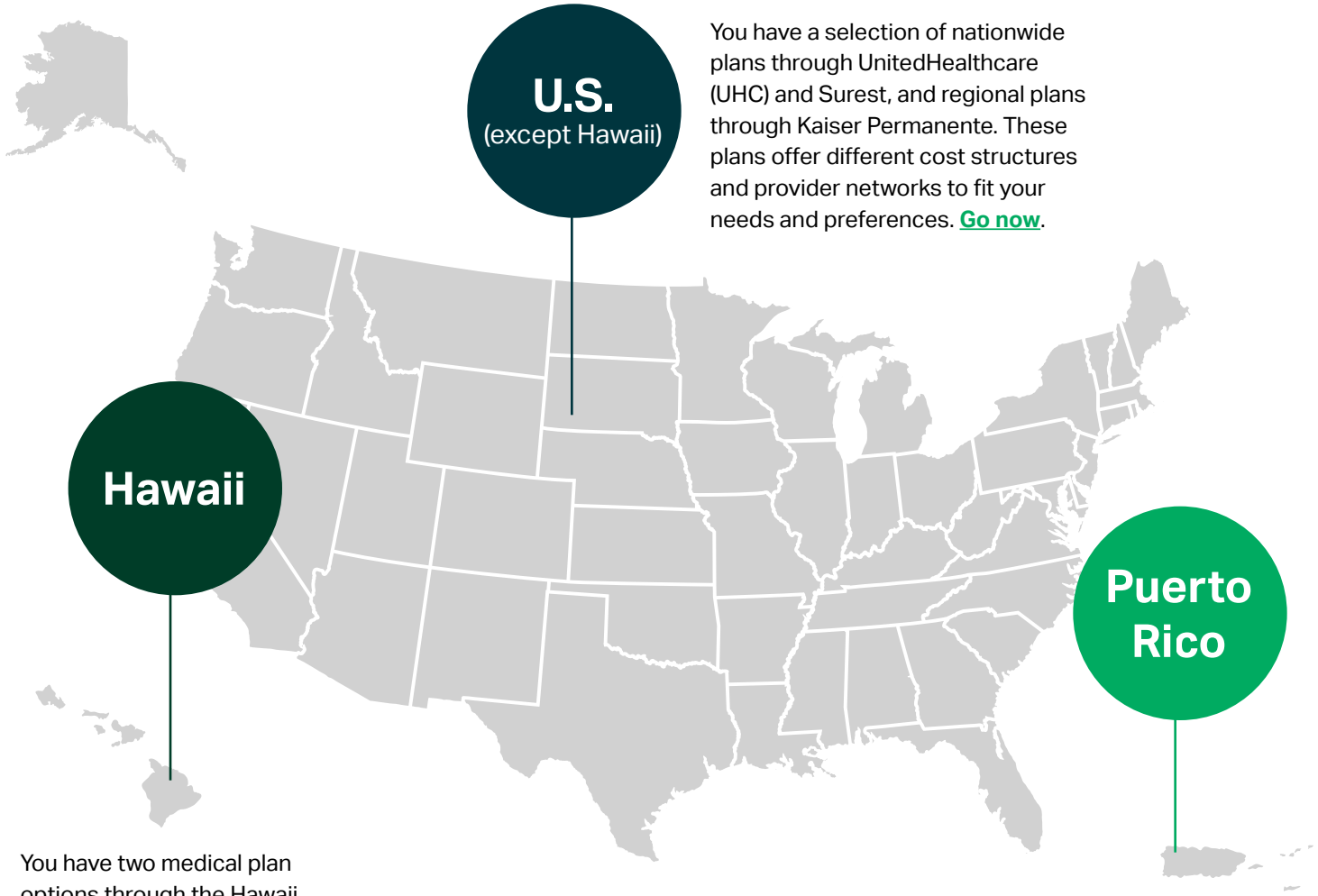
- Spouse or domestic partner
- Child(ren) up to age 26 regardless of marital or student status
- Unmarried child(ren) of any age who are incapable of supporting themselves due to a mental or physical disability and who are totally dependent on you. This eligibility is dependent upon carrier decisions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

To qualify for domestic partner coverage, you and your partner must meet specific criteria.

Additionally, current federal tax laws provide that if your domestic partner does not qualify as your tax-qualified dependent, then the cost of his or her medical, dental and vision plan coverage must be made on an after-tax basis. The same is true for any other covered dependents (for example, the children of your domestic partner) who do not qualify as your tax-qualified dependents. Therefore, the fair market value of your non-tax qualified dependents' health plan coverage is required to be added to your gross income and is subject to applicable federal and state income tax withholding and employment taxes. This additional income, called "**imputed income**," will be reported to the Internal Revenue Service (the "IRS") on your Form W-2 and will appear on each of your paychecks.

Medical Plans

AECOM offers a variety of medical plans to support your health and wellbeing, no matter where you live. Your options may differ depending on your location.



U.S. (except Hawaii)

You have a selection of nationwide plans through UnitedHealthcare (UHC) and Surest, and regional plans through Kaiser Permanente. These plans offer different cost structures and provider networks to fit your needs and preferences. Go now.

Hawaii

You have two medical plan options through the Hawaii Medical Service Association (HMSA) and Kaiser Permanente. Go now.

Puerto Rico

You have medical coverage through Triple-S, a leading health plan provider in Puerto Rico. Go now.

