



2021
Benefits
with **APTIM**

For life's important moments



Eligible U.S. Salaried Employees of APTIM

Welcome to

2021 APTIM Open Enrollment

November 4 – November 18, 2020

To all APTIM employees:

We stay committed to providing a benefits package that accomplishes the primary purpose of our programs which is to promote the health and financial well-being of our employees and their families. We will continue to provide coverage through the APTIM Benefits Marketplace in 2021, allowing you the opportunity to enroll in the coverage that best meets the needs for you and your family.

The APTIM Benefits Marketplace will continue to offer five coverage levels with the ability to select from a variety of insurance carriers based on your geographic location. Key points for 2021:

- **Pricing** — As in the past, APTIM will continue to provide an employer contribution toward the cost of your coverage. It is expected that insurance costs will rise year over year, with the National 2021 increase being 7% – 8%. APTIM recognizes this increased financial burden on our employees and has considered the burden seen in 2020. **APTIM will be covering, in aggregate, the increase in premium costs for 2021.** It is important to note, that with the multiple carrier options, you will not see all carrier costs stay stagnant. You will also find some carrier pricing has increased while others have decreased.
- **Enrollment** — **2021 will not be an active enrollment.** This means if you do not actively enroll, you will continue with the same coverage as 2020, except for participation in a health savings account (HSA) or a flexible spending account (FSA), if applicable. While you may not plan on changing your current medical carrier, that doesn't mean your current carrier's physician network and covered prescriptions didn't change.
 - *Carriers update networks and drug coverage on a regular basis. You are highly encouraged to look at all carrier options and ensure doctors and prescriptions are covered. There are great resources to help before, during, and after enrollment.*
- **New Offering** — **Critical illness insurance:** Pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease).

This 2021 Open Enrollment Benefits Guide highlights a comprehensive benefits package that provides quality care to keep you and your family healthy. It also offers valuable income protection to give you security and peace of mind. In this guide, you will see several opportunities for you and your family to choose the benefits and programs that are best for you. I encourage you to carefully review to learn more about the plans and features, processes, resources, and vendors that are available to you. Should you have any questions, please contact the Benefits Solution Center: 1 855 244 7537 for benefits-related questions

As we continue our growth strategy, delivering excellence and striving to be inclusive, we are pleased to continue to offer you multiple options to support you and your family in managing your wellness.

Thank you,



Mark Fallon
Chairman & CEO



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The APTIM Benefits Marketplace

For 2021 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 additional 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. It is expected that insurance costs will rise year over year, with the national 2021 increase being 7%-8%. APTIM recognizes this increased financial burden on our employees and has considered the burden seen in 2020. **APTIM will be covering, in aggregate, the increase in premium costs for 2021.** It is important to note that with multiple carrier options, you will not see all carrier costs stay stagnant. You will also find some carrier pricing has increased while others have decreased. Premium amounts are not included in this guide, but can

be seen when you access the APTIM Benefits Marketplace. Premium amounts are based on your location.

- **Helpful resources.** There are great resources to help before, during, and after enrollment.

Starting October 21, you'll have access to the pre-enrollment healthcare education website at <https://aptim.makeityoursource.com>. Here you can learn how the APTIM Benefits Marketplace works and what coverage options you may have — and get tips for choosing the right coverage for you. You can also watch videos and access the insurance carrier preview sites. It's a great idea to access this site prior to enrollment to better prepare yourself to make informed decisions. Please note that you will not see any 2021 premium or deduction information on the APTIM Benefits Marketplace until Open Enrollment starts on November 4.

Beginning November 4, you'll have 24/7 access to the APTIM Benefits Marketplace website where you can learn about your options and choose your health and welfare benefits for 2021.



Answer These Questions

This year, you have the option to roll over some of your benefits for 2021. However, before you decide not to participate in Open Enrollment it's important you answer these questions:

- ✓ Do you want to enroll, add or change any of the following benefits for you and/or your dependents?
 - Medical, Dental and/or Vision
 - Remember, carriers make changes to their provider network and prescription tiers
 - Health Savings Account (HSA)
 - Flexible Spending Accounts (FSAs): Healthcare FSA (HCFSA), Limited Purpose FSA (LPFSA), and/or Dependent Care FSA (DCFSA)
 - Salary Continuation Plan/Short-Term Disability (STD) buy-up option
 - Long-Term Disability (LTD) buy-up option
 - 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 were not enrolled for 2020?





