



## **2025** BENEFITS WITH APTIM

FOR LIFE'S IMPORTANT MOMENTS

*Eligible U.S. Hourly and Craft Employees of APTIM*

WELCOME TO

# 2025 APTIM BENEFITS OPEN ENROLLMENT

October 30 – November 13, 2024

To all APTIM employees:

APTIM is committed to providing benefits that protect and promote your and your family's health and financial well-being. During this year's Open Enrollment, you will continue to have comprehensive resources and benefit choices through the APTIM Benefits Marketplace.

We will have a passive enrollment this year and many, **but not all**, of your 2024 benefits choices will roll over to 2025 if you do nothing. However, **we strongly encourage** you to review your **current plan, determine your needs and compare the benefits and costs of your current plan against a range of insurance carriers**. Each year, carriers make many changes including rate increases and decreases. The highest cost carrier in your location may now be the lowest cost carrier. Your doctor may have moved to a different network and your prescription drug coverage may have changed. Think carefully about what is best for your needs and budget and choose the right benefits for you.

- **Insurance carriers are making changes** — Do not assume your current carriers are still your best options. Please use these tools to make your choices:
  - **Before Open Enrollment** — Visit the **Make It Yours** site at <https://aptim.makeityoursource.com> to review your carriers and ensure your doctors and prescriptions are still covered. For 2025, many medical carriers are changing physician networks and prescription drug coverage. Some plans have changed their deductibles and out-of-pocket maximums.
  - **During Open Enrollment** — Use the **Help Me Choose** tool in the APTIM Benefits Marketplace at [digital.alight.com/aptim](https://digital.alight.com/aptim). This helpful resource can identify the most cost-effective carrier to save you money while meeting your and your family's needs.
- **Working Together to Lower Costs** — APTIM will continue to contribute toward the cost of your coverage and share in the increase in premium costs for 2025. This contribution will help offset the continuous rise in insurance costs for employees and their families. We continually look to upgrade our providers to deliver better employee service and cost.
- **Your HSA and FSAs Do NOT Roll Over** — If you want a Health Care FSA, Dependent Care FSA, Limited Purpose FSA, or an HSA, you **must** actively participate in Open Enrollment. These annual contribution goals will **not roll over** for 2025 and annual contribution maximums may have changed.

Remember, Open Enrollment is the only time you can make changes to your benefits choices unless you have a qualifying life event. I encourage you to carefully review this 2025 Open Enrollment Benefits Guide to learn more about the comprehensive benefits packages available to you and your family. To view more details and plan options, visit the Make It Yours site or call the APTIM Benefits Marketplace at 1-833-476-2342.

Be for each other,



Mark Fallon  
Chairman & CEO

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## THE APTIM BENEFITS MARKETPLACE

For 2025 Benefits Open Enrollment, we'll continue offering more benefit options and the flexibility to choose coverage that's best for you and your family with the APTIM Benefits Marketplace.

The APTIM Benefits Marketplace offers:

- **Lots of choices.** Shop and choose from several coverage levels from a variety of insurance carriers based on your geographic location.
- **Competitive pricing.** Multiple insurance carriers continue to compete for your business. So it's in their best interests to offer you their best prices. Premium amounts are not included in this guide, but can be seen when you access the APTIM BenefitsMarketplace during Benefits Open Enrollment. Premium amounts are based on your location.
- **Helpful resources.** There are great resources to help before, during, and after enrollment. See the next page for more details.



## ANSWER THESE QUESTIONS

This year, you have the option to roll over some of your benefits for 2025. However, before you decide not to participate in Benefits Open Enrollment it's important you answer these questions:

- ✓ Do you want to enroll or change any of the following benefits for you and/or your dependents?
  - Medical, Dental, and/or Vision
    - Remember, carriers make changes to their rates, physician network, and prescription tiers
  - Health Savings Account (HSA)
    - Contribution goals do not carry over
  - Flexible Spending Accounts (FSAs): Healthcare FSA (HCFSA), Limited Purpose FSA (LPFSA), and/or Dependent Care FSA (DCFSA)
    - Contribution goals do not carry over
  - Short-Term Disability (STD)
  - Long-Term Disability (LTD)
  - Optional Life or Accidental Death & Dismemberment (AD&D)
  - Accident, Hospital Indemnity, ID Theft, or Critical Illness Insurance
- ✓ Do you need to add or remove a dependent from coverage?
- ✓ Did you review your current carriers to ensure your current doctors and prescriptions are still covered?
- ✓ Do you want to enroll in a benefit in which you are not currently enrolled?

If you answered **YES** to any of the above:

- ✓ Enroll or make changes to your benefit elections.

If you answered **NO** to all of the above:

- ✓ Your current coverage (except HSA and FSA) will roll over for 2025.

**Important:** If you would like to contribute to an HSA or FSA in 2025, you must enroll. Your 2024 HSA and FSA elections will not roll over.

## HELPFUL RESOURCES

Don't assume your current benefits plan is still the best option for you. Insurance carriers are changing rates, physician networks, and prescription drug coverage, and a better, less expensive option may be available. Scan the QR codes below and use the available resources to help select a plan that's best for you and your family.

Make It Yours Site



On the Make It Yours site, you can:

- Learn how the APTIM Benefits Marketplace works.
- Get tips for choosing the right coverage for you and your family.
- Watch videos and access the insurance carrier preview sites.

It's a great idea to access this site before enrollment to better prepare yourself to make informed decisions.

APTIM Benefits Marketplace



Beginning October 30, you'll have 24/7 access to the APTIM Benefits Marketplace where you can learn about your options and enroll in your health and welfare benefits for 2025.

