



2024 NEW HIRE BENEFITS GUIDE WITH APTIM

FOR LIFE'S IMPORTANT MOMENTS

Eligible U.S. Craft Employees of APTIM

Welcome to **APTIM**

To all APTIM employees:

At APTIM, we believe each employee contributes directly to the Company's growth and success. A foundation of workplace wellness provided to each and every APTIM employee promotes engagement and long-term professional growth.

At APTIM, we feel it is an important obligation to provide benefit options that protect and promote the health and financial well-being of our employees and their families. We are pleased to present you this 2024 Benefits Guide which features a comprehensive benefits package focused on delivering a variety of options which are aimed at the health and welfare of you and your family.

Inside, you will find descriptions of a number of benefits and programs from which to choose, depending on your specific needs. Please review your materials carefully to learn more about the plans and their features, processes, resources and vendors that are available to you. Should you have any questions, visit the APTIM Benefits Marketplace at or call 1-833-476-2342.

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

Thank you!

Visit digital.alight.com/aptim to learn more about your health and welfare benefits.

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The APTIM Benefits Marketplace

At APTIM, we offer you a variety of 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 Benefits Marketplace during your enrollment window. Premium amounts are based on your location.
- **Helpful resources.** There are great resources to help before, during, and after enrollment.

Visit <https://aptim.makeityoursource.com> or use the QR code below to 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.



Your New Hire Enrollment Checklist

This guide provides you with an overview of the benefits we offer so you can make informed choices for you and your family.

Here's what you need to do to enroll in your new benefits.

- Read through this guide carefully.** You'll find out about the health, welfare, and financial benefits available to you.
- Review additional information.** Log on to the pre-enrollment healthcare education Make it Yours website at <https://aptim.makeityoursource.com>, for additional information and resources for health and welfare benefits.
- Compare your costs.** To help you estimate your costs for each medical plan, use the online decision support tools available on the Make it Yours website at <https://aptim.makeityoursource.com> or the APTIM Benefits Marketplace at digital.alight.com/aptim. These tools can also help you estimate how much to contribute to a Flexible Spending Account (FSA) or Health Savings Account (HSA).
- Enroll and confirm your health and welfare benefit elections.** Follow the instructions on page 4 to enroll. If you do not enroll within 31 days from your benefits eligibility date, you will receive default coverage and will not be eligible to make changes until Benefits Open Enrollment. See "What Happens If You Do Not Enroll" on page 6 for details.
- Verify your dependents.** If you are adding a dependent(s) to your health benefits, you will be required to comply with the Dependent Eligibility Audit by providing the requested information. See page 7 for details.
- Enroll in the APTIM 401(k) Plan.** If eligible, be on the lookout for additional information directly from Aon PEP/Voya Financial, the Plan recordkeeper, regarding how to enroll.

If you are interested in learning more about our benefit vendors, check out the complete list of contacts, including websites and mobile apps for each vendor, starting on page 26.

DO NOT MISS THE DEADLINE!

If you do not enroll within the time frames listed, you will not be covered by medical, dental, or vision, and will receive *only* the Company-paid benefits (EAP, Basic Life and AD&D, Travel Accident Insurance, Salary Continuation Plan/STD, and Base LTD).

IF YOU NEED CARE SOON

If you need care before you receive your ID card(s), you can:

- Log on to the vendor's website to print a temporary ID card;
- Have your provider contact the vendor to confirm your eligibility; or
- Pay the provider directly for your services and file a claim for reimbursement after you have received your ID card.

Overview of Your Benefits and Enrollment Process

You are eligible to participate in the benefits described in this guide if you are:

- A regular full-time or regular part-time employee (with a normally scheduled workweek of at least 20 hours);
- Working for APTIM; and
- Paid on a U.S. employee payroll.
 - If you are working in a U.S. territory or outside of the U.S., you will have different medical, dental, and vision options. Only the ancillary benefits in this guide are applicable.

The chart below shows a summary of your benefits, who pays for each program, when you become eligible for each program, and where in this guide you can find information.

