

Keeping our core values in mind

- Fierce commitment: We are determined to maintain a valuable benefits program that supports the physical, financial, emotional and social health of you and your family.
- Trailblazing solutions: We are focused on finding the best possible benefits for you and your family. We know the journey to better health is personal, so our goal is to offer programs that creatively support everyone's wellbeing.
- **Unwavering integrity:** We are committed to doing what's right by providing meaningful benefit choices and flexibility. We are not solely analyzing cost and efficiency; we are looking at the total value for you and your family.
- Inclusion and collaboration: We are dedicated to working across the firm to share ideas, compare benefits and choose the ones that make the most sense for our people and our company.

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This Benefits Guide is a brief summary of the benefits offered to Amentum employees. The plans and programs described here are available to eligible employees and their eligible dependents, as applicable. In addition, certain plans have eligibility requirements and pre-existing condition limitations. The complete terms and conditions are contained in each respective group insurance policy or plan document and may be found on **OneAmentumBenefits.com**. In the event of any inconsistencies between this document, the Summary Plan Descriptions and the Plan Documents, the Plan Documents for each applicable benefit plan will govern.

Important: The provisions of a Collective Bargaining Agreement (CBA) or other employment contract may mandate benefits for some employees that differ from the benefits described in this Benefits Guide.

POWER OF L

Today more than ever, we're a single, integrated company harnessing the **power of one** to inspire customer success and redefine the future of our industry. We're working together as a unified organization that combines a century-old heritage with modern insights on how we can help our people be their best at work and at home.

Our goal is to always provide benefits choice and flexibility, support your total wellbeing and encourage you to be well. It's how we display our fierce commitment to you and your loved ones. We offer a comprehensive benefits package that features flexible, cost-effective and competitive coverage and promotes a culture of shared accountability and choice.

For your part, take the time to review your personal medical needs, learn about your options and make an informed decision with the choices that are right for your situation. It's how you can be a smart healthcare consumer.

When you're at your best, so is Amentum. This shared journey to make the most of our benefits and wellbeing programs can help us harness the **power of one** and reach new heights together.

Patricia Munchel
Chief People Officer

Patricia M. Munchel

Health and wellbeing

HEALTH IS MORE THAN JUST TAKING CARE OF YOUR PHYSICAL WELLBEING. IT'S ABOUT USING THE PROGRAMS, TOOLS AND RESOURCES AT AMENTUM TO MAKE INFORMED DECISIONS AND IMPROVE THE QUALITY OF YOUR LIFE.

Eligibility

REGULAR PART- OR FULL-TIME

If you are a regular part-time or full-time employee classified as working at least 30 regularly scheduled hours per week, you're eligible for all of the Amentum benefits programs, including medical, dental, vision, life, accidental death and dismemberment (AD&D) and disability benefits, paid time off, leaves of absence, voluntary benefits, retirement benefits, and employee purchase and discount programs.

PART-TIME (LESS THAN 30 HOURS)

If you are a part-time employee classified as working less than 30 hours a week or are a variable or temporary/casual employee, you are eligible for statemandated sick leave (if applicable), the Employee Assistance Program (EAP), business travel benefits and the 401(k) plan with year-round enrollment. You are not eligible for medical, dental, vision, life, AD&D, disability or voluntary benefits.

DEPENDENTS

If you are a regular part-time or full-time employee, you can enroll your eligible dependents in medical, dental and vision benefits. Eligible dependents include your:

- Spouse
- Child(ren) up to age 26 regardless of marital or student status
- Unmarried child(ren) of any age who are incapable of supporting themselves due to a mental or physical disability and who are totally dependent on you for support.



DEPENDENT VERIFICATION

If you are enrolling any new dependents in medical, dental and/ or vision coverage for 2024, you are required to provide proof of eligibility for those you want to add to your coverage. Acceptable forms of dependent verification include a marriage certificate, birth certificate or 1040 tax form. Documents can be uploaded directly to

OneAmentumBenefits.com

Medical

We offer several medical plan options at varying price points with different levels of coverage and different access to tax-saving accounts. All options cover preventive care services, like annual physicals, mammograms and immunizations, at 100% with no deductible or copay. Plus, each option includes retail and mail-order prescription drug coverage through Express Scripts (ESI).