U.S. Medical Plans (except Hawaii)

You have four medical plan options through UHC:

HDHP	HDHP Premier	Traditional Plan	Surest
• High deductible health plan — allows you to contribute pre-tax dollars to a Health Savings Account (HSA) • Highest annual deductible and out-of-pocket maximum • Lowest employee contributions	• High deductible health plan — allows you to contribute pre-tax dollars to a Health Savings Account (HSA) • Lower annual deductible and out-of-pocket maximum than the HDHP • Higher employee contributions than the HDHP	• PPO plan that has both copays and coinsurance • Lower annual deductible than the HDHP and HDHP Premier • Highest employee contributions	• PPO plan 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 your out-of-pocket costs for each — choose providers based on location and cost • Lower employee contributions than the Traditional Plan

Know your network: UHC and Surest medical options use the UHC Choice Plus network (Select Plus network in California). Visit the UHC and Surest **preview websites** to explore the unique features and services offered by each carrier.

New Health Support Programs

If you are enrolled in a UHC or Surest plan, Carrum Health and Color are available to support you and your family. These programs offer access to high-quality surgery care and expert cancer navigation and screening services.

At-a-Glance Comparison: U.S. Medical Plans

Features	HDHP	HDHP Premier[3]	Traditional Plan	Surest
Annual deductible (individual/family)	**In-network:** $4,500/$9,000	**In-network:** $2,500/$3,400 (individual in a family)/$5,000	**In-network:** $1,000/$2,000	**In-network:** $0
	Out-of-network: $4,500/$9,000	**Out-of-network**: $4,500/$4,500 (individual in a family)/$9,000	**Out-of-network:** $2,000/$4,000	**Out-of-network:** $0
Annual out-of-pocket maximum (individual/family)	**In-network:** $7,000/$14,000	**In-network:** $5,000/$10,000	**In-network:** $5,000/$10,000	**In-network:** $5,000/$10,000
	Out-of-network: $14,000/$28,000	**Out-of-network:** $10,000/$20,000	**Out-of-network:** $10,000/$20,000	**Out-of-network:** $10,000/$20,000
Preventive care	**In-network:** Covered 100%, no deductible	**In-network:** Covered 100%, no deductible	**In-network:** Covered 100%, no deductible	**In-network:** Covered 100%, no deductible
	Out-of-network: You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** $215 copay
Doctor's office visit – primary care	**In-network:** You pay 25% after deductible	**In-network:** You pay 25% after deductible	**In-network:** $30 copay	**In-network:** Price varies — on average, you pay a $40 to $150 copay
	Out-of-network: You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** $215 copay
Doctor's office visit – specialist	**In-network:** You pay 25% after deductible	**In-network:** You pay 25% after deductible	**In-network:** $50 copay	**In-network:** Price varies — on average, you pay a $40 to $150 copay
	Out-of-network: You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** $215 copay
Emergency room	**In-network:** You pay 25% after deductible	**In-network:** You pay 25% after deductible	**In-network:** $150 copay, plus you pay 25% after deductible	**In-network:** $1,000 copay, unless admitted
	Out-of-network: You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** $150 copay, plus you pay 25% after deductible	**Out-of-network:** $1,000 copay, unless admitted
Urgent care	**In-network:** You pay 25% after deductible	**In-network:** You pay 25% after deductible	**In-network:** $50 copay	**In-network:** $90 copay
	Out-of-network: You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** $200 copay
Inpatient care	**In-network:** You pay 25% after deductible	**In-network:** You pay 25% after deductible	**In-network:** You pay 25% after deductible	**In-network:** Common procedures: $0–$4,500 copay ($3,500 for uncommon procedures without smart pricing)
	Out-of-network: You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** You pay 45% after deductible	**Out-of-network:** Up to $9,000 copay

[3] *Based on IRS rules, if you enroll yourself and any other family member(s) in this plan, the individual deductible is $3,400. If only you are enrolled in the plan, the individual deductible is $2,500.*

UHC Prescription Drug Coverage through OptumRx

	HDHP	HDHP Premier	Traditional Plan	Surest
30-day retail supply				
Tier 1	You pay 25% after deductible	You pay 25% after deductible	You pay $12	You pay $10
Tier 2	You pay 25% after deductible	You pay 25% after deductible	You pay 25% up to $80	You pay $90
Tier 3	You pay 25% after deductible	You pay 25% after deductible	You pay 25% up to $150	You pay $160
Specialty	You pay 25% after deductible	You pay 25% after deductible	You pay 25% up to $200	You pay $440–$530
90-day mail-order supply				
Tier 1	You pay 25% after deductible	You pay 25% after deductible	You pay $30	You pay $25
Tier 2	You pay 25% after deductible	You pay 25% after deductible	You pay 25% up to $200	You pay $225
Tier 3	You pay 25% after deductible	You pay 25% after deductible	You pay 25% up to $375	You pay $400

Explore UHC's covered prescription drug list to see all the medications that are covered.

U.S. Regional Medical Plans

If you live in these regions below, you have medical plan options through Kaiser Permanente, in addition to the four medical plan options through UHC:

- California
- Colorado
- Georgia
- Mid-Atlantic States (DC, Maryland, Virginia)
- Washington
- Northwest (Oregon and Southern Washington)

Receiving Medical Care

If you choose to enroll in one of the Kaiser Permanente plans, you must receive medical care from Kaiser Permanente facilities and providers. Out-of-network care is not covered — except in an emergency.

At-a-Glance Comparison: U.S. Regional Kaiser Permanente Medical Plans

Each region has three plan options: 4500 HDHP, 2500 HDHP[4] and HMO. The annual deductible and out-of-pocket maximum are the same in each region.

Features	4500 HDHP (new for 2026)	2500 HDHP[4] (formerly HDHP HMO)	HMO
Annual deductible (individual/family)	$4,500/$9,000	$2,500/$3,400 individual in family /$5,000	$1,000/$2,000
Out-of-pocket maximum (individual/family)	$7,000/$14,000	$5,000/$10,000	$5,000/$10,000
Preventive care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
Doctor's office visit	You pay 25% after deductible	You pay 25% after deductible	Primary: $30 copay Specialist: $50 copay
Emergency room	You pay 25% after deductible	You pay 25% after deductible	$150 copay
Urgent care	You pay 25% after deductible	You pay 25% after deductible	CA, WA: $30 copay CO, GA, Mid-Atlantic States, Northwest: $50 copay
Inpatient care	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible

[4] Based on IRS rules, if you enroll yourself and any other family member(s) in this plan, the individual deductible is $3,400. If only you are enrolled in the plan, the individual deductible is $2,500.