<p>If you answered YES to any of the above:</p> <ul style="list-style-type: none"> ✓ Enroll or make changes to your benefit elections. 	<p>If you answered NO to all of the above:</p> <ul style="list-style-type: none"> ✓ Your current coverage (except HSA and FSA) will roll over for 2021. <p>Important: If you would like to contribute to an HSA or FSA in 2021, you must enroll. Your 2020 HSA and FSA elections will not roll over.</p>
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IMPORTANT!

Don't assume your current benefits plan is still the best option for you. Use the tools in the APTIM Benefits Marketplace to help select a plan that's best for you and your family. **Open Enrollment is the *only* time you can change your benefits unless you have a qualified status change.** If you don't make new elections during Open Enrollment, your current 2020 benefits (except Health Savings Account (HSA) and Flexible Spending Account (FSA) elections) will roll over for 2021.

You can choose from a comprehensive suite of benefits in 2021 including:

 <p>MEDICAL¹ & PRESCRIPTION DRUG</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>SAVINGS AND SPENDING ACCOUNTS</p> <ul style="list-style-type: none">▪ Health Savings Account (HSA)▪ Flexible Spending Accounts (FSAs)	 <p>DENTAL¹ AND VISION¹</p> <p>Your coverage level determines your premiums and how much you pay out of your pocket.</p>	 <p>DISABILITY, LIFE, AD&D AND OTHER BENEFITS</p> <ul style="list-style-type: none">▪ Salary Continuation Plan/ STD Buy-Up▪ LTD Buy-Up▪ Optional Life or AD&D▪ 401(k) Program▪ Accident Insurance▪ Hospital Indemnity Insurance▪ NEW: Critical Illness Insurance▪ ID Theft Insurance▪ Commuter Benefits
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¹ 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 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.



PHONE: Call 1-833-476-2342. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. CST, and during special hours on Saturday, November 14 from 9 a.m. to 4 p.m. CST.



DON'T FORGET!

Open Enrollment is November 4 to November 18, 2020. If you do not make active elections, your current 2020 benefits (except HSA and FSA elections) will roll over for 2021.

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. Please note that these beneficiaries are specific to health/welfare benefits. Your retirement beneficiaries are updated in the Merrill Lynch portal.

Qualified Status Changes

The choices you make during Open Enrollment will remain in effect until December 31, 2021, as long as you remain eligible. You cannot make changes to your coverage during the year unless you have a qualified status change. Detailed information can be found in the APTIM Health & Welfare Summary Plan Description (SPD) located under "Plan Documents" via the APTIM Benefits Marketplace at digital.alight.com/aptim.

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
- Dependent children up to age 26
- Dependent children of any age who are incapable of supporting themselves because of mental or physical disability

Please review the detailed eligibility information in the APTIM Health & Welfare SPD located under "Plan Documents" via the APTIM Benefits Marketplace at digital.alight.com/aptim. 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 as of the last day of the month of his or her 26th birthday. COBRA information will be provided.

Spousal Surcharge

If your legally married spouse 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 is eligible. Employees will be required to attest the information provided is accurate during the enrollment process.

If You and Your Spouse Both Work for APTIM

If you and your spouse 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 Surcharge will not apply.

If Your Spouse Does Not Have Access to Coverage or Gains Access to Medicare

The Spousal Surcharge will not apply. Employees will be required to attest the information provided is accurate during the enrollment process.

Dependent Eligibility Audit

If you are adding new dependents to coverage during Open Enrollment or due to a qualified status change during the 2021 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, 2020, will not be subject to another Dependent Eligibility Audit, with the exception of the spousal attestation (if applicable). Detailed information can be found in the APTIM Health & Welfare Summary SPD located under "Plan Documents" via the APTIM Benefits Marketplace at digital.alight.com/aptim. 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 your 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.



DON'T FORGET!

You should not assume your current carrier is still the right carrier option for 2021. You should focus on carrier pricing (there are lower cost options), provider networks and prescription coverages. Ensure you and your family's physicians and medical drugs are covered prior to making your election.



2021 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>
Plan Deductible (including Rx)^{1,2}	\$3,300/\$6,600	\$2,450/\$4,900	\$1,500/\$3,000	\$800/\$1,600	None
Coinsurance	25% ²	25% ²	25% ²	25% ²	0%
Out-of-Pocket Max. (including Rx)	\$6,400/\$12,800	\$3,900/\$7,800	\$3,800/\$7,600	\$3,600/\$7,200	\$1,600/\$3,200
Plan Type	PPO	PPO	PPO	PPO	PPO ⁷
Deductible and Out-of-Pocket Type	Traditional ^{3,5}	True Family ^{4,5}	True Family ^{4,5}	Traditional ^{3,5}	Traditional ^{3,5}
Tax-Savings Account Eligibility⁶	HSA or FSA or HSA and LPFSA	HSA or FSA or HSA and LPFSA	HSA or FSA or HSA and LPFSA	FSA	FSA
Participant Cost Sharing					
Primary Care/ Specialist	25%	25%	25%	\$25/\$40 copay; no deductible	\$25/\$40 copay; no deductible
Emergency Room	25%	25%	25%	25%	\$200 copay
Hospital per Admission	25%	25%	25%	25%	\$350 copay
Prescription Drugs					
Retail	25% ²	25% ²	25% ²	\$10/\$40/\$60 copays	\$8/\$30/\$50 copays
Mail Order	25% ²	25% ²	25% ²	\$25/\$100/\$150 copays	\$20/\$75/\$125 copays

