

2021 Benefits Open Enrollment

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You must enroll for health care coverage and spending account contributions

1. Why do I have to make health insurance benefits elections for 2021?

Just like the past two years, your health care and spending account elections will NOT carry over. **You must make new elections every year** if you want medical, dental, vision coverage and, if applicable, to contribute to a Health Savings Account (HSA) or Flexible Spending Account (FSA).

Much can change over the course of a year, especially during this very turbulent 2020. Your health care needs and financial situation may have changed, medical plan costs are changing, and some providers have moved in and out of networks. The plan you chose last year may no longer be the right plan for you. It's important to take a fresh look at your options every year and make informed elections.

2. What happens if I don't make elections during Benefits Open Enrollment?

You and your family will NOT have medical, dental, vision coverage, or any Health Savings Account (HSA) contributions or Flexible Spending Account (FSA) contributions for 2021.

Your elections for other benefits — voluntary benefits, life and accidental death and dismemberment (AD&D) insurance, disability insurance, and charitable contributions — will carry over to next year.

3. How do I make my elections?

Log in to your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 2 – 20, and use the *Help Me Choose* step of the enrollment process to find the most compatible medical plan based on what's most important to you.

4. Why should I update my beneficiaries during Benefits Open Enrollment?

One of the most important things you can do to protect your financial well-being is to keep your beneficiaries up to date. Naming beneficiaries ensures your money goes to the person(s) you want it to go to, and keeping your beneficiary information up to date makes it easier for your beneficiaries when you're gone. When beneficiary information is missing, outdated or incorrect, it can cause benefits to be held in an estate account and end up costing your loved ones time and money.

When you choose your 2021 benefits at myAECOMbenefits.com, you can review and update your beneficiaries for your life and AD&D benefits. For other benefits, including your HSA (if applicable), retirement accounts and ESPP, [log in](#) to your Merrill account.

5. Why are Social Security numbers required for myself and my dependents enrolled in AECOM medical coverage?

When you choose AECOM medical coverage, you must provide a Social Security number for yourself and each of your covered dependents (spouse/domestic partner and children). This is due to a tax reporting requirement under the Affordable Care Act. Make sure each Social Security number is entered correctly. Otherwise, you might be subject to a tax penalty from the IRS. It's a good idea to review and confirm Social Security when you log in to myAECOMbenefits.com during each Benefits Open Enrollment to check for accuracy. For security reasons, you can only view the last 4 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 U.S.)** and ask to speak to a manager to confirm the full Social Security number.

Your costs

6. How will my 2021 health care costs compare to my current health care costs?

Most of our medical plans will cost more next year, which means AECOM and AECOM employees will contribute more towards the cost to buy coverage. AECOM will pay a portion of the increase, and will continue to pay the majority of the total cost to offer a comprehensive benefits package to employees and their families.

Benefit plan designs (deductibles, copays and coinsurance amounts) will stay the same for next year in all the plans (except for an enhancement in the Silver Vision Plans), so you will continue to pay the same amounts when you receive care from your health care providers.

The enrollment choices you make will determine the extent of your cost increase to buy medical coverage. When you enroll, make sure you follow the *Help Me Choose* step to compare your options and their costs.

7. Why are medical plan costs increasing for 2021?

AECOM experienced higher than expected health care utilization and costs, which is the primary reason for rising health care costs. Also, while no one knows for certain what will happen next year, most insurance experts are predicting an increase in the utilization of all types of health care as the coronavirus pandemic continues during an uncertain flu season and as people catch up on the care they put off in 2020 and get back to their normal routines. As a result, many insurance companies are increasing medical premiums — the cost to buy coverage — for 2021, and are predicting further increases for 2022. All of this is leading to higher premium costs for most of the AECOM medical plans next year.

8. Why did some employees receive a medical plan premium rebate for 2020?

Due to stay at home guidance, many people delayed receiving preventive and elective health care, which resulted in lower than expected health care claims and costs in 2020 for some insurance companies. Those insurance companies issued 2020 premium rebates to certain medical plan participants.