Kaiser Permanente Prescription Drug Coverage

	California		
	4500 HDHP	2500 HDHP	HMO
Retail			
Generic	You pay 25% up to $50	You pay 25% up to $50	You pay $12
Preferred Brand	You pay 25% up to $100	You pay 25% up to $100	You pay 25% up to $80
Non-Preferred Brand	You pay 25% up to $100	You pay 25% up to $100	You pay 25% up to $80
Specialty	You pay 25% up to $100	You pay 25% up to $100	You pay 25% up to $200
Mail order			
Generic	You pay 25% up to $50	You pay 25% up to $50	You pay $24
Preferred Brand	You pay 25% up to $100	You pay 25% up to $100	You pay 25% up to $80
Non-Preferred Brand	You pay 25% up to $100	You pay 25% up to $100	You pay 25% up to $80

	Colorado, Georgia, Northwest (Oregon and Southern Washington) and Washington		
	4500 HDHP	2500 HDHP	HMO
Retail			
Generic	You pay 25% up to $50	You pay 25% up to $50	You pay $12
Preferred Brand	You pay 25% up to $100	You pay 25% up to $100	You pay 25% up to $80
Non-Preferred Brand	You pay 25% up to $100	You pay 25% up to $100	You pay 25% up to $150
Specialty	Applicable generic, preferred brand or non-preferred	Applicable generic, preferred brand or non-preferred	You pay 25% up to $200
Mail order			
Generic	You pay 25% up to $100	You pay 25% up to $100	You pay $24
Preferred Brand	You pay 25% up to $200	You pay 25% up to $200	You pay 25% up to $160
Non-Preferred Brand	You pay 25% up to $200	You pay 25% up to $200	You pay 25% up to $300

	Mid-Atlantic States (DC, Maryland and Virginia)		
	4500 HDHP	2500 HDHP	HMO
Retail			
Generic	You pay 25% up to $50	You pay 25% up to $50	You pay $12
Preferred Brand	You pay 25% up to $100	You pay 25% up to $100	You pay 25% up to $80
Non-Preferred Brand	You pay 25% up to $100	You pay 25% up to $100	You pay 25% up to $150
Specialty	Applicable generic, preferred brand or non-preferred	Applicable generic, preferred brand or non-preferred	You pay 25% up to $150
Mail order			
Generic	You pay 25% up to $100	You pay 25% up to $100	You pay $24
Preferred Brand	You pay 25% up to $200	You pay 25% up to $200	You pay 25% up to $160
Non-Preferred Brand	You pay 25% up to $200	You pay 25% up to $200	You pay 25% up to $300

Annual Deductibles and Out-of-Pocket Maximums

Traditional annual deductible:

- Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member.
- Charges for all other covered family members will continue to count toward the family deductible.
- Once the family deductible is met, your insurance will pay benefits for all covered family members.

Traditional out-of-pocket maximum:

- Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member.
- Charges for all covered family members will continue to count toward the family out-of-pocket maximum.
- Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members. The annual out-of-pocket maximum includes amounts paid toward your deductible.

Dental Plans

Two Dental Provider Organization (DPO) dental options are available through Delta Dental — a High plan and a Low plan. The High plan has a higher paycheck contribution, but offers:

- Orthodontia coverage
- Lower deductibles
- Higher benefit maximums
- Richer coverage for major services

You can visit Delta Dental PPO or Premier dentist or a non-Delta Dental dentist, but you save money when you visit dentists in the DPO network, because these dentists agree to the contracted rates.

Note: Puerto Rico employees have dental coverage through the **Puerto Rico Medical Plans**.

Features	Low Plan	High Plan
Calendar year deductible (individual/family)	$100/$300	$50/$150
Calendar year maximum (per individual)	$1,000	$2,000
Diagnostic & preventive services	Covered 100%, no deductible	Covered 100%, no deductible
Basic services	You pay 20% after deductible	You pay 20% after deductible
Endodontics	You pay 20% after deductible	You pay 20% after deductible
Periodontics	You pay 20% after deductible	You pay 20% after deductible
Oral surgery	You pay 20% after deductible	You pay 20% after deductible
Major services	You pay 50% after deductible	You pay 40% after deductible
Prosthodontics	You pay 50% after deductible	You pay 40% after deductible
Implants	You pay 50% after deductible	You pay 40% after deductible
Orthodontic services	Not covered	You pay 50%, no deductible (for children and adults)
Orthodontic maximum	N/A	$2,000 lifetime

