

Benefits Open Enrollment

Do I have to make new elections for 2026?

New for 2026: Most of your current elections, including your current medical election, will automatically carry over to 2026.

- **Dental and vision coverage:** You will have all new dental and vision plans, as we are moving off the Aon Benefits Exchange. If you are enrolled in a 2025 dental and/or vision plan, your plan is defaulted into the Low plan for 2026. If you want to elect the High plan or decline coverage, you must actively enroll.
- **HSA and FSAs:** You also must re-enroll each year you want to contribute to the Health Savings Account (HSA) or Flexible Spending Account (FSA).
- **Voluntary benefits:** Accident, critical illness and hospital indemnity insurance will be provided through Voya. Identity theft protection will continue with Allstate, and Legal services will continue through MetLife. All have enhanced benefits. If you are enrolled in a voluntary benefit plan in 2025, your enrollment will default into the closest level of coverage for 2026.
- **Other benefits:** Your elections for other benefits — life, accidental death and dismemberment (AD&D) insurance, disability insurance and charitable contributions — will carry over to next year, unless you update those elections.

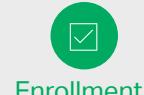
How do I make my elections?

The easiest way to make your elections is to log in to your myaecombenefits.com account or use the [Aight Mobile app](#). Be sure to click the *Confirm* button at the bottom of the enrollment page to submit your elections.

Alternatively, you can enroll by calling the **AECOM Benefits Service Center** at **844.779.9567** (U.S.), +1 312.843.5091 (outside the U.S.).

I've started my enrollment, but need more time. Can I start my enrollment and resume making my elections later?

If you are interrupted while enrolling and your session times out, or if your browser window closes, the enrollment system will resume where you left off if you have made at least one plan election. Once you log back in to your account, you will receive a pop-up to either resume your enrollment or start over. If you elect to resume, your progress will be restored. However, you still must click *Confirm* to submit your elections and finalize your enrollment by 11:59 p.m. CT on November 7, 2025.



Enrollment



Medical Expense
Estimator



Medical



Prescription
drugs



Costs



Dental and
vision



HSA



FSAs



Additional
benefits



Support

I'm a new employee. Will the elections I make apply to both 2025 and 2026?

No. If you were hired after October 20, you must enroll twice — once for 2025 and then again for 2026. You will receive a Confirmation of Benefits Statement for each year of coverage.

- You must first make your 2025 elections within 31 days of your date of hire at myaecombenefits.com. Select **New User?** and follow the prompts to register and log in to your account. Click the enrollment tile to start your 2025 enrollment.
- After you complete your 2025 enrollment, your 2026 Benefits Open Enrollment window will open. Log in to myaecombenefits.com and complete your 2026 Benefits Open Enrollment.

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

When you choose AECOM medical coverage, you must provide a Social Security number for each of your covered dependents (spouse/domestic partner and children). This is due to a tax-reporting requirement under the Affordable Care Act.

It's a good idea to review and confirm Social Security numbers when you log in to myaecombenefits.com during each Benefits Open Enrollment to check for accuracy. For security reasons, you can view only the last four digits of a dependent's Social Security number online. If you need to confirm the full Social Security number, call the **AECOM Benefits Service Center at 844.779.9567** (U.S.), +1 312.843.5091 (outside the U.S.), and ask to speak with a manager.

Do I have to verify my dependent's eligibility for 2026 benefits?

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

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

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

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



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Prescription drugs



Costs



Dental and vision



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Support

Can I change my benefits throughout the year?

Your benefits choices can only be changed during the year within 31 days of experiencing a life event, such as:

- A change in family or marital status
- The birth or adoption of a child
- A change in coverage for yourself or your dependents under your spouse/domestic partner's plan
- A change in the eligibility status of your child
- A change in your address

After a life event, you can make changes to your coverage. You must make the change within 31 days of the event. If you miss that date, then you must wait until the next Benefits Open Enrollment to make changes. You can change optional life and AD&D insurance anytime during the year.