**Note:** The 2025 premium information is only available during Benefits Open Enrollment, October 30 – November 13.

You can choose from a comprehensive suite of benefits in 2025 including:

 <p><b>MEDICAL* &amp; PRESCRIPTION DRUG</b></p> <p>Your specific prescription coverage is provided with your medical plan and is based on the medical coverage level and carrier you select.</p>	 <p><b>SAVINGS AND SPENDING ACCOUNTS</b></p> <ul style="list-style-type: none"> <li>Health Savings Account (HSA)</li> <li>Flexible Spending Accounts (FSAs)</li> </ul>	 <p><b>DENTAL* AND VISION*</b></p> <p>Your coverage level determines your premiums and how much you pay out of your pocket.</p>	 <p><b>DISABILITY, LIFE, AD&amp;D, AND OTHER BENEFITS</b></p> <ul style="list-style-type: none"> <li>Short-Term Disability (STD)</li> <li>Long-Term Disability (LTD)</li> <li>Optional Life or AD&amp;D</li> <li>401(k) Program</li> <li>Accident Insurance</li> <li>Hospital Indemnity Insurance</li> <li>Critical Illness Insurance</li> <li>ID Theft Insurance</li> <li>Commuter Benefits</li> </ul>
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\* Number of options varies by location and eligibility.

## HOW TO ENROLL



**ONLINE:** Log on to the APTIM Benefits Marketplace website at [digital.alight.com/aptim](https://digital.alight.com/aptim) and click **Enroll Now**. You will be guided through the enrollment process and have access to helpful resources along the way. Once you've enrolled, your follow-ups will appear on a confirmation page.



**ASK LISA:** If you need help, ask Lisa. Lisa is the integrated, intelligent virtual assistant available to give you guidance and support during Benefits Open Enrollment.



**PHONE:** Call 1-833-476-2342. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. CT. The APTIM Benefits Marketplace expects a higher call volume during Benefits Open Enrollment. Please be patient if you experience a longer wait time than usual.



**MOBILE APP:** Enroll using the Alight Mobile app! To download the app, visit the Apple App Store or Google Play and search "Alight Mobile."



### DON'T FORGET!

Benefits Open Enrollment is October 30 to November 13, 2024.

**Benefits Open Enrollment is the *only* time you can change your benefits unless you have a qualifying life event.** If you don't make new elections during Benefits Open Enrollment, your current 2024 benefits (except **Health Savings Account (HSA) and Flexible Spending Account (FSA) elections**) will roll over for 2025.

### IMPORTANT — NEW HIRES DURING OR AFTER OPEN ENROLLMENT

For new employees hired during or after Benefits Open Enrollment, please note that you must enroll in both the current 2024 benefits and next year's 2025 benefits.

## Review Your Beneficiaries

It's always a good idea to review your beneficiary designations to make sure they're accurate and up-to-date. You can view and change your beneficiaries online at any time, via the APTIM Benefits Marketplace at [digital.alight.com/aptim](https://digital.alight.com/aptim). Please note that these beneficiaries are specific to health/welfare benefits. Your retirement beneficiaries are updated with your 401(k) administrator.

## Qualifying Life Events

The choices you make during Benefits Open Enrollment will remain in effect until December 31, 2025, as long as you remain eligible. You cannot make changes to your coverage during the year unless you have a qualifying life event. Detailed information can be found in the APTIM Health & Welfare Summary Plan Description (SPD) located under "Plan Documents" via the APTIM Benefits Marketplace or via APTNET on the Benefits homepage, <https://aptimcorp.sharepoint.com/hr/benefits/Pages/Home.aspx>.

## Eligible Dependents

If you are a benefits-eligible employee, you can cover your eligible dependents under the APTIM Benefits Marketplace plans as well. Eligible dependents include:

- Your legally married spouse
- Your opposite-sex domestic partner\*
- Your same-sex domestic partner\*
- Dependent children up to age 26
- Dependent children of any age who are incapable of supporting themselves because of mental or physical disability

*\* Same-sex domestic partner and opposite-sex domestic partner will be displayed throughout the guide as "domestic partner" or "DP."*

Please review the detailed eligibility information in the APTIM Health & Welfare SPD located under "Plan Documents" via the APTIM Benefits Marketplace or via APTNET on the Benefits homepage, <https://aptimcorp.sharepoint.com/hr/benefits/Pages/Home.aspx>. Intentionally covering ineligible persons under these plans may be subject to discipline, up to and including termination.

## Is Your Dependent Turning Age 26?

If your dependent is turning age 26, there is no need to contact the APTIM Benefits Marketplace to drop your child from coverage. Your child's coverage will be dropped automatically from all plans as of the last day of the month of his or her 26th birthday. COBRA information will be provided.

## Spousal/Domestic Partner (DP) Surcharge

If your legally married spouse/DP is eligible for other employer-sponsored medical coverage but chooses coverage under the APTIM Benefits Marketplace, you will be required to pay a monthly surcharge of \$125 in addition to your medical payroll deduction. You will be asked during the process whether your spouse/DP is eligible. Employees will be required to attest the information provided is accurate during the enrollment process.

### ***If You and Your Spouse/Domestic Partner (DP) Both Work for APTIM***

If you and your spouse/DP are both benefits-eligible full-time APTIM employees, you may each enroll in medical coverage as an employee, or one of you can cover the other employee as a dependent. If you both enroll as employees, only one of you may cover your eligible children. The Spousal/DP Surcharge will not apply.

### ***If Your Spouse/Domestic Partner (DP) Does Not Have Access to Coverage or Gains Access to Medicare***

The Spousal/DP Surcharge will not apply. Employees will be required to attest the information provided is accurate during the enrollment process. If your spouse/DP previously had access to coverage and then lost that coverage, the spousal/DP surcharge can be removed during the year.

## Dependent Eligibility Audit

If you are adding new dependents to coverage during Benefits Open Enrollment or due to a qualifying life event during the 2025 plan year, you will be required to complete the Dependent Eligibility Audit to verify that your dependent is benefits-eligible according to current Plan rules. All covered dependents as of December 31, 2024, will not be subject to another Dependent Eligibility Audit, with the exception of the spousal/DP attestation (if applicable). Detailed information can be found in the APTIM Health & Welfare Summary SPD located under “Plan Documents” via the APTIM Benefits Marketplace or via APTNET on the Benefits homepage, <https://aptimcorp.sharepoint.com/hr/benefits/Pages/Home.aspx>. If your dependents are dropped due to no response or inadequate documentation as part of the audit, they will not be eligible for COBRA coverage.