BENEFIT PLAN	FUNDED BY	ELIGIBILITY	DETAILS
Medical (including Prescription Drug)	Company & you (pre-tax)	First of the month following 30 days from date of hire	Page 8
Health Savings Account (HSA)	You (pre-tax)	First of the month following 30 days from date of hire	Page 11
Dental	Company & you (pre-tax)	First of the month following 30 days from date of hire	Page 15
Vision	You (pre-tax)	First of the month following 30 days from date of hire	Page 15
Employee Assistance Program (EAP)	Company	First of the month following 30 days from date of hire	Page 14
Flexible Spending Accounts (FSAs)	You (pre-tax)	First of the month following 30 days from date of hire	Page 12
Basic Life and Accidental Death & Dismemberment Insurance	Company	First of the month following 30 days from date of hire	Page 17
Optional Life and Accidental Death & Dismemberment Insurance	You (post-tax)	First of the month following 30 days from date of hire	Page 18
Travel Accident Insurance	Company	First of the month following 30 days from date of hire	Page 18
Short-Term Disability (STD)	You (post-tax)	First of the month following 30 days from date of hire	Page 17
Long-Term Disability (LTD)	You (post-tax)	First of the month following 30 days from date of hire	Page 17
APTIM 401(k) Plan	Company & you (pre-tax and/or Roth)	Your eligibility begins on your date of hire After one year of employment — Company matching contributions begin	Page 4
Accident Insurance	You (post-tax)	First of the month following 30 days from date of hire	Page 22
Hospital Indemnity Insurance	You (post-tax)	First of the month following 30 days from date of hire	Page 22

(continued)

BENEFIT PLAN	FUNDED BY	ELIGIBILITY	DETAILS
Identity Theft Protection	You (post-tax)	First of the month following 30 days from date of hire	Page 22
Commuter Benefit	You (pre-tax)	First of the month following 30 days from date of hire	Page 23
Critical Illness Insurance	You (post-tax)	First of the month following 30 days from date of hire	Page 21

Before You Enroll

Start with the Make It Yours website

Before you enroll, you'll have access to the Make it Yours pre-enrollment healthcare education website where you have access to great tools and resources.

- Go to the Make it Yours website at <https://aptim.makeityoursource.com> to:
 - Watch videos
 - Review plan details
 - See comparison charts
 - Get answers — browse Frequently Asked Questions (FAQs)
 - Prepare for enrollment

Check Out Health Insurance Carrier Preview Sites

Before you pick a carrier and enroll, be sure to compare key information for each carrier you're considering.

- Go to the Your Carrier Connection section of the Make it Yours website at <https://aptim.makeityoursource.com/your-carrier-connection> to:
 - Learn more about each carrier
 - See whether your doctors are in the network
 - Learn how your prescription drugs are covered
 - Read up on condition management and wellness programs, such as a 24-hour nurse line or healthy lifestyle coaching

How to Enroll

You can enroll in your health and welfare benefits online or over the phone. First, it's a good idea to review the information in this guide and become familiar with the options available so you can make the best choices for you and your family.

Online

Log on to the APTIM Benefits Marketplace website at digital.alight.com/aptim and click **New User** to register. If you do not have an APTIM email you will need to add a personal email to your profile in order to receive communications and reset username and passwords. Once you have completed registration 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

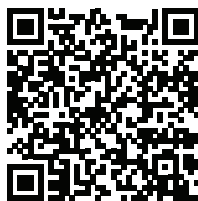
Call the APTIM Benefits Marketplace at 1-833-476-2342. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. CT.

Mobile App

Enroll using the Alight Mobile app. To download the app, visit the Apple App Store or Google Play and search "Alight Mobile." Prior to using the app, visit digital.alight.com/aptim on your desktop computer to register and add a phone number to your profile.

QR Code

Use the QR code to have 24/7 access to the APTIM Benefits Marketplace where you can learn about your options and enroll in your health and welfare benefits.



APTIM 401(k) Plan

Eligible employees will receive additional information directly from Aon PEP/Voya Financial, the Plan recordkeeper, regarding how to enroll.

After You Enroll

Enrollment Confirmation

For your health and welfare benefits, if you enroll online, be sure to keep a copy of the confirmation for your records. If you have an email address on file, you will receive an email confirming that your health and welfare elections have been received. If you do not have an email address on file, you will receive a hard copy of your elections via mail at your address of record.

For your financial plans, you will receive a confirmation at your address of record.

IMPORTANT — NOVEMBER AND DECEMBER NEW HIRES

For new employees hired in November and December, please note that you must enroll in both the current 2024 benefits and next year's 2025 benefits.