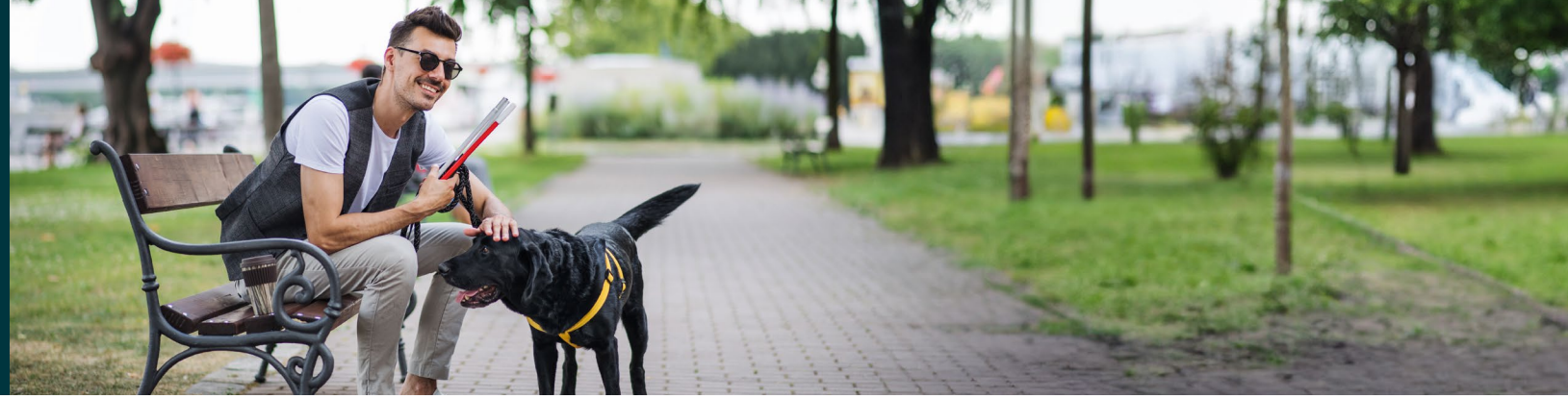
Vision Plans

High and Low vision plans are available through VSP. The Low plan offers coverage for essentials, like eye exams and frames/lens allowances, and the High plan offers more enhanced coverage. No matter which option you choose, you'll save money when you visit a VSP network provider each time you need care.

Note: Puerto Rico employees have vision coverage through the **Puerto Rico Medical Plans**.

Features	Low Plan – VSP Advantage Network	High Plan – VSP Advantage Network
	You pay:	You pay:
Routine vision exam (every calendar year)	$0 copay	$10 copay
Essential medical eye care	$20 per exam	$20 per exam
Prescription glasses	$20 copay	$10 copay
Frames (every calendar year) (included in prescription glasses)	Allowance: • $100 featured frame brands • $80 standard • $45 Costco 20% savings on amount over allowance	Allowance: • $230 featured frame brands • $210 standard • $115 Costco 20% savings on amount over allowance
Lenses (every calendar year) (included in prescription glasses)	• Single vision • Lined bifocal • Lined trifocal • Impact-resistant for dependent children	• Single vision • Lined bifocal • Lined trifocal • Impact-resistant for dependent children
Lens enhancements (every calendar year)	Copay: • Standard progressive: $0 copay • Premium progressive: $95–105 copay • Custom progressive: $150–175 copay	Copay: • Standard progressive: $0 copay • Premium progressive: $10 copay • Custom progressive: $10 copay • Impact-resistant: $10 copay
Contacts (every calendar year)	• $70 allowance for contacts (instead of glasses allowance) • Contact lens exam (fitting and evaluation): $20 copay	• $200 allowance for contacts (in addition to glasses allowance) • Contact lens exam (fitting and evaluation): $10 copay
Additional savings	• Glasses and sunglasses: savings on additional pairs of prescription and non-prescription glasses • Laser vision correction: 15% off regular price (at contracted facility) • Exclusive member **extras** for VSP members: contact lens rebates, TruHearing digital hearing aid discounts, everyday savings on health and wellness products and more with VSP Simple Values	

Health Savings Account (HSA)



If you're enrolled in a High Deductible Health Plan (HDHP) medical plan, you can contribute pre-tax dollars to a Health Savings Account (HSA) administered by Bank of America Merrill Lynch and use it to pay for eligible health care expenses — now or in the future.

3 Ways to Use Your HSA to Pay for Expenses

Use your HSA debit card.

Pay for your expenses up front and pay yourself back from your HSA.

Pay your provider directly through Bank of America Merrill Lynch.

Your contributions: For 2026, you can save up to $4,400 if you're covering just yourself, or $8,750 if you're covering yourself and family. If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional before-tax "catch-up" contributions to your HSA up to $1,000.

Investing Your HSA: Once your HSA cash balance reaches $1,000, you can invest any portion of the balance above $1,000 in select mutual funds. Set up your investments at benefits.ml.com.

5 Reasons Why You Should Consider Contributing to an HSA

1. You can contribute through convenient payroll deductions.
2. Your contributions are tax-free, which may lower the amount you pay in federal taxes.
3. You can use your money at any time. Any unused funds in your HSA roll over from year to year — you don't lose that unused money as you do with a Flexible Spending Account (FSA).
4. You own your HSA, which means you can take unused HSA dollars with you if you leave AECOM.
5. You can use your HSA to save for the future, making it a smart tool to help save for medical costs during retirement.

Learn More

Review the **HSA User's Guide** to understand how to grow your HSA, access funds online and more. See **Understanding HSAs and FSAs** and visit the **HSA and FSA online education center** for additional information.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs)[5] allow you to set aside pre-tax dollars to lower your taxable income for the year and save money on eligible expenses.

Health Care FSA

A Health Care FSA allows you to set aside pre-tax dollars from your pay to reimburse yourself for qualified medical, dental and vision expenses.

For 2026, the IRS has set the Health Care FSA contribution limit at $3,300. The IRS may announce an updated limit by December 31, 2025. During Benefits Open Enrollment, you'll have the option to select to automatically adjust your contribution if the limit increases. Once you enroll and set your annual contribution, you cannot change that amount during the year, unless you have a qualifying life event. Unused funds are forfeited at the end of each year, so carefully estimate your eligible expenses for the coming year.

Limited Purpose Health Care FSA

If you enroll in a High Deductible Health Plan (HDHP), you can enroll in an HSA, a Health Care FSA, or both an HSA and a Limited Purpose Health Care FSA. If you contribute to an:

HSA or Health Care FSA	HSA and Limited Purpose Health Care FSA
You can use your HSA or Health Care FSA account to pay for qualified medical, dental, and vision expenses.	Your Health Care FSA will be "limited purpose" and can only be used to pay for qualified dental and vision expenses. Your HSA can be used for qualified medical, dental, and vision expenses.