## MEDICAL

Medical coverage offers valuable benefits to help you stay healthy and pay for care if you or your covered family members become sick or injured.

The APTIM Benefits Marketplace makes it easy to find the right plan for you and your family’s needs by:

- Clearly showing the costs associated with each plan.
- Offering a range of options at different prices.
- Helping you find the most cost-effective plan for your needs.
- Offering one-stop shopping for additional benefits such as hospital indemnity, accident insurance, and identity theft protection, so you can consider other protections alongside your medical coverage.

### **IMPORTANT — CALIFORNIA RESIDENTS!**

If you are a California resident and your current insurance carrier is Kaiser or Health Net, new California legislation may have placed limits on your HSA-eligible medical plan. We highly encourage you to review your plan for changes prior to enrollment.



2025 APTIM Medical Plan Options

PLAN FEATURES	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
	<i>In-Network</i>	<i>In-Network</i>	<i>In-Network</i>	<i>In-Network</i>	<i>In-Network</i>
<b>Plan Deductible (including Rx)<sup>1,2</sup></b>	\$3,300/\$6,600	\$2,500/\$5,000 (previously \$2,450/\$4,900)	\$1,700/\$3,400 (previously \$1,600/\$3,200)	\$800/\$1,600	None
<b>Coinsurance</b>	25% <sup>2</sup>	25% <sup>2</sup>	25% <sup>2</sup>	20% <sup>2</sup> (previously 25%)	0%
<b>Out-of-Pocket Max. (including Rx)</b>	\$6,400/\$12,800	\$4,500/\$9,000 (previously \$3,900/\$7,800)	\$4,250/\$8,500 (previously \$3,800/\$7,600)	\$3,600/\$7,200	\$1,600/\$3,200
<b>Plan Type</b>	PPO	PPO	PPO	PPO	PPO <sup>7</sup>
<b>Deductible and Out-of-Pocket Type</b>	Traditional <sup>3,5</sup>	True Family <sup>4,5</sup>	True Family <sup>4,5</sup>	Traditional <sup>3,5</sup>	Traditional <sup>3,5</sup>
<b>Tax-Savings Account Eligibility<sup>6</sup></b>	HSA or HSA and LPFSA	HSA or HSA and LPFSA	HSA or HSA and LPFSA	FSA	FSA
<b>Participant Cost Sharing</b>					
<b>Primary Care/ Specialist</b>	25%	25%	25%	\$25/\$40 copay; no deductible	\$25/\$40 copay; no deductible
<b>Emergency Room</b>	25%	25%	25%	\$150 copay + 25%	\$200 copay
<b>Urgent Care</b>	25%	25%	25%	\$40 copay	\$25 copay
<b>Hospital per Admission</b>	25%	25%	25%	25%	\$350 copay
<b>Prescription Drugs</b>					
<b>Retail</b>	25% <sup>2</sup>	25% <sup>2</sup>	25% <sup>2</sup>	\$10/\$40/\$60 copays	\$8/\$30/\$50 copays
<b>Mail Order</b>	25% <sup>2</sup>	25% <sup>2</sup>	25% <sup>2</sup>	\$25/\$100/\$150 copays	\$20/\$75/\$125 copays

<sup>1</sup> The annual deductible doesn't include amounts taken out of your paycheck for health coverage.

<sup>2</sup> Coinsurance applies after deductible, unless otherwise noted.

<sup>3</sup> Traditional plan — 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. Once you reach your out-of-pocket max., the plan pays 100%.

<sup>4</sup> True Family plan — This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. Once the family deductible is met, your insurance will pay benefits for all covered family members. Once you reach your out-of-pocket max., the plan pays 100%.

<sup>5</sup> Go to <https://aptim.makeityoursource.com> to see details for out-of-network coverage.

<sup>6</sup> See information starting on page 8 for additional details on the HSA and FSAs.

<sup>7</sup> For some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA, the Platinum coverage level is an HMO option that covers in-network care only.

Supplemental medical insurance (e.g., accident, hospital indemnity, critical illness) is available as a voluntary benefit to help with deductibles/coinsurance/out-of-pocket expenditures and back-up savings.



## Insurance Identification Cards

HEALTH AND WELFARE BENEFIT	ID CARD INFORMATION
Medical and Prescription Drug*	You may receive new ID cards from the medical carrier(s) you select for your health and welfare benefits. Your medical ID card serves as the prescription drug ID card as well.
Dental*	New ID card may be issued by the plan carrier.
Vision	No ID card issued.
Health Savings Account (HSA)	If you already have an HSA with Bank of America, you will not receive a new debit card. If you are opening a new account, you will receive a new debit card.

\* ID cards will be provided for employee and spouse/DP (if applicable). Some carriers will provide cards for additional dependents. If you do not receive cards for your dependents, you can request them from the carrier.

Your carrier may issue a new ID card, even if you do not change your elections. If you complete your 2025 health and welfare elections during the Benefits Open Enrollment timeframe, your new ID card will be issued within the first three weeks of 2025. Temporary ID cards can be obtained via the carrier's website.

## PRESCRIPTION DRUG

Your prescription drug coverage depends on the medical coverage level and the medical insurance carrier you choose.

Make sure to check the Make It Yours site to research carriers and explore providers and prescription drug coverage specific to APTIM plans before you are a member.



Visit <https://aptim.content.miysource.com/medical/prescription-drugs> to learn more.

If you have questions during the enrollment process, customer service representatives will be available at the APTIM Benefits Marketplace from 8 a.m. to 5 p.m. CT, Monday through Friday to answer questions. Just call 1-833-476-2342.

### IMPORTANT!

**All insurance carriers are making changes**, which means your current carrier's physician network, rates, and covered prescriptions may be updated for 2025.