9. When and where can I see my 2021 costs?

You'll be able to see all your benefits costs when you log in to your personalized benefits account at myAECOMbenefits.com and make your elections during Benefits Open Enrollment, November 2 – 20. For each of the health care options, you'll see the full cost, AECOM's contribution amount and your contribution — along with your wellness discount and the working spouse surcharge (if applicable).

10. What is the amount of the 2021 wellness discount?

You and your spouse/domestic partner were able to earn a wellness discount on 2021 medical plan contributions. If you earned 100 wellness points by August 30, 2020, your wellness discount on 2021 medical plan contributions is \$60/month (\$720/year).

If your spouse/domestic partner earned 100 wellness points by August 30, 2020, their wellness discount is an additional \$60/month discount on 2021 medical plan contributions (for a combined discount of \$120/month or \$1,440/year for you both).

To calculate the wellness discount per paycheck, the annual wellness discount (\$720 or \$1,440) was divided by 26 bi-weekly or 52 weekly pay periods, depending on your paycheck frequency. In compliance with state law, the discount is \$20/month in the Hawaii plans.

11. Will I receive a credit if I waive AECOM medical coverage?

No, AECOM does not provide a credit for waiving medical coverage.

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

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

Help Me Choose

13. What is *Help Me Choose*?

Help Me Choose is a step within the online enrollment process, accessible through your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment. The *Help Me Choose* step matches you with the most compatible medical plan based on what's most important to you — your cost preferences, your health care needs, your doctors and other providers, and your prescription drugs. You can choose the most compatible plan, if you'd like, or you can choose any other plan. *Help Me Choose* also provides ratings and reviews provided by actual plan members based on feedback about the carrier's customer service, online experience, and networks.

14. How do I access *Help Me Choose*?

When you enroll through your personalized benefits account at myAECOMbenefits.com, you'll automatically be guided through the *Help Me Choose* process.

To access *Help Me Choose* the first time you start the enrollment process:

1. Log in to your personalized benefits account at myAECOMbenefits.com.
2. Select the *It's Open Enrollment!* tile or *Make Your Open Enrollment Choices* box in your message center.
3. Click the green *Research and Enroll* button.
4. Go to the Medical/Rx section and select the *View/Change* button.
5. Select *Help Me Choose* in the *Need help?* popup.

If you start the enrollment process and then later go back in to complete it, getting to the *Help Me Choose* step is a little different:

1. Log in to your personalized benefits account at myAECOMbenefits.com.
2. Select the *Change Your Mind?* tile or *View or Change Your Open Enrollment Choices* box in your message center.
3. Click the green *View or Change* button.
4. Go to the Medical/Rx section and select the *View/Change* button.
5. Scroll down and select the green *Help Me Choose* button.

15. How do I complete *Help Me Choose*?

After you answer questions about your health care needs and preferences, *Help Me Choose* scores each of your medical plan options based on what's most important to you. The plan with the highest compatibility score is the medical plan that is best suited to your needs (based on the answers and information you provide). You can choose the plan with the highest score, if you'd like, or you can choose any other plan.

16. **What questions do I need to answer?**

You'll answer questions about:

- How you prefer to pay for your medical care — do you prefer to pay more up front through payroll contributions and less as you need care, or do you prefer to pay less up front through payroll contributions and more as you need care?
- Your household income, which helps determine the best cost option for you and your family.
- The doctor(s) and other health care providers you and your covered family members prefer to use. You'll want to have your provider information (names and addresses) on hand when you enroll.
- Prescription medications you and your covered family members take regularly. You'll want to have the name, dosage and frequency for each prescription medication on hand when you enroll.

17. **Do I have to answer the questions?**

No, the *Help Me Choose* step is completely optional. Even if you choose to complete the *Help Me Choose* step, which is strongly recommended, some of the specific questions are optional as well. Answering all the questions and getting your compatibility score is the easiest way to find the medical plan that is the best match for you and your family.

18. **Will my information be shared with anyone?**

The information you provide is strictly used to generate your compatibility scores for each of the medical plan options available to you. Your answers are not shared with anyone, including AECOM. However, you have the option to grant permission to share your information with the insurance carrier(s) you choose as explained below.