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

² Coinsurance applies after deductible, unless otherwise noted.

³ 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%.

⁴ 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%.

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

⁶ See information starting on page 8 for additional details on the HSA and FSAs.

⁷ 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 ¹
Medical and Prescription Drug ²	You may receive new ID cards from the medical carrier(s) you select for your health and welfare benefits in 2021. Your medical ID card serves as the prescription drug ID card as well.
Dental ²	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 Merrill Lynch/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.

¹ If you are changing to a new carrier for 2021, ID cards will be issued.

² ID cards will be provided for employee and spouse (if applicable) only. Additional dependent cards must be requested through the plan carrier.

If you complete your 2021 health and welfare elections during the Open Enrollment timeframe, your ID cards will be issued within the first three weeks of 2021. Temporary ID cards can be obtained via the vendor'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 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.



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. CST, Monday through Friday, and during special hours on Saturday, November 14 from 9 a.m. to 4 p.m. CST, to answer questions. Just call 1-833-476-2342.

IMPORTANT!

While you may not plan on changing your current medical carrier, that doesn't mean your current carrier's physician network and covered prescriptions didn't change. You are **highly encouraged** to look at all carrier options and ensure your current doctors and prescriptions are covered.



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

Merrill Lynch/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.

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.

You can see your HSA account alongside any additional accounts you have with Merrill Lynch/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 Merrill Lynch/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 Merrill Lynch/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 Merrill Lynch/Bank of America a physical address before the funds in your account can be utilized. Merrill Lynch/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 Merrill Lynch/Bank of America on or around January 1, 2021. The debit card will be sent separately from the welcome letter. You will need to activate your new Merrill Lynch/Bank of America HSA debit card before use. If you have an existing HSA account, you will not receive a new debit card.



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

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

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.

Current FSA elections do not carry over from year to year. If you want to participate in an FSA, you must re-enroll each year during Open Enrollment. Remember that whatever funds you do not use for eligible 2021 expenses will be forfeited to the Plan.

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.

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.



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.

QUESTION	HEALTH SAVINGS ACCOUNT (HSA)	HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HCFSA)	LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)	DEPENDENT CARE FSA (DCFSA) ¹
Are contributions tax-free?	Yes	Yes	Yes	Yes
Who contributes?	You	You	You	You
What plans are eligible?	Bronze, Bronze Plus, Silver	All	Bronze, Bronze Plus, Silver	All
What are 2021 maximum annual contributions?	<ul style="list-style-type: none"> ▪ \$3,600 (Employee only coverage) ▪ \$7,200 (Employee plus any dependent(s)) ▪ Additional \$1,000 if age 55+ and not enrolled in Medicare 	\$2,750	\$2,750	\$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 dental and vision expenses only	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 ²	No ²	No ²

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

² 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 1-800-244-6224 or visit mycigna.com. 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.



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
Annual Deductible and Plan Limits			
Annual deductible (individual/family)	\$100/\$300	\$100/\$300	\$50/\$150
Annual maximum (excludes orthodontia)	\$1,000 per person	\$1,500 per person	\$2,500 per person
Orthodontia lifetime maximum¹	Not covered	\$1,500 per child	\$2,000 per person
In-Network Benefits			
Preventive care	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible
Minor restorative care (e.g., root canal treatment, gum disease treatment, and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Major restorative care (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible
Orthodontia	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults

¹ 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 at digital.alight.com/aptim.

Vision Coverage Level Options

PLAN FEATURES	BRONZE	SILVER	GOLD
In-Network Benefits			
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 ¹	\$200 allowance ¹
Lenses (once per plan year; premium lenses may cost more)			
Single vision, Bifocal, Trifocal, Standard Progressive ² , or Lenticular	Discount may apply	You pay \$20	You pay \$10
Lens Enhancements			
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
Contact Lenses			
Medically necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$130 allowance ¹	\$200 allowance ¹
Fit and evaluation	Discount may apply	You pay \$20	You pay \$10
Laser Surgery			
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

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

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

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the APTIM Benefits Marketplace website at digital.alight.com/aptim.