Even if you are not planning to elect a new medical plan, **we strongly encourage you to review your 2025 plan details carefully**, to ensure you and your family understand your medical plan coverage for the coming year. Additionally, **all employees must review the What's Changing document** for state-specific and other significant carrier changes.



## THE HEALTH SAVINGS ACCOUNT (HSA) — TAX-FREE SAVINGS FOR YOU

A Health Savings Account (HSA) is an easy way to set yourself up for success. You can use it to pay for expenses now, or have a leg up on future expenses if you don't use all your HSA money by the end of the plan year.

### How the HSA Works

Bank of America is the administrator for APTIM's Health Savings Account (HSA). Your HSA is a personal bank account that works with select medical plan options. It allows you to set aside tax-free money to pay for qualified health care expenses. You decide how much money you want to save in your HSA within the annual IRS limits, and you can change it at any time. So if you didn't elect to set aside money in an HSA when you enrolled in your medical coverage, you can update at any time of the year through the APTIM Benefits Marketplace website at [digital.alight.com/aptim](https://digital.alight.com/aptim) if you are enrolled in an HSA-eligible plan, or call 1-833-476-2342, Monday through Friday from 8 a.m. to 5 p.m. CT.

### What's Great About the HSA?

While no one likes taking money out of their paycheck, there are a number of advantages to setting aside a little money in an HSA.\*

- It's tax-free when it goes in. You can put money into your HSA on a before-tax basis through convenient payroll deductions. Not only do you save money on qualified expenses, but your taxable income is lowered.
- It's tax-free as it grows. You earn tax-free interest on your money. The interest you earn even earns interest!
- It's tax-free when you spend it. When you spend your HSA on qualified health care expenses, you don't pay any taxes. That means you're saving money on things like your medical, dental, and vision coinsurance and deductibles.
- It's always your money. Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical options, leave the Company, or retire.

\* APTIM does not provide tax advice. Please consult your tax advisor.

You can see your HSA account alongside any additional accounts you have with Bank of America when logging into your account. You will not need to establish a new ID or password if you currently have one for another account with Bank of America.

### YOUR HSA ACCOUNT REQUIRES A PHYSICAL ADDRESS

When you enroll in an HSA-eligible plan, an HSA will automatically be opened on your behalf with Bank of America. HSA accounts can only be opened with a physical address. If you currently use a P.O. Box as your primary address, you will need to give Bank of America a physical address before the funds in your account can be utilized. Bank of America will reach out to you via mail if additional information is needed to open your account.

You will receive a new HSA debit card and welcome letter in the mail from Bank of America on or around January 1, 2025. The debit card will be sent separately from the welcome letter. You will need to activate your new Bank of America HSA debit card before use. If you have an existing APTIM HSA account, you will not receive a new debit card.

### IMPORTANT!

If you currently have a 2024 HSA and want to make updates for 2025 during Benefits Open Enrollment, make sure your changes are for the **2025 plan year and not 2024**. Accidental changes to your 2024 HSA election will impact HSA withdrawal amounts to your remaining 2024 paychecks.



Visit <https://healthaccounts.bankofamerica.com/hsaguide> to learn more about your HSA.

## FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Account (FSA) programs let you set aside pre-tax dollars from your paycheck to pay for eligible healthcare and/or dependent care expenses.

Alight Smart-Choice Accounts™ is the administrator for APTIM's Healthcare, Limited Purpose, and Dependent Care FSAs. For more information about how these accounts can work for you, view the Tax-Saving Accounts at a Glance chart on page 10 or visit the APTIM Benefits Marketplace at [digital.alight.com/aptim](https://digital.alight.com/aptim) or call 1-833-476-2342, Monday through Friday from 8 a.m. to 5 p.m. CT.

When you enroll in an FSA, you will receive a debit card to handle your account transactions. When you use the debit card, you will not have to pay out-of-pocket for expenses or wait for reimbursements. Just use the card to pay for services or expenses as you incur them, and the amount will be paid directly to the provider until your account is exhausted.

### ROLLOVERS

With the Healthcare FSA, you can roll over up to \$660 from 2024 to 2025, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.



### HSA AND FSA REMINDERS:

It is always a good idea to save your receipts, even if you use a debit card to pay for eligible expenses. In some instances, you may be required to submit additional documentation to substantiate debit card transactions.

Additionally, the amount you elect to contribute to an HSA or FSA is divided by the number of pay periods in a calendar year (26 pay periods for biweekly employees and 52 pay periods for eligible weekly employees), or by the number of pay periods left in the year. If your goal amount is not equally divisible by the number of pay periods, your actual contributions may be slightly different than your goal amount.



### Tax-Saving Accounts at a Glance

The following chart illustrates how the HSA, Healthcare FSA, Limited Purpose FSA, and Dependent Care FSA differ from one another. For detailed information, visit the APTIM Benefits Marketplace at [digital.alight.com/aptim](https://digital.alight.com/aptim).

QUESTION	HEALTH SAVINGS ACCOUNT (HSA)	HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HCFA)	LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)	DEPENDENT CARE FSA (DCFSA) <sup>1,2</sup>
Are contributions tax-free?	Yes	Yes	Yes	Yes
Who contributes?	You	You	You	You
What plans are eligible?	Bronze, Bronze Plus, Silver	Gold and Platinum	Bronze, Bronze Plus, Silver	All
What are 2025 maximum annual contributions?	<ul style="list-style-type: none"> <li>▪ \$4,300 (Employee-only coverage)</li> <li>▪ \$8,550 (Employee plus any dependent(s))</li> <li>▪ Additional \$1,000 if age 55+ and not enrolled in Medicare</li> </ul>	\$3,300	\$3,300	\$5,000
When can I start using the account?	Employee contributions must accumulate in the account before using	Employee contributions do not need to accumulate in the account before using	Employee contributions do not need to accumulate in the account before using	Employee contributions must accumulate in the account before using
Can I use money for ineligible expenses?	Yes, but money is subject to taxes and penalties	No	No — must use account for eligible <b>dental and vision expenses only until medical deductible is met</b>	No
Do I lose unspent money at the end of the year?	No, your money carries over year to year	Yes	Yes	Yes
Can I take my account with me if I leave APTIM?	Yes	No <sup>3</sup>	No <sup>3</sup>	No <sup>3</sup>

<sup>1</sup> Applies to a child who is under age 13 or spouse/DP or a relative who is physically or mentally incapable of self-care and lives in your home.