HSAs vs FSAs: Know the Differences

The HSA and FSAs can help you save money on eligible expenses, but they work differently. Take a look at **Understanding the Difference Between a Health Savings Account (HSA) and a Flexible Spending Account (FSA)** to see the key differences, including who's eligible, how the funds work, and which expenses are covered. Understanding how these accounts work can help you make the best choice.

Dependent Day Care FSA

You can use a Dependent Day Care FSA to reimburse yourself for qualified child and dependent care expenses.

Eligible dependents include:

- Children under age 13
- Spouse or other dependent of any age who is physically or mentally unable to care for himself or herself and satisfies certain other requirements

The Dependent Day Care FSA contribution limit is $5,000 (or $2,500 if you are married and filing taxes separately) for 2026. Once you set your annual contribution when you enroll, you cannot change that amount during the year unless you have a qualifying life event. You lose any unused money at the end of the year.

[5] *FSA plans are not available in Puerto Rico.*

Hawaii Medical Plans

You have two medical plan options:

HMSA Hawaii
A comprehensive medical PPO option with a deductible and separate medical and prescription drug out-of-pocket maximums.

Kaiser Permanente Hawaii
An HMO option that covers in-network and out-of-network care and has a deductible and prescription drug copays for most medications.

Don't need medical coverage?

If you elect "no medical coverage" for next year, the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form (HC-5). A copy of this form will be sent to you through the U.S. mail. By completing this form, you claim to be exempt from coverage requirements under the Prepaid Health Care Act. If you do not complete the HC-5 form, you will be enrolled in medical coverage under the Kaiser Permanente Hawaii plan until the AECOM Benefits Service Center receives the form.

At-a-Glance Comparison: Hawaii Medical Plans

Features	HMSA Hawaii	Kaiser Permanente Hawaii
Annual deductible (individual/family)	**Combined in-network and out-of-network:** $200/$600	**In-network:** None **Out-of-network:** $100/$300
Annual out-of-pocket maximum (individual/family)	**Combined in-network and out-of-network:** $2,200/$6,600	**In-network:** $2,000/$6,000 **Out-of-network:** $2,000/$6,000
Preventive care	**In-network:** 100% covered **Out-of-network:** 100% covered, no deductible	**In-network:** 100% covered **Out-of-network:** 100% covered, no deductible
Doctor's office visit	**In-network:** You pay a $12 copay **Out-of-network:** You pay a $12 copay	**In-network:** You pay a $15 copay **Out-of-network:** You pay 20% after deductible
Emergency room	**In-network:** You pay 20% **Out-of-network:** You pay 20%	**In-network:** You pay a $75 copay **Out-of-network:** You pay a $75 copay
Urgent care	**In-network:** You pay a $12 copay **Out-of-network:** You pay a $12 copay	**In-network:** You pay a $15 copay **Out-of-network:** You pay 20% after deductible
Inpatient care	**In-network:** You pay 20% **Out-of-network:** You pay 20%	**In-network:** You pay a $75 copay per day **Out-of-network:** You pay 20% after deductible
Outpatient care	**In-network:** You pay 20% **Out-of-network:** You pay 20%	**In-network:** You pay a $15 copay **Out-of-network:** You pay 20% after deductible

Hawaii: Prescription Drug Coverage

Your prescription drug coverage depends on the medical plan you choose.

	HMSA Hawaii In-network only	Kaiser Permanente Hawaii In-network only
Preventive drugs (determined by the insurance carrier, as required by the Affordable Care Act)	You pay $0. You must have a doctor's prescription for the medication — even for products sold over the counter (OTC) — and you must use an in-network retail pharmacy or mail-order service.	
Prescription drug annual out-of-pocket maximum (individual/family)	$3,600/$4,200	Included in medical out-of-pocket maximum
30-day retail supply		
Tier 1: Generally lowest cost option	You pay $7	You pay $10
Tier 2: Generally medium cost option	You pay $30	You pay $35
Tier 3: Generally highest cost option	You pay $30 plus $45 cost share	You pay $35
Tier 4: Specialty drugs	You pay $100	You pay $35
90-day mail-order supply		
Tier 1: Generally lowest cost option	You pay $11	You pay $20
Tier 2: Generally medium cost option	You pay $65	You pay $70
Tier 3: Generally highest cost option	You pay $65 plus $135 cost share	You pay $70
Out-of-network/non-contracted pharmacies are not covered.		

Annual Deductibles and Out-of-Pocket Maximums

The Hawaii HMSA plan has a traditional annual deductible:

- Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member.
- Charges for all other covered family members will continue to count toward the family deductible.
- Once the family deductible is met, your insurance will pay benefits for all covered family members.

Traditional out-of-pocket maximum:

- Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member.
- Charges for all covered family members will continue to count toward the family out-of-pocket maximum.

Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

Separate Prescription Drug Out-of-Pocket Maximum

The HMSA Hawaii plan has a separate and additional out-of-pocket maximum for prescription drugs — this means medication costs do not count toward the medical out-of-pocket maximum (and vice versa).

Puerto Rico Medical, Dental and Vision

Puerto Rico Medical Plan

AECOM offers you and your eligible family members a comprehensive, high-quality medical plan through Triple-S that includes prescription drug and dental coverage. Deductibles, copays and coinsurance percentages shown in the chart below are amounts for which you are responsible.