19. **Does the information I share have any impact on the costs of the plan options available to me?**

No, the information you provide when you answer questions has no impact on the cost of your health plan options.

20. **Why am I asked if I want to share my answers with the medical plan carrier I choose? Do I have to share my answers?**

Sharing your answers can help you get important plan information from your carrier — for example, about special programs that might help you save money and wellness opportunities specific to your health care needs. However, you can opt not to share your answers with the insurance carrier you choose.

21. **When I review and compare my medical plan options, can I model different scenarios for who I want include in my coverage?**

Yes. When you get to the medical section of the enrollment process, you'll be asked to add dependents to your coverage. You can add multiple dependents, including a spouse/domestic partner, and select each scenario you would like to model by selecting the dependents you want to add to the plan. You can go back and select or deselect any dependents you may or may not want to cover so that you can model as many different scenarios as you'd like.

Making your elections

22. **When I'm making my elections online, can I save my choices and come back later to finish the enrollment process?**

Once you start the enrollment process, your benefits elections will be saved only if you submit them before you log out of your personalized benefits account at myAECOMbenefits.com. If you don't submit, your elections will not be saved, and you won't see them when you go back in to complete the enrollment process.

Once you submit your elections, you can go back into the enrollment system at any time to update your elections — just make sure you submit your final elections by the Benefits Open Enrollment deadline: Friday, November 20 at 11:59 p.m. Central Time.

23. **I'm a new employee. Will my new hire benefits elections continue in 2021?**

No. As a new hire, you must make benefits elections for 2020 and 2021.

- You must make your 2020 elections within 31 days of your date of hire. If you haven't done that yet, log in to your personalized benefits account at myAECOMbenefits.com and select *Are you a new user?* and follow the prompts to register. Then check your Notification Center for 2020 enrollment instructions and complete your new hire enrollment.
- You must make your 2021 elections after you complete your 2020 elections. This could be during Benefits Open Enrollment, November 2 – 20, or within 31 days of your date of hire (if later than November 20):
 - To enroll in your 2021 benefits before November 20, log in to your personalized benefits account at myAECOMbenefits.com and select the *It's Open Enrollment!* tile.
 - To enroll in your 2021 benefits after November 20, log in to your personalized benefits account at myAECOMbenefits.com and check your Notification Center for enrollment instructions.

24. **Do I have to verify my dependent's eligibility for 2021 benefits?**

Yes. You'll be required to 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.

25. **Do I have to choose the same metallic plan design level (e.g., Bronze, Silver, Gold, Platinum) or the same insurance carrier for my medical, dental and vision coverage?**

No. You can choose any combination of metallic plan designs and insurance carriers.

26. **Can I make my elections by phone?**

The easiest way to enroll is online, through your personalized benefits account at myAECOMbenefits.com, accessible 24/7 from desktop and mobile device. When you enroll online, you can access the *Help Me Choose* decision-making step and choose health care coverage that is most compatible with your and your family's needs.

The [AECOM Benefits Service Center](#) can help if you have questions about your benefits and/or how to enroll. Benefits Service Center representatives can also walk you through the online enrollment process, including the *Help Me Choose* step during Benefits Open Enrollment, November 2 – 20.

Your medical plan options

27. **Will the current metallic level plans continue to be available?**

Yes, you'll continue to have five different plan designs to choose from: Bronze, Bronze Plus, Silver, Gold and Platinum. Each plan design will be available from multiple insurance carriers at different costs. Keep in mind that the plan options are slightly different in California, and Hawaii has a different array of options and carriers as well. You can find details about all the plan options available to you when you enroll through your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 2 – 20, and in your [2021 Benefits Guide](#).

28. **Are there any changes to the medical plan designs?**

No, the current plan designs are continuing in 2021. You can find coverage details when you enroll through your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 2 – 20, and in your [2021 Benefits Guide](#).