<sup>2</sup> The amount you elect for 2025 could be decreased midyear if the Company thinks the plan is going to fail IRS discrimination testing to avoid returning any monies and any penalties for you as a participating employee.

<sup>3</sup> Employees can still make claims on funds already deducted, but cannot continue to contribute.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

If you find you need help dealing with an issue that is affecting your personal and/or work life, call the Employee Assistance Program (EAP) at 1-866-207-5157 or 1-866-641-3847 (Canada), or visit [www.guidanceresources.com/groWeb/login](http://www.guidanceresources.com/groWeb/login). You and all members of your household are eligible for the EAP, even if you are not enrolled in the APTIM medical plan.

EAP counselors are available 24 hours a day, 365 days a year. They can provide initial assessments, referrals, and short-term therapy. For longer-term care, the counselors will refer you to an appropriate provider, and your medical plan may help cover some of the costs.

You and your family can access the EAP to receive free, confidential assistance for a wide range of issues, such as:

- Emotional, personal, and stress-related concerns
- Marriage, family, and relationship problems
- Child care and elder care referrals
- Legal questions
- Chemical dependency

Please note that all requests and services received through the EAP are confidential. The EAP provider will not share your information with the Company without your permission or unless required by law (e.g., for child or elder abuse, or in a life-threatening situation).

## BENEFIT FOR APTIM RETIRED VETERANS

TRICARE is the U.S. Department of Defense health benefit program for the military community. APTIM offers a TRICARE Supplement Plan to eligible active employees who have served in the military. TRICARE Supplement helps pay your portion of medical costs after your primary TRICARE plan has paid.

To be eligible, you must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) and you must not be eligible for Medicare. Eligible individuals include:

- Military retirees receiving retirement, retainer, or equivalent pay and spouses/surviving spouses of military retirees
- Retired reservists between the ages of 60 and 65 and their spouses/surviving spouses
- Retired reservists younger than 60 and enrolled in TRICARE Retired Reserve ("Gray Area" retirees) and their spouses/surviving spouses
- Qualified National Guard and Reserve members

If you are eligible and wish to enroll in the TRICARE Supplement Plan, you can contact Selman at 1-800-638-2610, option 1, or access their website at [www.selmantricareresource.com/aptim](http://www.selmantricareresource.com/aptim).



## DENTAL AND VISION

You will have choices when it comes to selecting your dental and vision plans. The coverage level that you choose determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care (deductibles, coinsurance, copays). Make sure to take your total costs into consideration when choosing a coverage level. Visit <https://aptim.makeityoursource.com> for more information.



### Dental Coverage Level Options

PLAN FEATURES	BRONZE	SILVER	GOLD
<b>Annual Deductible and Plan Limits</b>			
<b>Annual deductible (individual/family)</b>	\$100/\$300	\$100/\$300	\$50/\$150
<b>Annual maximum (excludes orthodontia)</b>	\$1,000 per person	\$1,500 per person	\$2,500 per person
<b>Orthodontia lifetime maximum*</b>	Not covered	\$1,500 per child	\$2,000 per person
<b>In-Network Benefits</b>			
<b>Preventive care</b>	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible
<b>Minor restorative care (e.g., root canal treatment, gum disease treatment, and oral surgery)</b>	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
<b>Major restorative care (e.g., implants, dentures)</b>	Not covered	You pay 40% after deductible	You pay 20% after deductible
<b>Orthodontia</b>	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults

\* If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

**Note:** For additional comparison, you may find Summaries of Benefits and Coverage on the APTIM Benefits Marketplace website or via APTNET on the Benefits homepage, <https://aptimcorp.sharepoint.com/hr/benefits/Pages/Home.aspx>.

## Vision Coverage Level Options

PLAN FEATURES	BRONZE	SILVER	GOLD
<b>In-Network Benefits</b>			
Routine vision exam (once per plan year)	Covered 100%	You pay \$20	You pay \$10
Frames (once per plan year)	Discount may apply	\$130 allowance <sup>1</sup>	\$200 allowance <sup>1</sup>
<b>Lenses (once per plan year; premium lenses may cost more)</b>			
Single vision, Bifocal, Trifocal, Standard Progressive <sup>2</sup> , or Lenticular	Discount may apply	You pay \$20	You pay \$10
<b>Lens Enhancements</b>			
UV treatment	Discount may apply	You pay \$15	You pay \$15
Tint (solid and gradient)	Discount may apply	You pay \$15	You pay \$15
Standard plastic scratch-resistant coating	Discount may apply	You pay \$15	You pay \$15
Standard anti-reflective coating	Discount may apply	You pay \$45	You pay \$45
Standard polycarbonate (adults)	Discount may apply	You pay \$40	You pay \$15
Standard polycarbonate (children)	Discount may apply	You pay nothing	You pay nothing
Other add-ons	Discount may apply	Discount only	Discount only
<b>Contact Lenses</b>			
Medically necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$130 allowance <sup>1</sup>	\$200 allowance <sup>1</sup>
Fit and evaluation	Discount may apply	You pay \$20	You pay \$10
<b>Laser Surgery</b>			
Elective	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price

<sup>1</sup> Allowance can be used for frames or elective contact lenses, but not both.

<sup>2</sup> Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

**Note:** Safety glasses are not included as part of your vision plan. For more information and additional comparisons, you may find Summaries of Benefits and Coverage on the APTIM Benefits Marketplace website or via APTNET on the Benefits homepage, <https://aptimcorp.sharepoint.com/hr/benefits/Pages/Home.aspx>.