Features	Triple-S Medical	
	In-network	Out-of-network
Annual calendar year deductible (individual/family)	$0/$0	
Out-of-pocket maximum (includes all copays) (individual/family)	$6,350/$12,700	
Lifetime maximum	Unlimited (exception: maximum for organ and tissue transplant is $2 million)	
Coinsurance for preventive care (portion you pay, no deductible)	100% covered	Covered by reimbursement only when the specialty is not available in the list of network providers
Coinsurance for non-preventive care (portion you pay, after deductible)	Varies by service	

Puerto Rico: Prescription Drug Coverage

	Triple-S In-network only
30-day retail supply	
Generic	$10
Brand-name formulary	30%; minimum $15 up to $2,000, then 50% coinsurance
Brand-name non-formulary	30%; minimum $15 up to $2,000, then 50% coinsurance
90-day mail-order supply	
Generic	$20
Brand-name formulary	23%; minimum $30 up to $2,000, then 38% coinsurance
Brand-name non-formulary	23%; minimum $30 up to $2,000, then 38% coinsurance
Out-of-network/non-contracted pharmacies are not covered	

Puerto Rico: Dental Coverage

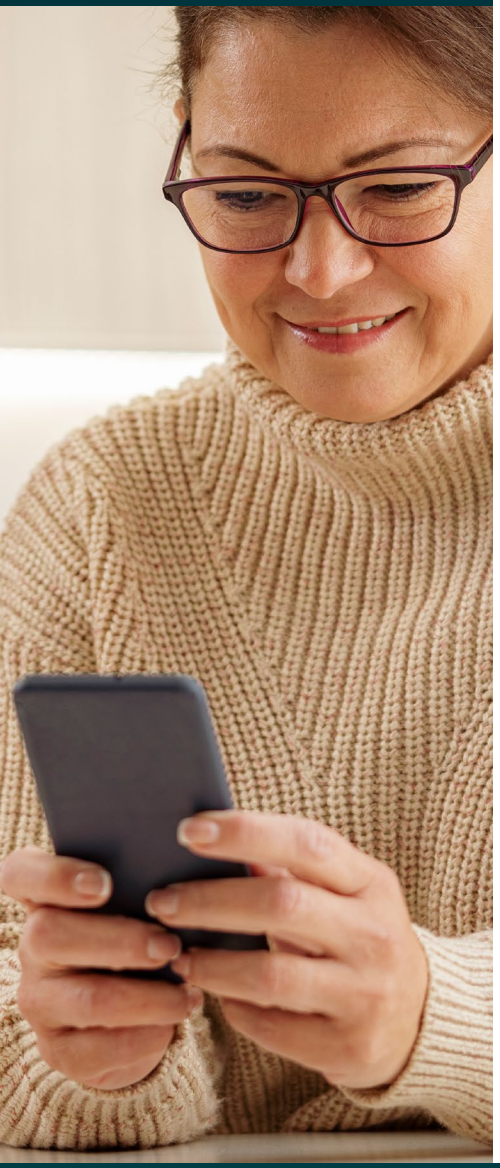
	Triple-S In-network and out-of-network
Annual calendar year maximum	$1,000
Annual deductible	N/A
Preventive services (no deductible)	No cost
Basic services	0% to 20%
Major services	20% to 50%
Orthodontia lifetime maximum	Covered through reimbursement up to $1,000 per person

Puerto Rico: Vision Coverage

You have two vision options — VSP Basic, which provides coverage for an eye exam only, and VSP Premier, which provides additional coverage as described below. You can save money by using VSP network providers.

Features	**VSP Basic**		**VSP Premier**	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Exam	No cost	$45 allowance	No cost	$45 allowance
Frames	Not covered		Up to $150 frame allowance and up to $170 featured frame brands allowance; 20% savings on amount over allowance	$47 allowance
Contact lenses (instead of glasses)				
Conventional/disposable	Not covered		$60 copay for contact lens exam; $120 allowance for contacts	$105 allowance
Medically necessary	Not covered		$10 copay	$210 allowance

Life, AD&D and Disability



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

Life and accidental death and dismemberment (AD&D) insurance protect your income if something happens to you. AECOM automatically provides basic coverage for you free of charge.

If you decide your family needs more protection, you can buy additional supplemental coverage for yourself and your dependents. Evidence of Insurability (EOI) forms may be required for employee and spouse/domestic partner supplemental life insurance. Full coverage won't take effect until the carrier approves the EOI.

Changes at ages 65 and 70:

Life insurance decreases at ages 65 and 70. The original amount of basic life insurance for you and your spouse/domestic partner's supplemental life insurance benefit will reduce by 35% when you or your spouse/domestic partner turns age 65. At age 70, the original benefit will reduce by 50%. All amounts are rounded to the next higher $1,000.

Imputed Income

Federal tax law requires you to pay taxes on the cost of basic life insurance coverage over $50,000. This is called "imputed income" and will be added to your gross taxable income. It will be included on your paychecks and on your Form W-2 each year. The amount of imputed income is based on your age and coverage amount.

Puerto Rico Employees:

If you are enrolled in Triple-S medical, you have a life insurance benefit of $10,000 through Triple-S.

Disability Insurance

Short-term disability (STD) and Long-term disability (LTD) protect your income in the event you are disabled and unable to work. AECOM provides basic STD coverage at no cost. If you want LTD coverage, you can enroll in core or buy-up LTD coverage.

Short-Term Disability

If you have a qualifying disability, benefits begin after 7 consecutive days and may continue up to 26 weeks from the date of disability.

The STD benefit provides 100% of your base weekly earnings for up to 6 weeks.

After 6 weeks, the STD benefit provides 66.67% of your base weekly earnings for the remainder of the approved STD period.

Core LTD

Pays 60% of your base annual pay, up to $15,000 per month.

LTD benefits begin after 180 days and may be payable up to your Social Security normal retirement age.

Buy-Up LTD

Pays 66.67% of your base annual pay, up to $15,000 per month.