To make a life event change, log in to your myaecombenefits.com account or call the **AECOM Benefits Service Center at 844.779.9567** (U.S.), +1 312.843.5091 (outside the U.S.).

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Medical Expense Estimator

What is the Medical Expense Estimator?

The Medical Expense Estimator tool is available on myaecombenefits.com during Benefits Open Enrollment to help you compare your medical plan options and choose the plan that is the best fit for you by looking at things like:

- The number of doctor's office, urgent care or emergency room visits you anticipate
- Prescriptions you currently take
- Any planned procedures and/or other care you anticipate receiving in 2026

To be guided through the Medical Expense Estimator when you begin your medical plan election, click the *Help Me Choose* button. The tool calculates your total cost of coverage — what you pay each paycheck and what you may pay out-of-pocket for care — and recommends the most cost-effective plan for you.

Will my information be shared with anyone?

The information you provide is used strictly to provide total cost information for each of the medical plans. The data isn't saved, and your answers are not shared with anyone, including AECOM.

Your medical coverage

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

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

What are my medical plan options for 2026?

You continue to have four medical plan options through UnitedHealthcare (UHC): High Deductible Health Plan (HDHP), HDHP Premier, Preferred Provider Organization (PPO)/Traditional Plan and Surest.

Depending on where you live, you may also have **regional carriers** available to you:

- Kaiser Permanente (generally available in CA, CO, DC, GA, HI, MD, VA, OR, WA)
- Hawaii Medical Service Association (HMSA) Hawaii
- Triple-S Puerto Rico

A new Kaiser HDHP with a \$4,500 (individual)/\$9,000 (family) deductible is available where Kaiser Permanente is offered (except Hawaii).

For plan details, see the [2026 Benefits Guide](#).

How do I choose the right plan for me?

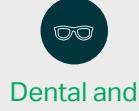
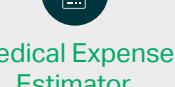
Ultimately, it comes down to how you use your medical plan and your cost preferences. To help you decide:

- Consider your health care and financial needs for the year ahead.
- Get to know your plan options at [benefits.aecom.com](#).
- Use the Medical Expense Estimator tool when you enroll at [myaecombenefits.com](#).

How can I check the carrier networks?

To see whether your provider is in-network:

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



What are the new programs, Carrum Health and Color? How can they help me?

Carrum Health and Color are available to you and your family members over 18 years of age enrolled in a UHC or Surest plan. Carrum Health is a surgical center of excellence program that provides expert care and support for planned procedures at no additional cost. Color is a cancer screening and navigation service that helps you understand your risks and take action with no-cost testing and resources.

My dependents and I live in different states. How will we be covered?

The UHC plans provide nationwide coverage, making them a great option if you and your dependents live in different states.

If you reside in a region where Kaiser Permanente is available, but your dependents are outside of those coverage areas, [review your care options while you're away from home](#). This ensures that both you and your dependents have access to in-network care, regardless of your location.

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

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

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

Your prescription drug benefits

How are prescription drugs covered?

Prescription drug coverage is included in all the medical plan options. The UHC and Surest medical plans include comprehensive prescription drug coverage through OptumRx. The Kaiser Permanente medical plans include comprehensive prescription drug coverage.

For coverage details, see the [2026 Benefits Guide](#) or visit the [UHC preview site](#), [Surest preview site](#) or [Kaiser preview site](#).



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

A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug coverage. Visit the [UHC preview site](#), [Surest preview site](#) or [Kaiser preview site](#) to make sure your drug is listed on the formulary before you fill it. If it isn't, contact your provider to see if an alternative drug on the formulary list may be an option for you.

How do I find retail pharmacies in the network?

Review the in-network pharmacy list on the [UHC preview site](#), [Surest preview site](#) or [Kaiser preview site](#) to make sure your current pharmacy is in the network or to find a new pharmacy.