29. What are my carrier options?

All the same carriers will continue in 2021. You'll continue to have four national carriers to choose from — Aetna*, Anthem (a new carrier option), Cigna and UnitedHealthcare. Depending on where you live, you may also be able to choose from one or more of these regional carriers: Priority Health (Michigan), Dean/Prevea 360 (Wisconsin), Geisinger (Pennsylvania), Health Net (California), Kaiser (multiple locations), Medical Mutual (Ohio) and University of Pittsburgh Medical Center (Pennsylvania). If you want to learn more about a carrier that you're not currently enrolled with, visit the [carrier preview websites](#).

**Excluding Alaska, Idaho, Montana and Wyoming*

30. How do I find out if my providers are in-network?

When you enroll through your personalized benefits account at [myAECOMbenefits.com](#), you'll be prompted to enter your provider information and see their network participation within the *Help Me Choose* step.* If you want to take additional steps to confirm network participation, you can:

- Check the [carrier preview websites](#).
- **Call the carrier** and identify yourself as an AECOM employee eligible for the Aon Active Health Exchange.
- Call the AECOM Benefits Service Center at 844.779.9567 (U.S.), +1 312.843.5091 (Outside U.S.).
- Call the provider's office and give them the network name. You can find network names in the [Tips for Finding Network Providers](#).

**Keep in mind that some providers participate in a network as an individual provider but not as part of a group practice and vice versa. Also, the network information in the enrollment system is based on the information provided by the carriers. While every effort is made to ensure accuracy, it's recommended that you confirm participation directly with your provider. See the [Tips for Finding Network Providers](#) for details.*

31. If I need to call a carrier, how should I identify myself, so they know which plans/networks/benefits I'm eligible for?

Identify yourself as an AECOM employee eligible for the Aon Active Health Exchange, so they know which plans apply to you. After you become a member (starting January 1), you can simply provide your member information that will be printed on your ID card.

32. What are the names of the specific provider networks?

See the [Tips for Finding Network Providers](#) for the network names specific to our medical plan options and carriers.

33. 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.

34. How should I choose a medical insurance carrier if my dependents and I live in different states?

Because you and your dependents must enroll in the same option, you may want to consider one of the national insurance carriers (Anthem, Aetna*, Cigna and UnitedHealthcare) that offer national provider networks so that your dependents have access to in-network providers in most locations.

**Excluding Alaska, Idaho, Montana and Wyoming*

35. I am being treated for a major medical condition. What should I do if I want to change carriers?

If you or a covered family member is being treated for a medical condition (including pregnancy) and your current provider is not in the new network, you may be able to temporarily continue care with your current provider(s) at the in-network rate once your new medical coverage begins. This is called "transition of care." As you consider your insurance carrier options, complete the [Transition of Care Worksheet](#) and [call the carrier\(s\)](#) to find out about their transition of care benefits. You can also receive transition of care assistance through AECOM's Advocacy Service, which is accessible through the **AECOM Benefits Service Center at 844.779.9567 (U.S.), +1 312.843.5091 (Outside U.S.)**.

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

AECOM's Advocacy Service can help you with questions about Medicare, including how your new coverage will coordinate with your Medicare coverage. Call the [AECOM Benefits Service Center](#) and select the prompt for the Advocacy Service.

Your prescription drug benefits

37. How are prescription drugs covered?

Prescription drug coverage will be included in whichever medical plan you choose. In some plans, prescription drug coverage is provided by the insurance carrier. In other plans, the insurance carrier might partner with a separate company to provide prescription drug benefits. Prescription drug administrators include Express Scripts (ESI), CVS Caremark and Optum Rx, for example.

Each plan and carrier has its own rules about how prescription drugs are covered, and each has its own formulary. Before choosing your plan and carrier, you should:

- Call the medical insurance carrier to find out how your prescription medication(s) will be covered. Here are [prescription drug questions](#) you'll want to ask. Visit the [Meet the Carriers](#) page for carrier phone numbers.
- Complete the *Help Me Choose* step when you make your benefits elections within the enrollment system. It can tell you which medical plan(s) best matches your prescription drug needs. You'll want to have the name, dosage and frequency of all prescription medications you or your family take regularly.