## DISABILITY, LIFE, AND AD&D BENEFITS

### Short-Term Disability (STD)

If you are unable to work due to an illness or injury not connected to your employment, you may receive up to 26 weeks of STD benefits that replace 60% of your base pay (up to \$3,000 per week).

DURATION	BENEFIT AMOUNT
Up to 26 weeks	60% of employee salary

You have the option to elect STD coverage through employee-paid premiums.

If your disability is the result of a sickness, there is a seven-day waiting period before the benefit will start to pay out. If your disability is the result of an accident, there is not a waiting period. Disability payments will be made directly by Prudential.

#### Rate Information

- **STD Benefit** — The monthly premium rate is \$0.66 per \$10 of weekly benefit.

### Long-Term Disability (LTD)

LTD coverage provides income replacement if you have an accident or illness that prevents you from being able to work for an extended period of time.

DURATION	BENEFIT AMOUNT
After six months of absence	60% of employee salary

You have the option to elect LTD coverage through employee-paid premiums. The benefit provides up to 60% of your base pay once you have been disabled for six months.

**NEW!**

### DISABILITY, LIFE, AD&D VENDOR

Starting January 1, 2025, Prudential is replacing New York Life as APTIM's Disability, Life, and AD&D vendor.

#### Rate Information

- Contributions are based on your benefits base pay. Employee contribution rate = \$0.22 per \$100 of salary.

If you are electing STD or LTD for the first time, Evidence of Insurability (EOI) will be required. You will be notified during your enrollment if an EOI will be required. Your coverage is pending until the EOI is completed and approved.

### Basic Life and AD&D

APTIM provides you with Basic Life Insurance and Accidental Death and Dismemberment (AD&D) coverage at no cost to you.

BENEFIT	BENEFIT AMOUNT
Basic Life	1x your current annual base pay, up to \$750,000 maximum
Basic AD&D	1x your current annual base pay, up to \$750,000 maximum

### A REMINDER ABOUT IMPUTED INCOME

**Please note:** If your Basic Life Insurance coverage is greater than \$50,000, the value of this employer-paid coverage in excess of \$50,000 is considered "imputed income" and subject to income tax. The tax on this imputed income is taken on a per-pay-period basis.



## Employee-Paid Life and AD&D Insurance

For added protection, you can also purchase Optional Life and AD&D coverage for you, your spouse/DP, and/or your dependent child(ren). You can enroll for coverage when you make your Benefits Open Enrollment elections through the APTIM Benefits Marketplace. Premium payments will be deducted from your paycheck.

### EVIDENCE OF INSURABILITY (EOI)

If you or your spouse/DP is required to provide Evidence of Insurability (EOI), you will need to complete the EOI. Your coverage is pending until the EOI is completed and approved. Any elections over the Guaranteed Issue (GI) amount will require an EOI.

Below is a summary of the coverage available.

BENEFIT	BENEFIT AMOUNT
<b>Optional Life Insurance</b>	
<b>Employee</b>	You can elect up to 5x your annual base pay, up to a maximum of \$2,000,000. Guaranteed Issue (GI) is the lesser of 3x base pay or \$750,000. You can elect up to the GI amount without having to complete Evidence of Insurability (EOI).
<b>Spouse/DP</b>	Purchase up to 100% of optional employee life insurance amount in increments of \$5,000, up to a maximum of \$100,000. Guaranteed Issue (GI) is \$25,000. You can elect up to the GI amount without having to complete Evidence of Insurability (EOI). <i>In order to purchase spouse/DP life insurance, you must have optional employee life insurance and your spouse's/DP's amount cannot exceed yours.</i>
<b>Dependent Child(ren)</b>	\$5,000 per child, \$10,000 per child
<b>Optional AD&amp;D Insurance</b>	
<b>Employee</b>	You can elect up to 5x your annual base pay, up to a maximum of \$2,000,000.
<b>Employee + Family</b>	Based on the optional employee coverage amount elected, if you elect family coverage, the spouse/DP and child(ren) benefit is as follows: <ul style="list-style-type: none"> <li>▪ Spouse/DP only — 60% of employee coverage amount.</li> <li>▪ Child(ren) only — 20% of employee coverage amount, up to \$25,000 per child.</li> <li>▪ Spouse/DP and child(ren) — 50% of employee coverage amount for your spouse/DP and 10% of employee coverage amount, up to \$25,000, per child.</li> </ul>



VOLUNTARY LIFE INSURANCE STEP RATES FOR EMPLOYEE AND SPOUSE/DP		
AGE	MONTHLY EMPLOYEE RATE PER \$1,000	MONTHLY SPOUSE/DP RATE PER \$1,000
<29	\$0.049	\$0.061
30 – 34	\$0.068	\$0.084
35 – 39	\$0.078	\$0.092
40 – 44	\$0.087	\$0.108
45 – 49	\$0.138	\$0.164
50 – 54	\$0.213	\$0.252
55 – 59	\$0.398	\$0.472
60 – 64	\$0.612	\$0.725
65 – 69	\$1.176	\$1.392
70+	\$1.924	\$2.265

OPTIONAL AD&D INSURANCE RATES — PER \$1,000 OF BENEFIT	
COVERAGE LEVEL	2025 MONTHLY EMPLOYEE COST
Employee Only	\$0.03
Employee + Family	\$0.04

**IMPORTANT:** If you are not actively at work (i.e., on an approved leave of absence) on January 1, 2025, any life insurance or disability coverage changes made during Benefits Open Enrollment will not go into effect until you return to work.



**NEW!** **CRITICAL ILLNESS, ACCIDENT AND HOSPITAL INDEMNITY INSURANCE VENDOR**

Starting January 1, 2025, Prudential is replacing New York Life as APTIM’s Critical Illness, Accident, and Hospital Indemnity Insurance vendor.

## VOLUNTARY BENEFITS

Regardless of the medical plan you choose, no plan covers all the costs of a serious illness or injury. If a major health event occurs, deductibles and coinsurance can add up to thousands of dollars.