All benefits-eligible Amentum employees: Access to four medical plan options administered by Anthem. To find an in-network provider, go to anthem.com/find-care.

Benefits-eligible residents of California and Hawaii: If your home address is in California or Hawaii, additional regional medical plan options may be available to you and your family.

Retired military: You may be eligible for the TRICARE Supplement Plan.



BEFORE YOU ENROLL

Take time to get familiar with the tools and resources we provide to help you find in-network providers and choose the medical plan that's right for you and your family.



amentum2024benefits.com

Get general information about your benefits at any time, from anywhere, on any device.



OneAmentumBenefits.com

Access the MyChoice Recommendation EngineSM and MyChoice mobile app.



MyChoice mobile app

Get help choosing the best medical plan for your personal situation. Search "MyChoice" in the App Store or Google Play Store. If you are using the app for the first time, you'll need to visit OneAmentumBenefits.com and select Get Access Code to get a code to activate the app (if you don't use the code within 20 minutes, you'll need to generate a new one).



Sydney Health app

Register on <u>anthem.com</u>. Then, download the app to find in-network providers, see plan details, view digital ID cards and more. You can even chat with an Anthem Health Guide!

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AMENTUM

Medical plan comparison charts (in-network)

NATIONAL PLANS (ANTHEM)

FEATURE	GOLD HSA	SILVER HSA	BRONZE HSA	\$500 PPO
Deductible: Amount you must pay each calendar year before the plan begins paying benefits unless a copay applies.				y applies.
Individual	\$2,000	\$3,000	\$4,500	\$500
Family	\$4,000*	\$5,000 individual/ \$6,000 family	\$4,500 individual/ \$9,000 family	\$1,000
Coinsurance (HSA plans pays the remaining share	s): The percentage of the coof the cost).	est of healthcare services th	at you pay after you meet th	ne deductible (the plan
Copay (PPO plan): A flat-	dollar amount you pay for c	ertain healthcare services.		
Preventive Care	No charge	No charge	No charge	No charge
Primary Care Provider (PCP) Visit	20% (after deductible)	20% (after deductible)	30% (after deductible)	\$30 copay
Specialist Visit	20% (after deductible)	20% (after deductible)	30% (after deductible)	\$60 copay
Urgent Care	20% (after deductible)	20% (after deductible)	30% (after deductible)	\$60 copay
Emergency Room	20% (after deductible)	20% (after deductible)	30% (after deductible)	\$200 copay
Out-of-Pocket Maximum: The most you are required to pay in a calendar year (including your deductible, copays and coinsurance for covered expenses). Once you pay this amount, the plan pays 100% of covered expenses for the rest of the calendar year.				
Individual	\$4,000	\$5,000	\$6,000	\$1,500
Family	\$6,850*	\$6,000 individual/ \$10,000 family	\$6,000 individual/ \$12,000 family	\$3,000

^{*} There is no individual deductible or out-of-pocket maximum for family coverage in the Gold HSA. This means that the plan does not begin to pay for eligible medical expenses until the entire family deductible has been met by one or more covered members. And, the plan does not pay the full cost of eligible expenses for the rest of the calendar year until the entire family out-of-pocket maximum is met.

MEDICAL PLAN RATES (BI-WEEKLY)

	GOLD HSA	SILVER HSA	BRONZE HSA	\$500 PPO
Employee Only	\$91.86	\$73.44	\$18.33	\$118.46
Employee + Spouse	\$202.10	\$161.56	\$40.33	\$260.63
Employee + Child(ren)	\$174.54	\$139.53	\$34.83	\$225.08
Employee + Family	\$284.77	\$227.66	\$56.84	\$367.24

Prescription drugs

When you enroll in an Anthem medical plan, you automatically receive prescription drug coverage administered by Express Scripts® (ESI). To locate a network pharmacy, visit **Express Scripts**. Choose a medical plan option and then click "Find a Pharmacy." Enter your ZIP code to see network pharmacies in your area.