38. Are there changes to the prescription drug benefits?

No, prescription drug copay amounts will remain the same in all the medical plan options. You can find specific copay amounts when you when you enroll through your personalized benefits account at [myAECOMbenefits.com](#) during Benefits Open Enrollment, November 2 – 20, and in your [2021 Benefits Guide](#).

39. 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 plan. Check with your carrier to make sure your drug is listed on the formulary before you fill it. If it isn't, you'll pay more. Visit the [carrier's preview site](#) to learn more about their formulary.

40. If I change carriers, what happens to my current mail order prescription medications if there are still refills left at the end of this year?

If you wish to continue receiving your prescription medications by mail, you will need to set up a mail order account with your new insurance carrier, so you can continue receiving your medications in a timely manner through the new plan. To set up mail order with a new medical insurance carrier, you'll likely need a new 90-day prescription from your doctor. And, because mail order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime. Visit the [carrier's preview site](#) to learn more about setting up your new mail order prescriptions.

Your dental plan options

41. Will the current dental plan metallic levels and carriers continue?

Yes. You'll continue to have four different plan designs to choose from: Bronze, Silver, Gold and Platinum. Each plan design will be available from multiple insurance carriers at different costs. The five national carriers are Aetna, Delta Dental, Cigna, MetLife and UnitedHealthcare.

42. **Are there changes to the dental plan benefits?**

All dental plan designs will continue with no changes, and some dental plan premiums are increasing. You can find the specific amounts — and additional plan details — when you enroll through your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 2 – 20, and in your [2021 Benefits Guide](#).

43. **How can I check the carrier networks?**

To see whether your dentist is in network:

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

44. **How does in-network and out-of-network coverage work in the dental PPO options?**

In-network and out-of-network dental services are covered at the same percentages. However, if you receive care from an in-network dental provider, you get the advantage of the provider-contracted rate. Out-of-network providers may charge more than the contracted rate, which means you may pay quite a bit more if you receive out-of-network care.

For example, let's say you need to have a tooth filled.

- An in-network dentist charges \$100, which is the contracted rate. The plan pays 80%, \$80. You pay the remaining \$20.
- An out-of-network dentist charges \$120. The plan pays 80% of the allowed amount*, which is \$110. So the plan pays \$88. You pay the remaining \$32.

**The allowed amount is set by each carrier based on the average usual amount providers charge for services in a particular location.*

45. **Does the Bronze plan cover major dental care?**

No, the Bronze plan design is a lower-cost option that includes coverage for preventive and basic dental care only. The Bronze plans do not cover orthodontia or major dental care including crowns, bridges and dentures.

46. **How is the Platinum network different from the other plan networks?**

If you are considering a Platinum dental option:

- You will generally pay less in paycheck contributions.
- It may cost less than some of the other options, but you must get care from a dentist who participates in the insurance carrier's DHMO network. The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll.
- The Platinum dental option does not provide out-of-network benefits. If you don't use a network dentist, you'll pay for the full cost of services.

47. **What if I (or my covered dependent) am currently receiving orthodontia treatment?**

If the orthodontia treatment is going to continue into next year and you want to change plans/carriers, [call the insurance carrier](#) you are considering to find out about transition of orthodontia care. Also, keep in mind that not all plans cover orthodontia, and some may cover orthodontia for children only.

You can find details about all the plan options when you enroll through your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 2 – 20, and in your [2021 Benefits Guide](#).

Your vision plan options

48. Will the current vision plan metallic levels and carriers continue?

Yes. You'll continue to have three different plan designs to choose from: Bronze, Silver and Gold. Each plan design will be available from multiple insurance carriers at different costs. You can choose from four national carriers: EyeMed, MetLife, UnitedHealthcare and VSP.

You can find details about all the plan options when you enroll through your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 2 – 20, and in your [2021 Benefits Guide](#).

49. Are there changes to the vision plan benefits?

There is just one enhancement in the Silver Plan — the frames allowance is increasing from \$100 to \$130. All other vision plan designs are staying the same.