What Happens If You Do Not Enroll

Submitting your elections during your New Hire Enrollment period will help ensure that you and your family have the benefits coverage that meets your needs for the remainder of 2024. If you do not enroll within 31 days of the date you become eligible for coverage, **you will not be covered for many of the Company benefits, including healthcare.** See the following chart for details:

BENEFIT PLAN	DEFAULT 2024 COVERAGE IF YOU MISS THE 31-DAY NEW HIRE ENROLLMENT DEADLINE
Medical (including Prescription Drug)	No coverage
Health Savings Account (HSA)	No employee contributions allowed
Dental	No coverage
Vision	No coverage
Employee Assistance Program (EAP)	Full coverage (Company-paid benefit)
Flexible Spending Accounts (FSAs)	No employee contributions allowed
Basic Life and Accidental Death & Dismemberment Insurance	Full coverage (Company-paid benefit)
Optional Life and Accidental Death & Dismemberment Insurance	No coverage
Travel Accident Insurance	Full coverage (Company-paid benefit)
Short-Term Disability (STD)	No coverage
Long-Term Disability (LTD)	No coverage
APTIM 401(k) Plan	No coverage, but you can enroll at any time once eligible
Accident Insurance	No coverage
Hospital Indemnity Insurance	No coverage
Identity Theft Protection	No coverage
Commuter Benefit	No coverage
Critical Illness Insurance	No coverage

Your health and welfare default coverage will remain in effect until December 31, 2024, as long as you remain eligible. Remember, you cannot make changes to your health coverage during the year unless you experience a qualifying life event in family or employment status. For details, see “Qualifying Life Events” on page 7.

Add Beneficiaries

Add your beneficiary designations and 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 with Aon PEP/Voya Financial.

Qualifying Life Events

The choices you make during enrollment will remain in effect until December 31, 2024, 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 your New Hire Enrollment or due to a qualifying life event during the 2024 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. Detailed information can be found in the APTIM Health & Welfare Summary SPD located under “Plan Documents” via the APTIM Benefits Marketplace at <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.

ATTENTION RESIDENTS OF GUAM, HAWAII, PUERTO RICO, U.S. VIRGIN ISLANDS, AND U.S. EXPATS

Your medical, dental and vision benefits differ from those highlighted in the following pages. Your coverage is through the following:

- **Guam:** NetCare Life & Health Insurance
- **Hawaii:** Hawaii Medical Service Association (HMSA) or Kaiser
- **Puerto Rico:** Triple-S Insurance
- **U.S. Virgin Islands:** Cigna International
- **U.S. Expats:** Cigna International

For additional information regarding your medical, dental and vision benefits, please visit the APTIM Benefits Marketplace at digital.alight.com/aptim.

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 premium 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.

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 — CALIFORNIA RESIDENTS!

If you are a California resident and you elect Kaiser or Health Net as your insurance carrier, new California legislation may place limits on your HSA-eligible medical plan. We highly encourage you to review your plan prior to making elections.

2024 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	\$1,600/\$3,200	\$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 Eligibility ⁶	HSA or HSA and LPFSA	HSA or HSA and LPFSA	HSA 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%	\$150 copay + 25% ⁸	\$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.

⁸ Gold II plan (only in CA) — Emergency room is now \$150 + 30% for 2024.

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 will 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 will be issued by the plan carrier.
Vision	No ID card issued.
Health Savings Account (HSA)	You will receive a new debit card from Bank of America. If you have an existing HSA account, you will be able to transfer the funds from the previous account to the new one under APTIM.

** 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.*

Prescription Drug Plan

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.

USE A GENERIC WHEN AVAILABLE

The Plan requires you to use generic drugs whenever possible. If a generic drug is available and you or your physician choose to fill your prescription with a brand-name drug, you will be required to pay the difference in cost between the brand-name drug and generic alternative.

WHAT IS THE DIFFERENCE BETWEEN GENERIC, FORMULARY AND NON-FORMULARY DRUGS?

- A **generic drug** is comparable to a brand listed drug in dosage form, strength, route of administration, quality and performance characteristics, and intended use. Generic drugs can provide the same benefits as their brand-name equivalent at a fraction of the cost.
- **Formulary drugs** are brand-name drugs selected by the Plan in consultation with a team of healthcare providers. The formulary represents the prescription therapies believed to be a necessary part of a quality treatment program.
- **Non-formulary drugs** are drugs that don't fall into the categories above and, while covered under the Plan, generally come at a higher cost.

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 don't elect to set aside money in an HSA when you enrolled in your medical coverage, you can still update at any time of the year through the APTIM Benefits Marketplace website at 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 APTIM 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, 2024. 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.



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 13 or visit the APTIM Benefits Marketplace at 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 \$640 from year to year, 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.

QUESTION	HEALTH SAVINGS ACCOUNT (HSA)	HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HCFSA)	LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)	DEPENDENT CARE FSA (DCFSA) ^{1,2}
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 2024 maximum annual contributions?	<ul style="list-style-type: none"> ▪ \$4,150 (Employee-only coverage) ▪ \$8,300 (Employee plus any dependent(s)) ▪ Additional \$1,000 if age 55+ and not enrolled in Medicare 	\$3,200	\$3,200	\$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 until medical deductible is met	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 ³	No ³	No ³

¹ 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.