Will I get a new medical ID card?

If you're enrolling in a UHC plan for the first time (or changing plans), you will receive a new medical plan ID card in the mail. Digital ID cards will be available through your carrier account (e.g., [myuhc.com](#) or [kp.org](#)) if you need your card before your physical ID card arrives. If you remain in the same plan for 2026, you will not receive a new card.

Costs for 2026

Will medical plan premiums increase for 2026?

Medical plan premiums will increase for 2026; however, we will continue to cover most of the cost for medical coverage to keep your benefits as affordable as possible. The prices for medical services and prescription drugs, plus the increased demand for health care services, combined with the administrative complexity of the health care system, all contribute to rising medical costs each year.

When and where can I see my 2026 premium amounts?

As you enroll online, you'll be able to see all your benefit premium amounts. Click *View/Change* on each plan to see all available options and premiums.

For your medical enrollment, you'll see the plan price, working spouse/domestic partner surcharge or "spousal/domestic partner surcharge" (if applicable), and medical employer contribution when you click on the "+" next to *Cost Details*.



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Example:

Next Year's Benefits Effective Jan 1, 2026		Current Benefits As of today		
Medical/Rx	UHC HDHP You + Family (A, B, C, D, E, F)	\$158.40 View/Change	HDHP You + Family (A, B, C, D, E, F)	\$156.78
	Cost Details		Cost Details	
	Your Plan Price	\$1,031.42	Your Plan Price	\$955.02
	Spouse/DP Surcharge	\$46.15	Spouse/DP Surcharge	\$46.15
	Medical ER Contribution	-\$919.17	Medical ER Contribution	-\$816.70
	Total	\$158.40	Well-being Credit	-\$27.69
			Total	\$156.78

Why is the wellbeing credit no longer available?

The 2025 wellbeing credit was earned through participation in the U.S. wellbeing program through WebMD. We ended our WebMD partnership in 2024 as part of our broader effort to simplify benefit offerings and create greater consistency across programs.

How will AECOM use the wellbeing credit funds for 2026?

We have invested the funds to help offset the increase of medical plan premiums (due to medical inflation) for all employees enrolled in medical. Funds were also invested in new health programs and services, including Carrum Health, a surgical center of excellence program, and Color, a cancer screening and navigation service, for UHC and Surest members.

I was hired after June 2024 (or recently returned from an International Assignment or leave of absence). Why don't I see the wellbeing credit anymore?

If you joined AECOM after June 15, 2024, or returned from an International Assignment or a leave of absence, you received the 2025 wellbeing credit automatically, even if you didn't participate in the wellbeing program. Since the U.S. wellbeing program through WebMD has ended, the wellbeing credit is no longer available.

Your dental and vision coverage

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

No. Just like we did last year with medical coverage, we are moving all of our dental and vision benefits off the Aon Benefits Exchange.

Dental coverage is now offered through Delta Dental and vision coverage is offered through VSP. If you are enrolled in a 2025 dental and/or vision plan, your plan is defaulted into the Low plan for 2026. If you want to choose the High plan or decline coverage, you must actively enroll.



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You can find details about all the plan options when you enroll at myaecombenefits.com during Benefits Open Enrollment and in your [2026 Benefits Guide](#).

Why is AECOM changing the dental and vision plans?

We are simplifying the benefits experience by moving off the Aon Benefits Exchange and offering dental and vision plans directly through Delta Dental and VSP. This change gives you more predictable pricing with rates staying the same for three years for Delta Dental and four years for VSP, simpler plan options and better access to support if you need help.

I'm currently covered under AECOM's dental and vision plans. What happens if I don't make new elections for 2026?

If you are enrolled in a 2025 dental and/or vision plan, your plan is defaulted into the Low plan for 2026. If you want to choose the High plan or decline coverage, you must actively enroll.