50. How can I check the carrier networks?

To confirm whether your eye doctor or retail store is in-network:

- See the insurance [carrier preview websites](#).
- When you enroll through your personalized benefits account at myAECOMbenefits.com, check the networks of each insurance carrier you're considering.
- Call your provider's office directly.

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

51. Are HSA limits contribution limits increasing?

Yes. For 2021, HSA contribution limits will increase to \$3,600 for individuals and \$7,200 for families. The HSA "catch-up" contribution will remain the same. Meaning, if you're age 55 or older, you can make additional "catch-up" contributions to your HSA up to \$1,000.

52. What happens to my HSA balance if I move from an HDHP (Bronze, Bronze Plus) to a PPO (Silver, Gold, Platinum) medical plan option?

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

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

You can use your HSA to pay for eligible health care expenses up to the amount you have in your account. For example, let's say you have \$295 in your account when need to pay for a medical procedure that costs \$600. You can use the \$295 in your HSA account to pay for part of the procedure, but you'll need to pay the remaining \$205 with non-HSA dollars.

54. What are the FSA contribution limits for 2021?

The Health Care FSA contribution limit is increasing to \$2,750 for 2021. The Dependent Day Care FSA contribution limit is staying the same: \$5,000 a year for individuals or married couples filing jointly or \$2,500 for a married person filing separately. Married couples have a combined \$5,000 limit, even if each has access to a separate dependent care FSA through their employer.

55. 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 about the differences with the [ABCs of HSAs and FSAs](#).

New carrier for disability and leaves management (The Hartford)

56. Are disability and leave of absence benefits changing?

No, the benefits themselves are staying the same, and your current election for long-term disability (LTD) coverage will continue automatically in 2021. However, we are switching to a new partner — beginning January 1, 2021, The Hartford will replace Cigna for disability and leaves of absence administration.

57. Are employee contributions changing for LTD coverage?

Yes, the cost for optional LTD coverage are decreasing for 2021. You can find the specific costs when you log in to your personalized benefits account at myAECOMbenefits.com during Benefits Open Enrollment, November 2 – 20.

Information about The Hartford's disability and leaves of absence administration services, including instruction on how to initiate disability claims and leaves, will be available at AECOMbenefits.com starting January 1, 2021.

58. Why is AECOM switching from Cigna to The Hartford?

The Hartford is currently our partner for life insurance and accidental death and dismemberment (AD&D) insurance, so this change provides more consistency across our benefits administration for a better employee experience. Specifically, beginning January 1, 2021, optional life insurance premiums will be waived automatically if you start receiving long-term disability (LTD) benefits — you no longer have to apply for the waiver.

Also, by switching over to The Hartford, we're able to offer LTD benefits at a lower cost to you in 2021. And The Hartford offers a more user-friendly disability/leave online portal for employees and for AECOM.

59. I'm currently receiving disability benefits. How does this carrier change affect me?

If you are receiving disability benefits as of December 31, 2020, your disability benefits claim will continue to be administered by Cigna into 2021.

60. I'm currently on a non-disability leave of absence. How does this carrier change affect me?

If you are on a leave of absence including Family Medical Leave (FML) which could be concurrent with short term disability leave, the administration of your leave or FML will move from Cigna to The Hartford starting January 1, 2021. You'll receive a communication from The Hartford in early January with all the information you need to assist with the transition.

New carrier for second medical opinions and expert medical advice (2nd.MD)

61. Why is AECOM switching from Best Doctors to 2nd.MD in 2021?

We are replacing Best Doctors with 2nd.MD to bring you faster second opinions and the option to receive medical advice through virtual online consultations with expert physicians. 2nd.MD is also better aligned with our Exchange medical plans, which means that network doctors and other health providers will be more knowledgeable about — and more likely to recommend — 2nd.MD to patients who could benefit from second opinions.

62. I am currently working with Best Doctors. Do I have to switch to 2nd.MD?

If you have a case open with Best Doctors through December 31, 2020, you can continue to work with Best Doctors into 2021 until your case is complete. If you need to receive a second opinion or expert medical advice for a new case starting January 1, 2021, 2nd.MD will assist you. Information about 2nd.MD, including details on how to reach out for assistance, will be available on [AECOMbenefits.com](https://www.aecombenefits.com) starting January 1, 2021.