² The amount you elect for 2024 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.

³ 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 <https://www.guidanceresources.com/groWeb/login/login.xhtml>. 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 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
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 Progressive², 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: 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 7-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 New York Life Group Benefit Solutions (formally Cigna).

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.

Rate Information

- **LTD Benefit** — Contributions are based on your benefits base pay. Employee contribution rate = \$0.220 per \$100 of salary.

If you are electing STD or LTD coverage 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.

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.

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 New Hire 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
Optional Life Insurance	
Employee	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).
Spouse/DP	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>
Dependent Child(ren)	\$5,000 per child, \$10,000 per child
Optional AD&D Insurance	
Employee	You can elect up to 5x your 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/DP and child(ren) benefit is as follows: <ul style="list-style-type: none"> ▪ Spouse/DP only — 60% of employee coverage amount. ▪ Child(ren) only — 20% of employee coverage amount, up to \$25,000 per child. ▪ 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.

IMPORTANT: OPTIONAL LIFE INSURANCE ELECTIONS

During the New Hire Enrollment period only, Evidence of Insurability (EOI) for employee and spouse/DP Optional Life Insurance will only be required for elections that exceed the guaranteed issue amounts (\$750,000 or 3x your annual base pay). The guaranteed issue amount for your spouse/DP is \$25,000.

The “guaranteed issue amount” is the maximum amount of insurance you or your spouse/DP are eligible for without having to provide an EOI as long as you enroll within your initial enrollment period.

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	2024 MONTHLY EMPLOYEE COST
Employee Only	\$0.03
Family	\$0.04



Voluntary Benefits

APTIM offers excellent medical plan options; however, 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.

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/DP	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE/DP + 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. CT.

Accident Insurance and 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.

More information is located in the Document Library at digital.alight.com/aptim.

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

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.

ACCIDENT INSURANCE			
COVERAGE TIER	WEEKLY	MONTHLY	ANNUALLY
Employee Only	\$ 2.50	\$ 10.83	\$130.00
Employee + Spouse/DP	\$ 4.46	\$ 19.33	\$231.92
Employee + Child(ren)	\$ 5.20	\$ 22.53	\$270.40
Family	\$ 6.40	\$ 27.73	\$332.80

HOSPITAL INDEMNITY			
COVERAGE TIER	WEEKLY	MONTHLY	ANNUALLY
Employee Only	\$ 5.75	\$ 24.92	\$299.00
Employee + Spouse/DP	\$ 13.61	\$ 58.98	\$707.72
Employee + Child(ren)	\$ 10.15	\$ 43.98	\$527.80
Family	\$ 18.74	\$ 81.21	\$974.48

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 biking, via convenient pre-tax payroll deductions on a per-pay-period basis. You can contribute up to \$315 a month for transit and \$315 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.

The voluntary benefit coverages you elect during your New Hire Enrollment will remain in effect until Dec. 31, 2024, as long as you remain eligible.

APTIM WW Program

APTIM is committed to helping you reach your wellness goals — lose weight, eat healthier, move more, and develop a positive mindset — by offering the APTIM WW Program.

All APTIM employees and benefits-enrolled spouses/adult dependents are eligible for the WW discounted rates and subsidy. To join WW through APTIM at a discounted rate or for more details, call 1-866-204-2885 or visit <https://www.weightwatchers.com/us/aptim>. When signing up, use Access ID: 13255019 (formerly Employer ID).

Already a WW member? You can sync your current WW account to get this discount online or by contacting customer service.

Glossary

Coinsurance: The percentage of covered expenses paid by you or the plan each year after you have met the deductible, if applicable.

Copay (or copayment): A cost-sharing arrangement where you or your covered dependent pays a fixed charge to a provider for a specific service at the time the service is provided.

Deductible: The amount you are required to pay each plan year before certain benefits are payable by the Plan. Once the deductible has been met, expenses are reimbursed based on the coinsurance percentage. The deductible counts towards your out-of-pocket maximum.

Explanation of Benefits (EOB): Provides information about how your claim was processed by the carrier. The EOB outlines what portion of the claim was paid by the Plan and what portion is your responsibility.

Flexible Spending Account (FSA): An FSA allows you to set aside a portion of your salary on a pre-tax basis to pay for qualified expenses, most commonly for healthcare expenses but often for dependent care or other qualified expenses. Money deducted from your pay into an FSA is not generally subject to payroll taxes, resulting in payroll tax savings.