Disability, Life, and AD&D Benefits

Salary Continuation Plan/ Short-Term Disability (STD)

The Salary Continuation Plan/Short-Term Disability (STD)* provides base pay if, due to medical necessity, you are absent from work due to illness, injury, pregnancy or childbirth.

DURATION	BENEFIT AMOUNT
Up to the first 8 weeks of absence	100% of employee salary
Up to 18 additional weeks	50% of employee salary

Your absence must be 14 days or greater to be eligible for salary continuation. If you expect your absence to be 14 days or longer, you must notify Cigna, Human Resources, and your manager. Cigna determines eligibility based upon medical criteria and certifies the period of medically justifiable absence.

** In states where the law is greater than our plan, the law supersedes (i.e., MA).*

Salary Continuation Plan/ STD Buy-Up Option

Salaried employees have the option to purchase additional coverage that would provide 50% of your base pay up to a maximum of \$3,000. This applies after you have exhausted your 8 weeks of absence paid at 100% of your salary. This buy-up option would then supplement 50% of your salary up to 18 additional weeks, with an additional 50% paid by Cigna. Please note that this buy-up option (if elected) would only remit benefits during pregnancy if there is a postpartum complication.

Rate Information

- Monthly Employee Cost Per \$10 of Weekly Benefit = \$0.470

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	50% of employee salary
After six months of absence — buy-up option	60% of employee salary

The Company-paid benefit provides up to 50% of your base pay once you have been disabled for six months. **Please note:** Since the Core benefit received under this Plan is tax-free, the Company-paid premiums are considered imputed income. You are responsible for paying taxes on this imputed income. The taxes will be taken on a per-pay-period basis.

LTD Buy-Up Option

In addition, salaried employees have the option to purchase additional coverage to increase their overall LTD benefit to 60% of their base pay through employee-paid premiums.

Rate Information

- Contributions are based on your benefits base pay. Employee contribution rate = \$0.16 per \$100 of salary.

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 \$500,000) 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.

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 through APTIM. You can enroll for coverage when you make your Open Enrollment elections through the APTIM Benefits Marketplace. Premium payments will be deducted from your paycheck.

Any increase (or initial election) above your current annual base pay will require a statement of health. You will be notified during your enrollment if a statement of health will be required.

Optional Spouse Life Insurance

You have the option to elect spouse life insurance coverage. Any increase will require a statement of health. You will be notified during your enrollment if a statement of health for your spouse will be required.

Statement of Health

If you or your spouse is required to provide a statement of health, you will need to complete the statement of health form that you will receive via mail.

Below is a summary of the coverage available.

BENEFIT	BENEFIT AMOUNT
Optional Life Insurance	
Employee	1x to 5x your current annual base pay, up to a maximum of \$2,000,000.
Spouse	Purchase up to 100% of optional employee life insurance amount in increments of \$5,000, up to a maximum of \$100,000. <i>In order to purchase spouse life insurance, you must have optional employee life insurance and your spouse's amount cannot exceed yours.</i>
Dependent Child(ren)	\$5,000 per child, \$10,000 per child
Optional AD&D Insurance	
Employee	1x to 5x your current annual base pay, up to a maximum of \$2,000,000.
Employee + Family	Based on the optional employee coverage amount elected, if you elect family coverage, the spouse and child(ren) benefit is as follows: <ul style="list-style-type: none"> Spouse only — 60% of employee coverage amount. Child(ren) only — 20% of employee coverage amount, up to \$25,000 per child. Spouse and child(ren) — 50% of employee coverage amount for your spouse and 10% of employee coverage amount, up to \$25,000, per child.

VOLUNTARY LIFE INSURANCE STEP RATES FOR EMPLOYEE AND SPOUSE

AGE	MONTHLY EMPLOYEE RATE PER \$1,000	MONTHLY SPOUSE 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	2021 MONTHLY EMPLOYEE COST
Employee Only	\$0.03
Family	\$0.04

IMPORTANT: If you are not actively at work (i.e., on an approved leave of absence) on January 1, 2021, any life insurance or disability coverage changes made during Open Enrollment will not go into effect until you return to work.



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 is 100%, and your children will be offered 50% of your employee benefit.

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 MetLife Advantages.
- No coordination with other insurance benefits.
- Eligibility for portability (subject to eligibility requirements and limitations).