Supplemental benefits allow you to greatly reduce this financial exposure. These plans pay a benefit directly to you, helping to ease the financial exposure that can have a big impact on you and your family. These voluntary benefits are portable, meaning you can take them with you if you change jobs or retire.

### Critical Illness Insurance

Critical Illness Insurance provides financial protection for any covered individual or family member to supplement existing medical coverage and help with out-of-pocket expenses such as mortgage payments, college tuition, or treatments not covered by your medical plan.

You have the choice of \$10,000, \$20,000, or \$30,000 in Guaranteed Issue coverage. Coverage for your spouse/DP is 100%, and your children will be offered 50% of your employee benefit. See chart below for rates for \$10,000 in coverage.

#### Plan Features:

- Supplemental coverage for medical emergencies such as heart attack, stroke, cancer and more.
- Lump-sum benefit for covered employees and family members.
- Access to discounts or services through Prudential.
- No coordination with other insurance benefits.
- Eligibility for portability (subject to eligibility requirements and limitations).

CRITICAL ILLNESS WEEKLY RATES (NON-TOBACCO USER)* Employee: \$10,000 / Spouse/DP: \$10,000 / Child(ren): \$5,000				
ISSUE AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
<25	\$ 1.14	\$ 2.30	\$ 1.44	\$ 2.60
25 – 29	\$ 1.32	\$ 2.67	\$ 1.62	\$ 2.97
30 – 34	\$ 1.59	\$ 3.20	\$ 1.89	\$ 3.50
35 – 39	\$ 1.94	\$ 3.89	\$ 2.24	\$ 4.19
40 – 44	\$ 2.54	\$ 5.08	\$ 2.84	\$ 5.38
45 – 49	\$ 3.39	\$ 6.57	\$ 3.69	\$ 6.87
50 – 54	\$ 4.41	\$ 8.42	\$ 4.71	\$ 8.72
55 – 59	\$ 5.67	\$10.64	\$ 5.97	\$10.94
60 – 64	\$ 7.40	\$13.77	\$ 7.70	\$14.07
65 – 69	\$ 9.00	\$16.70	\$ 9.30	\$17.00
70+	\$10.54	\$19.58	\$10.84	\$19.88

\* Rates also available for \$20,000 and \$30,000 in Guaranteed Issue coverage, and for tobacco users.

For questions, general services, or to file a claim, call 1-844-455-1002. Representatives are available Monday through Friday, from 7 a.m. to 7 p.m. CT.

## Accident Insurance & Hospital Indemnity Insurance

Accident and Hospital Indemnity Insurance are excellent complements to your medical plan. Both plans help absorb the out-of-pocket medical expenses that arise when a severe illness or injury strikes. You can use the benefits received to offset costs like deductibles, coinsurance, prescription drug expenses and more.

### Accident Insurance

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact, which can be substantial. Accident Insurance can help cover the out-of-pocket medical expenses and extra bills that can follow an accident.

The total benefit you receive is based on the type of injury, its severity and the medical services you received in treatment and recovery.

The Plan pays benefits for a variety of injuries and accident-related expenses. Examples of covered injuries include:

- Fractures
- Dislocations
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

### Plan Features:

- Benefits are paid for accidents that occur on or off the job.
- You can elect to cover your enrolled spouse/DP and children.
- There are no health questions or physical exams required.
- Coverage is portable, which means you can take your policy with you if you change jobs or retire.

*The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.*

Visit <https://aptim.makeityoursource.com> for more information.

## Hospital Indemnity Insurance

Even with medical insurance, a hospital stay can cost you thousands of dollars in deductibles and coinsurance.

Hospital Indemnity Insurance pays a benefit directly to you if you or a covered family member receives hospital care. You receive a benefit for being admitted to the hospital and then for each day you're confined. Additional benefits are paid based on the type of services you receive. Emergency room services are also eligible.

### Plan Features:

- Benefits are paid regardless of any other insurance you have.
- No physical exams are required to enroll for coverage.
- Coverage is available for your eligible spouse/DP and children.
- Premiums are paid through convenient payroll deductions.

*The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.*

For questions, general services, or to file a claim, call 1-844-455-1002. Representatives are available Monday through Friday, from 7 a.m. to 7 p.m. CT.

The voluntary benefit coverages you elect during Benefits Open Enrollment will remain in effect until Dec. 31, 2025, as long as you remain eligible.



## Identity Theft Protection Plan

Identity Theft Protection is an affordable solution to a growing problem. It provides comprehensive, proactive identity theft monitoring and dedicated recovery assistance. By constantly monitoring your personal and financial data, this service catches fraud early and helps you act quickly to limit the damage caused by stolen information.

### Plan Features:

- Proactive identity monitoring
- Password protection
- Credit monitoring
- Data breach solutions

For questions, call Allstate Identity Protection 24 hours a day, seven days a week at 1-800-789-2720 or email [CustomerCare@AIP.com](mailto:CustomerCare@AIP.com).

ACCIDENT INSURANCE			
COVERAGE TIER	WEEKLY	MONTHLY	ANNUALLY
Employee Only	\$ 2.25	\$ 9.75	\$116.99
Employee + Spouse/DP	\$ 4.01	\$ 17.40	\$208.75
Employee + Child(ren)	\$ 4.68	\$ 20.28	\$243.30
Employee + Family	\$ 5.76	\$ 24.95	\$299.36

HOSPITAL INDEMNITY			
COVERAGE TIER	WEEKLY	MONTHLY	ANNUALLY
Employee Only	\$ 5.17	\$ 22.41	\$268.94
Employee + Spouse/DP	\$ 12.25	\$ 53.07	\$636.78
Employee + Child(ren)	\$ 9.13	\$ 39.58	\$474.97
Employee + Family	\$ 16.87	\$ 73.10	\$877.18

IDENTITY THEFT			
COVERAGE TIER	WEEKLY	MONTHLY	ANNUALLY
Employee Only	\$ 2.30	\$ 9.95	\$119.40
Employee + Family	\$ 4.14	\$ 17.95	\$215.40

## Commuter Benefits (Continental U.S. population only)

The Commuter Benefit, provided by Alight Smart-Choice Accounts™, allows you to pay for certain work-related transportation expenses, such as parking, transit, and the newly added biking, via convenient pre-tax payroll deductions on a per-pay-period basis. You can contribute up to \$325 a month for transit and \$325 a month for parking on a pre-tax basis, but you must enroll by the 10th of each month. You may also add up to \$20 to your paycheck as taxable income for a biking maintenance benefit.