How can I check the carrier networks?

To see whether your provider is in-network:

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

How do the Low and High dental plans differ?

The High plan has a higher paycheck contribution, but offers orthodontia coverage, lower deductibles, higher benefit maximums and richer coverage for major services than the Low plan.

How do the Low and High vision plans differ?

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 plan you choose, you'll save money when you visit a VSP network provider each time you need care.

Do I have to visit in-network providers?

Both dental plans allow you to visit in-network and out-of-network providers, but you save money when you visit dentists in the Dental Provider Organization (DPO) network, because these dentists agree to contracted rates.

Similarly for the vision plans, you have the freedom to visit any provider you choose, but you'll save money when you visit Vision Service Plan (VSP) providers.



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What if I or my covered dependent is currently receiving orthodontia treatment from a provider that is not in the Delta Dental network?

If the orthodontia treatment is going to continue into next year, [call Delta Dental](#) to learn more about transition of orthodontia care. Also, keep in mind that only the High plan covers orthodontia. You can find details about all the plan options when you enroll at [myaecombenefits.com](#) and in your [2026 Benefits Guide](#).



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Support

Health Savings Account (HSA)

Are HSA contribution limits increasing?

Yes. For 2026, HSA contribution limits are increasing to \$4,400 for individuals and \$8,750 for families. The HSA "catch-up" contribution for those age 55 and older continues at \$1,000.

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

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

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

No, you can only use your HSA to pay for eligible health care expenses up to the amount you have in your account. For example, let's say you have \$295 in your account when you need to pay for a medical procedure that costs \$600. You can use the \$295 in your HSA to pay for part of the procedure, but you'll need to pay the remaining \$305 with non-HSA dollars.

Flexible Spending Accounts (FSAs)

What is the difference between a Health Savings Account (HSA) and a Flexible Spending Account (FSA)?

They may sound alike, and they both help you save money on your taxes, but each account has its own eligibility requirements, features and advantages. [Learn more](#).

How much can I contribute to the FSA in 2026?

You can elect to contribute up to \$3,400 to your Health Care FSA for 2026.

The Dependent Day Care FSA contribution limit is \$5,000 or \$2,500 if you are married and filing taxes separately.

While the IRS has raised the limit for the Dependent Day Care FSA for 2026, AECOM is not adopting the increased limits, as we would most likely not pass the IRS nondiscrimination testing requirements under Section 129 of the Internal Revenue Code. These IRS nondiscrimination rules are designed to ensure that benefits like the Dependent Day Care FSA do not disproportionately favor highly compensated employees (HCEs).

Additional benefits

Will all the voluntary benefit plans be available in 2026?

Yes. Accident, critical illness and hospital indemnity will continue to be offered. However, the carrier will change to Voya. Identity Theft insurance will continue through Allstate, and the Legal Plan will continue through MetLife Legal Plans. Most of these plans will include lower rates and new enhancements to improve your protection and support. Rates will remain the same for multiple years and will be based on the plan in which you are enrolled.

If you're currently enrolled in a voluntary benefit plan, you will be defaulted into the closest level of coverage for 2026. You'll see competitive rates and improved plan features, such as increased payouts and added or enhanced wellness benefits.

If you still have questions

If you have questions that were not answered here, explore the [2026 Benefits Guide - Questions and Contacts page](#) at [benefits.aecom.com](#).

**Wait times are shorter mid-week (Tuesday through Thursday) and mid-enrollment. When you call, you'll have the option to make an appointment instead of waiting on hold. You can make appointments from within the online enrollment process. If you need to cancel your appointment, please do so well in advance, so your scheduled time can be made available to someone else.*

This document provides information on various AECOM benefit plans and outlines changes that take effect in 2026. It is intended to provide an overview of changes and information about some of the benefit plans you are eligible for as an AECOM employee. If you have questions about your eligibility, contact your local HR team member.

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

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



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