LTD benefits begin after 180 days and may be payable up to your Social Security normal retirement age.

Voluntary Benefit Plans[6]

Accident Insurance

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. Accident Insurance is a limited benefit policy — it is not health insurance. Benefits will be paid directly to you to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles and more — it's up to you. Below are some of the injuries and treatments that are covered. Review the benefits highlights for the complete list of covered injuries and treatments.

Benefits Highlights	
Carrier	Voya
How it works	Pays benefits to the insured for covered accidents after the effective date while coverage is in force
Ambulance – ground	$600
Emergency room	$300
Urgent care	$300
Follow-up treatment	$120
X-ray	$400
Inpatient hospital admission	$2,000 (1 x per accident)
Hospital confinement (per day, up to 365 days)	$400
Concussion	$600
Closed dislocations (shoulder)	$2,200/$4,400
Closed fractures (wrist)	$1,400/$2,800
Lacerations	Up to $960
Accidental death (employee)	$200,000
Wellness benefit	$50 (one per person per year)

Wellness Benefit

Accident, Critical Illness and Hospital Indemnity Insurance coverage includes a **Wellness Benefit**, which pays you and your covered family members an annual benefit if you complete an eligible health screening test — a mental health screening, flu immunization, mammogram or a routine eye or dental exam.

File a claim(s) at the Voya Online Claims Center at **voya.com/claims** (Group Name: AECOM, Group Policy Number: 751278).

[6] *Voluntary Benefit plans are not available in Puerto Rico.*

Critical Illness Insurance

Critical Illness Insurance pays you a benefit if you or a covered family member is treated for a major medical event or diagnosed with a critical illness — heart attack, stroke, cancer, major organ transplant and more.

You can use any benefit payment to pay deductibles, coinsurance, long-term rehabilitation or anything else you need.

Below are some of the covered illnesses and conditions that are covered. Review the **benefits highlights** for the complete list of covered illnesses and conditions covered.

Benefits Highlights	
Carrier	Voya
Coverage options	Employee coverage: $10,000, $20,000 or $30,000 Spouse/domestic partner and/or child(ren) coverage: 100% of employee benefit
How it works	Pays you a benefit when a covered critical illness is diagnosed
Invasive cancer	110%
Non-invasive cancer	50%
Skin cancer limitation	10% (1 x per year)
Heart attack	110%
Stroke	110%
Major organ transplant	100%
Sudden cardiac arrest	110%
Multiple sclerosis	150%
Benign brain tumor	100%
Coronary artery bypass surgery/ disease	100%
Parkinson's disease	150%
Alzheimer's disease	150%
Wellness benefit	$75

Hospital Indemnity Insurance

Hospital Indemnity Insurance pays a fixed daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, and more — it's up to you.

Below are some of the available benefits. Review the **benefits highlights** for more information.

Benefits Highlights	
Carrier	Voya
How it works	Pays benefits to you for a covered hospital stay, CCU or rehabilitation facility, with no reduction due to your age
Initial hospital admission	$1,500 per confinement, up to 8 admission(s) per year
Hospital daily stay	$200 per day, 30 days per stay
Critical care unit (CCU) daily stay	$400 per day, 30 days per stay
Rehabilitation facility daily stay	$200 per day, 30 days per stay
Observation unit	$250, payable once per year
Mental health and substance abuse stay	Your coverage includes mental health and substance use inpatient care. See your Certificate of Insurance for complete provisions, limitations and exclusions.
Newborn benefit	$250 one-time payable upon birth
Wellness benefit	$50

Guaranteed Coverage

If you choose to enroll in Critical Illness, Hospital Indemnity or Accident Insurance, coverage is guaranteed.

For details on these plans, go to **presents.voya.com/EBRC/AECOM**.

Identity Theft Services

Allstate Identity Theft Services provides identity and scam protection and protects you and your family from evolving identity threats and scams. If you enroll for family coverage, your coverage can extend to you and family members "under your roof or wallet" plus senior family members ages 65+ who don't live with you or who are not financially dependent on you.

Below are some of the available benefits. Review the **benefits highlights** for more information.

Benefits Highlights	
Pro+Cyber	
Carrier	Allstate
Remediation – attorney assistance	$350 per hour limit (insurance reimbursement)
Insurance coverage: Allstate Identity Protection's identity theft insurance policy covers the financial damages of identity theft, such as costs to file reports or place freezes, legal defense expenses, and lost wages incurred as a result of resolving the fraud.	Members who fall victim to identity fraud will be reimbursed up to $1 million for stolen funds and up to $5 million for many out-of-pocket costs related to resolving their case, including: • Expenses incurred resolving: Home title fraud, professional fraud • Stolen funds from: HSA, 401(k), 403(b) and other investment accounts, SBA loans, Unemployment benefits, stolen tax return refunds
Insurance claims	1 claim per 12 months
Cyber insurance (shared family per year)	Up to $100,000 for cyberbullying and up to $50,000 for scams, digital crimes, and social engineering, cryptocurrency funds reimbursement, data recovery and system restoration coverage, and ransomware payment coverage
Includes	Mobile device security, VPN, antivirus software, credit monitoring and more

Legal Services

Legal Services is a voluntary benefit administered by MetLife Legal Plans. This benefit provides protection against the high cost of legal fees. Coverage includes attorney fees for things like wills, real estate matters, and more.

- If you use a network attorney, the plan pays the full cost.
- If you use an out-of-network attorney, you are reimbursed for part of the cost.

Below are some of the available benefits. Review the **benefits highlights** for more information.