63. What if I need a second medical opinion or expert medical advice in the future?

If you want to request a second opinion or advice from an expert physician for yourself or a family member through December 31, 2020, reach out to [Best Doctors](#). Starting January 1, 2021, reach out to 2nd.MD.

Information about 2nd.MD, including details on how to contact them for assistance, will be available on [AECOMbenefits.com](https://www.aecombenefits.com) starting January 1, 2021. Keep in mind that you (and your family members) must be enrolled in an AECOM medical plan to be eligible for this service.

New EdFlo platform for the Education Assistance Program

64. Are there changes to AECOM's Education Assistance Program?

The program itself is staying the same, but we are introducing a new, more user-friendly platform for submitting and managing your education assistance claims. You'll be able to access the new EdFlo platform through your personalized benefits account at myAECOMbenefits.com starting January 1, 2021.

65. Why is there a "blackout period" for submitting education assistance claims?

The deadline for submitting education assistance expenses toward the 2020 plan is November 20, 2020. Starting November 21, there will be a "blackout period" during which you cannot submit claims online. You'll be able to submit claims again starting January 1, 2021, through the new EdFlo platform at myAECOMbenefits.com.

Other benefits

66. Are there any other changes in the AECOM benefits program for 2021?

Two of our voluntary benefits are being renamed:

- InfoArmor is being renamed Allstate Identity Protection.
- HyattLegal Plan is being renamed MetLife Legal Plan.

Only the plan names are changing. Your current elections and the plan designs will continue in 2021.

Aon and Alight

67. Who are Aon and Alight?

Alight, formerly part of Aon, is the administrator of your personalized benefits account at myAECOMbenefits.com where you log in to see your benefits elections, make new elections during Benefits Open Enrollment and update your elections after a life event. Alight also administers specific AECOM benefits, such as commuter benefits, and manages the AECOM Benefits Service Center.

We partner with Aon to bring you a new selection of health care and voluntary benefits options through their Aon Active Health Exchange™. You may see references to AECOM's benefits partners in some materials and on carrier preview sites.

68. What is the Aon Active Health Exchange™?

AECOM partners with Aon to offer some of your benefits options through the Aon Active Health Exchange™—medical coverage, dental coverage, vision coverage, hospital indemnity insurance, critical illness insurance, accident insurance, legal services and identity theft insurance.

The Aon Active Health Exchange is America's first national, large-employer, multi-insurance carrier exchange. It is unrelated to the government-run state and federal health insurance exchanges or marketplaces (sometimes referred to as Obamacare or by a state-specific name, such as Covered California). It does, however, provide benefits consistent with the law and guarantees coverage, regardless of pre-existing conditions.

Aon Active Health Exchange is a trademark of Aon Corporation.

If you have questions not answered here:

- Explore the [2021 Benefits Open Enrollment](#) page at AECOMbenefits.com.
- Visit the [carrier preview websites](#) for questions related to specific services and coverage provided by each insurance vendor (network providers, prescription drugs, telemedicine, etc.).
- Call the [AECOM Benefits Service Center](#).
 - If you need highly personalized assistance, such as help with a claims or billing issue, select the prompt for the Advocacy Service.
 - Try to avoid peak call days: November 2 and November 19 – 20.
 - When you call, you'll have the option to make an appointment instead of waiting on hold. You can also 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 opened up to someone else.
 - Representatives can help you with online enrollments (including the *Help Me Choose* step), starting November 2.

This document provides information on various AECOM benefit plans and outlines changes that take effect in 2021. It is intended to provide an overview of changes and information about some of the benefit plans you are eligible for as an AECOM employee. Benefits and eligibility may differ by union plan, service contract agreement, collective bargaining agreement or other contract. If you have questions about your eligibility, contact your local HR team member.

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

Legal notices related to your 2021 benefits are available at myAECOMbenefits.com. You can request a hard copy by calling the [AECOM Benefits Service Center](#).