Healthcare Reform: Signed into law by President Obama on March 23, 2010, to expand healthcare coverage through a combination of cost controls, subsidies, and mandates.

Imputed Income: The IRS requires you to be taxed on the value of employer-provided basic life insurance coverage over \$50,000 and on the premiums for employer-paid long-term disability (LTD) coverage for salaried employees. The taxable value of this coverage is called "imputed income." Even though you do not receive cash, you are taxed as if you received cash in an amount equal to the value of this coverage. Imputed income is added to your total compensation reported to the IRS, appears on your W-2 statement and is taxable at your regular income tax rate on a per-pay-period basis.

In-Network Providers/Services: In-network providers are physicians, hospitals, pharmacies, or other healthcare providers that are contracted with an insurance company. In-network providers do not balance bill for covered services. In other words, they

do not bill you for the difference between what they choose to reimburse for a service and what the provider chooses to charge. In-network providers accept the amount paid by the Plan (plus any member copay and/or coinsurance) as stated in their contracts.

Opposite-sex domestic partner: Opposite-sex domestic partner is a person of the opposite sex with whom you have an interpersonal relationship sharing a domestic life as if married; however, legally unmarried as marriage is unrecognized by law.

Out-of-Network Providers/Services: Out-of-network providers are physicians, hospitals, pharmacies, or other healthcare providers that are not contracted with an insurance company and may balance bill the member for covered services. If you choose to use an out-of-network doctor, services will not be provided at a discounted rate.

Out-of-Pocket Maximum: Under the Medical Plan and prescription drug benefit, the maximum amount you pay out-of-pocket for covered expenses in a plan year. Once this maximum is met, the Medical Plan or prescription drug benefit pays 100% of most covered expenses, up to the maximum reimbursable charge (MRC), if applicable, for the rest of the plan year.

Over-the-Counter (OTC) Medications: Medications normally available without a prescription. With respect to the Health Care Flexible Spending Account and the Health Savings Account, a prescription is required for reimbursement of OTC medications. You may be required to submit a prescription or other documentation to substantiate your claim for reimbursement of an OTC medication.

Same-sex domestic partner: Same-sex domestic partner is a person of the same sex with whom you have an interpersonal relationship sharing a domestic life as if married; however, legally unmarried as marriage is unrecognized by law.

Statement of Health: A medical questionnaire you need to complete and submit to an insurance company when you apply for certain amounts of optional life insurance or disability coverage. The Claims Administrator will use this information to determine your insurability under the applicable plan.

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 	<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 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 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. Or, you can call the APTIM Benefits Marketplace at 1-833-476-2342.
- ✓ **Add your dependents and beneficiaries.** Before selecting your benefits, you must add dependents and beneficiaries. This allows the system to display the appropriate level of coverage 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.



Don't Forget!

Contacts

BENEFIT	VENDOR	CONTACT INFORMATION
APTIM Benefits Marketplace	Alight	1-833-476-2342 digital.alight.com/aptim https://aptim.makeityoursource.com
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)	Bank of America	1-866-791-0250 https://myhealth.bankofamerica.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)	ComPsych GuidanceResources Worldwide	1-866-207-5157 (U.S.), 1-866-641-3847 (Canada) https://www.guidanceresources.com/groWeb/login/login.xhtml Web ID: APTIM
Commuter Benefits	Alight Smart-Choice Accounts™	1-833-476-2342 and follow the prompts digital.alight.com/aptim
Short-Term Disability (STD) Claim Initiation	New York Life Group Benefit Solutions (formally Cigna)	1-888-842-4462 http://mynylgbs.com
Long-Term Disability (LTD)	New York Life Group Benefit Solutions (formally Cigna)	1-888-842-4462 http://mynylgbs.com
Optional Life and Accidental Death and Dismemberment (AD&D) Insurance for Employee, Spouse/DP, and/or Child(ren)	New York Life Group Benefit Solutions (formally Cigna)	1-888-842-4462 http://mynylgbs.com
Accident, Hospital Indemnity & Critical Illness Insurance	MetLife	1-800-GETMET8 (1-800-438-6388) from 7 a.m. to 10 p.m. CT
Identity Theft Protection Plan	Allstate Identity Protection	1-800-789-2720
APTIM 401(k)	Aon PEP/Voya Financial	1-833-AON-9PEP (1-833-266-9737) aonpep.voya.com
APTIM WW Program	WW (Weight Watchers)	www.weightwatchers.com/us/aptim



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.