Benefits Highlights	
Carrier	MetLife Legal Plans
How it works	Provides legal advice and representation for most personal legal matters
Divorce (contested and uncontested)	100% covered (includes court representation)
Custody and family law	100% covered (includes court representation)
Will and estate matters	100% covered
Real estate	100% covered
Traffic and criminal matters	100% covered
Immigration assistance	100% covered
Additional attorney hours	15 hours for matters not covered or excluded by plan

More Benefits

These benefits are available to you anytime during the year:

Benefits to help you be well physically and emotionally	Description
Business travel benefits	Automatic coverage for approved AECOM business travel outside the U.S.
Koa Care 360 mental health digital platform	Uses computerized cognitive behavioral therapy to help you build resilience, improve your sleep, manage your health and cope with your emotions
GuidanceResources Employee Assistance Program (EAP)	FREE resources to help you balance the demands of work and life, including mental health counseling sessions
Kudos service awards and social recognition program	Celebrate your colleagues' professional contributions and personal achievements
Benefits to help you be well financially	
Auto and home insurance	Get group rates and discounts on many types of insurance, including auto, home, condominium, renter's and RV
Commuter benefits	Save on work commute expenses using pre-tax dollars from your pay
Pet insurance	Can help pay veterinary expenses for your sick or injured dog or cat
Gradifi (college financing, loans, counseling service)	Plan for, reduce and manage your student loan debt
Education assistance	• Receive tax-free tuition reimbursement • Earn your degree with no student loan debt through the University of Arizona Global Campus
Purchasing Power	Convenient buying options for name-brand items
Retirement & Savings Plan (RSP)	401(k) plan that allows you to save and invest for the future — AECOM makes an annual match
Employee Stock Purchase Plan (ESPP)	Purchase shares of AECOM common stock at discounted prices

Questions and 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, 8 a.m. – 8 p.m. CT	General benefits questions, paycheck deduction questions and enrollment assistance	myaecombenefits.com
AECOM Benefits Service Center Health Pro	N/A	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 in to myaecombenefits.com	myaecombenefits.com
UnitedHealthcare (UHC)	855.248.0896, Monday – Friday, 8 a.m. – 8 p.m. CT	Transition of care, provider finder, pharmacy questions, prior authorization, specific coverage for certain medical procedures/conditions	Pre-Enrollment: whyuhc.com/AECOM Post Enrollment: myUHC.com
Surest	866.683.6440, Monday – Friday, 8 a.m. – 8 p.m. CT	Transition of care, provider finder, pharmacy questions, prior authorization, specific coverage for certain medical procedures/conditions	Pre-Enrollment: surest.care/AECOM Post Enrollment: benefits.surest.com/
Kaiser Permanente (mainland U.S.)	800.324.9208 (SMS Contact Number: 773.974.3113), Monday – Friday, 9 a.m. – 8 p.m. CT	Transition of care, provider finder, pharmacy questions, prior authorization, specific coverage for certain medical procedures/conditions	Pre-Enrollment: choose.kaiserpermanente.org/AECOM/home Post Enrollment: kp.org
Kaiser Permanente (Hawaii)	800.966.5955, Monday – Friday, 8 a.m. – 5 pm., Saturday, 8 a.m. –12 p.m. (closed on holidays)	Transition of care, provider finder, pharmacy questions, prior authorization, specific coverage for certain medical procedures/conditions	Pre-Enrollment: choose.kaiserpermanente.org/AECOM/home Post Enrollment: kp.org
HMSA (Hawaii)	808.948.6079 or 800.776.4672	Transition of care, provider finder, pharmacy questions, prior authorization, specific coverage for certain medical procedures/conditions	members.hmsa.com
Triple-S (Puerto Rico)	800.981.3241	Transition of care, provider finder, pharmacy questions, prior authorization, specific coverage for certain medical procedures/conditions	salud.grupotriples.com
Delta Dental	800.521.2651	Specific coverage questions, provider finder, coordination of coverage	deltadentalins.com

Who to call	Phone number	How they can help	Website
VSP	800.877.7195	Specific coverage questions, provider finder	Pre-Enrollment: AECOM-acpt.vspforme.com/?view=pre Post Enrollment: AECOM-acpt.vspforme.com/?view=post or vsp.com
The Hartford – Life, AD&D and Disability	866.262.7316	File a life insurance, AD&D or disability claim; report and file for a leave of absence	account.thehartford.com/customer/login
Voya – Hospital Indemnity, Critical Illness and Accident	877.236.7564	Specific coverage questions, assistance with filing claims	presents.voya.com/EBRC/AECOM
Met Life – Legal	800.821.6400	Verify your eligibility, make an initial determination of whether and to what extent your case is covered (the Plan Attorney will make the final determination of coverage), give you the telephone number of the Plan Attorney most convenient to you OR schedule an appointment for you with an attorney, and answer any questions you have about your Legal Plan	members.legalplans.com
Allstate – ID Theft	800.789.2720	Specific coverage questions, assistance with filing claims	myaip.com/aecom
Bank of America Merrill Lynch – HSA and FSA	877.637.4226	Check your balance, manage your claims and see eligible expenses	benefits.ml.com
Merrill – Retirement & Savings Plan (RSP) 401(k)	877.637.4226	Start and change your contributions, update your investments, check your balance and manage your account	benefits.ml.com
Merrill – Employee Stock Purchase Plan (ESPP)	877.637.4226	Elect and manage your account	benefits.ml.com

If there is a discrepancy between the information displayed in this guide and the official plan documents, the official plan documents will govern. AECOM reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time. This overview does not constitute a contract of employment. Please also note that the information provided in this guide is intended to be a summary of the most common plan designs offered across insurance carriers. It does not take into account how each insurance carrier covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the insurance carrier. If you have questions about a topic that isn't covered, please contact the insurance carrier for additional information.

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 notify Payroll to collect one extra deduction per paycheck until your arrears balance has been paid.

Legal notices are available at myaecombenefits.com. You can request a hard copy by calling the AECOM Benefits Service Center.