MONTHLY PREMIUM FOR \$1,000 OF COVERAGE (NON-TOBACCO USER)*				
ISSUE AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE / CHILDREN
<25	\$0.65	\$1.32	\$0.99	\$1.65
25 – 29	\$0.75	\$1.52	\$1.09	\$1.85
30 – 34	\$0.90	\$1.82	\$1.24	\$2.15
35 – 39	\$1.10	\$2.20	\$1.44	\$2.54
40 – 44	\$1.49	\$2.93	\$1.82	\$3.27
45 – 49	\$1.92	\$3.72	\$2.25	\$4.06
50 – 54	\$2.50	\$4.77	\$2.84	\$5.11
55 – 59	\$3.21	\$6.03	\$3.55	\$6.37
60 – 64	\$4.19	\$7.80	\$4.53	\$8.14
65 – 69	\$5.10	\$9.47	\$5.44	\$9.80
70+	\$5.97	\$11.10	\$6.30	\$11.43

* Rates also available for tobacco users.

For questions or to file a claim, call 1-800-GETMET8 (1-800-438-6388) from 7 a.m. to 10 p.m. Central Standard Time.

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 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 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 or to file a claim, call 1-800-GETMET8 (1-800-438-6388) from 7 a.m. to 10 p.m. Central Standard Time.



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 at 1-800-789-2720.

ACCIDENT INSURANCE				
COVERAGE TIER	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Employee Only	\$ 2.50	\$ 5.00	\$ 10.83	\$130.00
Employee + Spouse	\$ 4.46	\$ 8.92	\$ 19.33	\$231.92
Employee + Child(ren)	\$ 5.20	\$ 10.40	\$ 22.53	\$270.40
Family	\$ 6.40	\$ 12.80	\$ 27.73	\$332.80

HOSPITAL INDEMNITY				
COVERAGE TIER	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Employee Only	\$ 5.75	\$ 11.50	\$ 24.92	\$299.00
Employee + Spouse	\$ 13.61	\$ 27.22	\$ 58.98	\$707.72
Employee + Child(ren)	\$ 10.15	\$ 20.30	\$ 43.98	\$527.80
Family	\$ 18.74	\$ 37.48	\$ 81.21	\$974.48

IDENTITY THEFT				
COVERAGE TIER	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Employee Only	\$ 2.30	\$ 4.59	\$ 9.95	\$119.40
Employee + Family	\$ 4.14	\$ 8.28	\$ 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 via convenient pre-tax payroll deductions on a per-pay-period basis. You can contribute up to \$265 a month for transit and \$265 a month for parking on a pre-tax basis, but you must enroll by the 10th of each month.

Sick Time

Sick time hours for salaried employees are limited to 56 hours for the year. Please note that hours may vary based on state or local requirements.

The voluntary benefit coverages you elect during Open Enrollment will remain in effect until Dec. 31, 2021, as long as you remain eligible.

Resources

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

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 at digital.alight.com/aptim. 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. 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.** 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.

Contacts

BENEFIT	VENDOR	CONTACT AND NETWORK PROVIDER INFORMATION
APTIM Benefits Marketplace	Alight	1-833-476-2342 digital.alight.com/aptim
Medical, Prescription, Dental, Vision	Based on plan selection	https://aptim.makeityoursource.com/your-carrier-connection
TRICARE	Selman	1-800-638-2610 www.selmantricareresource.com/aptim
Health Savings Account (HSA)	Merrill Lynch/ Bank of America	1-866-791-0250 www.benefits.ml.com
Flexible Spending Accounts (FSAs)	Alight Smart-Choice Accounts™	1-833-476-2342 and follow the prompts digital.alight.com/aptim
Employee Assistance Program (EAP)	Cigna	1-800-244-6224 www.mycigna.com myCigna Mobile App: App Store SM or Google Play TM
Commuter Benefits	Alight Smart-Choice Accounts™	1-833-476-2342 and follow the prompts digital.alight.com/aptim
Salary Continuation Plan/STD Buy-Up Option	Cigna	1-800-732-1603 MyCigna.com
Long-Term Disability (LTD)	Cigna	1-800-732-1603 MyCigna.com
Optional Life and Accidental Death and Dismemberment (AD&D) Insurance for Employee, Spouse, and/or Child(ren)	Cigna	1-800-732-1603 MyCigna.com
Accident, Hospital Indemnity & Critical Illness Insurance	MetLife	1-800-GETMET8 (1-800-438-6388) from 7 a.m. to 10 p.m. Central Standard Time
Identity Theft Protection Plan	Allstate Identity Protection	1-800-789-2720
401(k)	Merrill Lynch/ Bank of America	1-800-228-4015 www.mybenefits.ml.com

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.