## Travel Accident Insurance

The Company-paid APTIM Travel Accident Insurance pays a benefit of up to five times your annual base pay (up to a maximum of \$750,000) in the event of accidental death while traveling on Company business. The Travel Accident Insurance benefit is separate from benefits received from any Basic or Optional Life Insurance you may already have.

## RESOURCES

WHERE CAN I FIND ...?	GO TO ...
<ul style="list-style-type: none"> <li>▪ Answers to questions about benefits enrollment and/or benefits</li> <li>▪ Help in understanding the medical plans</li> </ul>	<p>APTIM Benefits Marketplace 1-833-476-2342 Monday through Friday from 8 a.m. to 5 p.m. CT</p>
More details about my benefit plans	Visit <a href="https://digital.alight.com/aptim">digital.alight.com/aptim</a>

### FULL SUMMARY PLAN DESCRIPTIONS AVAILABLE

Summary Plan Descriptions (SPDs), which contain detailed explanations of the health and welfare benefits provided to you and your eligible dependents by APTIM, are located under “Plan Documents” via the APTIM Benefits Marketplace or via APTNET on the Benefits homepage, <https://aptimcorp.sharepoint.com/hr/benefits/Pages/Home.aspx>. The online versions are searchable and include “bookmarks” on a left-hand navigation panel so you can find information quickly and easily. If you would like a printed copy of the latest SPD booklet, please contact the APTIM Benefits Marketplace.

### Don't Forget!

- ✔ **Review your options.** To view more details and plan options, visit [digital.alight.com/aptim](https://digital.alight.com/aptim). Or, you can call the APTIM Benefits Marketplace at 1-833-476-2342.
- ✔ **Consider an HSA or FSA.** These plan elections don't roll over from year to year.
- ✔ **Review your carrier options.** Even if you don't plan to change, make sure to check the Your Carrier Connection section of the site to research carriers and explore providers and prescription drug coverage specific to APTIM plans before you are a member.
- ✔ **Add your dependents and beneficiaries.** Before selecting your benefits, you must add dependents and beneficiaries. This allows the system to display the appropriate coverage options for you and your family during the online enrollment process.
- ✔ **Review your confirmation statement.** After you have completed your enrollment, make sure to review your confirmation statement for the benefits you selected and to ensure your dependents have been enrolled. Print this statement for your records.

### APTIM EMPLOYEE DISCOUNT PROGRAM

The APTIM Employee Discount Program is the exclusive savings and discount benefit site for APTIM employees. Updated daily with specials on products for your day-to-day needs, you and your family can enjoy special savings on education, electronics, childcare, tutoring, apparel, sporting events, and much more. Visit the site at <https://aptim.savings.beneplace.com>.

## CONTACTS

BENEFIT	VENDOR	CONTACT INFORMATION
APTIM Benefits Marketplace	Alight	1-833-476-2342 <a href="https://digital.alight.com/aptim">digital.alight.com/aptim</a> <a href="https://aptim.makeityoursource.com">https://aptim.makeityoursource.com</a>
Medical, Prescription, Dental, Vision	Based on plan selection	<a href="https://aptim.makeityoursource.com/your-carrier-connection">https://aptim.makeityoursource.com/your-carrier-connection</a>
TRICARE	Selman	1-800-638-2610 <a href="http://www.selmantricareresource.com/aptim">www.selmantricareresource.com/aptim</a>
Health Savings Account (HSA)	Bank of America	1-866-791-0250 <a href="https://myhealth.bankofamerica.com">https://myhealth.bankofamerica.com</a>
Flexible Spending Accounts (FSAs)	Alight Smart-Choice Accounts™	1-833-476-2342 and follow the prompts <a href="https://digital.alight.com/aptim">digital.alight.com/aptim</a>
Employee Assistance Program (EAP)	ComPsych GuidanceResources Worldwide	1-866-207-5157 (U.S.), 1-866-641-3847 (Canada) <a href="http://www.guidanceresources.com/groWeb/login">www.guidanceresources.com/groWeb/login</a> Web ID: APTIM
Commuter Benefits	Alight Smart-Choice Accounts™	1-833-476-2342 and follow the prompts <a href="https://digital.alight.com/aptim">digital.alight.com/aptim</a>
Short-Term Disability (STD) Claim Initiation	Prudential	1-800-842-1718 ABS Phone: 1-877-367-7781 <a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
Long-Term Disability (LTD)	Prudential	1-800-842-1718 ABS Phone: 1-877-367-7781 <a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
Optional Life and Accidental Death and Dismemberment (AD&D) Insurance for Employee, Spouse/DP, and/or Child(ren)	Prudential	1-800-842-1718 ABS Phone: 1-877-367-7781 <a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
Accident, Hospital Indemnity & Critical Illness Insurance	Prudential	1-844-455-1002 <a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
Identity Theft Protection Plan	Allstate Identity Protection	1-800-789-2720
APTIM Employee Discount Program	Beneplace	<a href="https://aptim.savings.beneplace.com">https://aptim.savings.beneplace.com</a>
APTIM WW Program	WW (Weight Watchers)	<a href="http://www.weightwatchers.com/us/aptim">www.weightwatchers.com/us/aptim</a>



*Please note that the information presented in this guide is only a summary and not all of these Plans may apply to you. If, in our efforts to make the Plans easier to understand, any of the Plan provisions have been omitted or misstated, the official Plan documents or insurance contracts must remain the final authority and those Plan documents and insurance contracts also govern the administration of the Plans and payment of benefits.*