NATIONAL PLANS (ANTHEM)

RETAIL (30-DAY SUPPLY)	GOLD HSA	SILVER HSA	BRONZE HSA	\$500 PPO
Generic	20% (after deductible)	20% (after deductible)	30% (after deductible)	\$10 copay
Specialty	20% (after deductible)	20% (after deductible)	30% (after deductible)	\$30 copay
Non-Formulary	40% (after deductible)	40% (after deductible)	50% (after deductible)	\$60 copay

HOME DELIVERY PHARMACY (90-DAY SUPPLY)	GOLD HSA	SILVER HSA	BRONZE HSA	\$500 PPO
Generic	15% (after deductible)	15% (after deductible)	25% (after deductible)	\$20 copay
Specialty	15% (after deductible)	15% (after deductible)	25% (after deductible)	\$60 copay
Non-Formulary	30% (after deductible)	30% (after deductible)	40% (after deductible)	\$120 copay



Savings accounts (HSAs, FSAs)

Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) are ways for you to set aside pre-tax money from your paycheck to use for qualified expenses.

The type of account available to you will depend on the plan you enroll in. The Gold HSA, Silver HSA and Bronze HSA are paired with an HSA, and you can enroll in a Limited Purpose Flexible Spending Account (FSA). If you enroll in the \$500 PPO or waive medical coverage, you can enroll in the Health Care FSA. All employees are eligible to enroll in a Dependent Care FSA. Here's a quick comparison of key features of an HSA versus FSAs:

	HEALTH SAVINGS ACCOUNT (HSA)	HEALTH CARE FLEXIBLE SPENDING ACCOUNT OR LIMITED PURPOSE FSA*	DEPENDENT CARE FSA
Company contributions	(If you enroll in the Gold HSA or Silver HSA medical plan and participate in wellness activities, Amentum will contribute to your account.)	\bigotimes	\bigotimes
Your contributions (pre-tax)	(For 2024, you can contribute up to \$4,150 for individual coverage and up to \$8,300 for family coverage and an additional \$1,000 in catch-up contributions if you are age 55 or older. These limits include any contributions you receive from Amentum.)	(For 2024, you can contribute up to \$3,200.)	(For 2024, you can contribute up to \$5,000**; \$2,500 if married and filing separate tax returns.)
Changing contributions during the year	\odot	\otimes	\otimes
Use the funds to pay for qualified healthcare expenses (medical, prescription drug, dental, vision)	\odot	\odot	\otimes
Use the funds to pay for qualified child or elder care expenses (daycare, etc.)	\otimes	\otimes	\odot
Remaining account balance rolls over each year	\odot	\otimes	\otimes
Funds can be invested	\odot	\otimes	\otimes
Account is yours to keep	\odot	(Can only be kept through COBRA)	(Can only be kept through COBRA)

^{*} Available to legacy Amentum employees only. The Limited Purpose FSA works like a Health Care FSA (for those enrolled in the Gold HSA, Silver HSA or Bronze HSA), but the funds can be used for dental and vision expenses only.

^{**} If you are a highly-compensated employee (HCE), defined by the IRS as those earning \$150,000 or more in 2023, your contribution to the Dependent Care FSA will be limited to \$1,600 in 2024.

Wellness program and incentives

Our wellness program, powered by Virgin Pulse, is designed to support your physical, emotional, financial and social wellbeing.

If you are enrolled in an Anthem medical plan, you and your covered spouse can each earn wellness incentives through quarterly Virgin Pulse points that you receive for participating in healthy activities and competitions. How much you earn will depend on the plan you choose and your participation in healthy activities.

You also have access to health coaches through Virgin Pulse who will work with you to design a personalized plan to meet your specific health needs.

AN	ANNUAL WELLNESS INCENTIVE OPPORTUNITY				
	Gold HSA	Silver HSA	Bronze HSA	\$500 PPO	
Employee Participation (Employee Only Coverage)	Up to \$600	Up to \$800	Up to	\$250	
Employee and Covered Spouse Participation (All Other Coverage Levels)	Up to \$1,200	Up to \$1,600	Up to	\$500	
How Incentive is Paid	Contribution to your HSA		Gift	card	





GET STARTED

Beginning January 1, 2024, you can register with Virgin Pulse.

1. Visit

join.virginpulse.com/amentum

- 2. Enter key details as they appear on your paystub.
- 3. Start participating in activities!

If you are currently signed up, you will continue to use the same login credentials you use today.

Anthem no-cost resources

- ▶ Anthem Health Guide: Connect with a team of concierge-level customer service experts who advocate for your health and explain how to use your benefits.
- ▶ **Total Health Connections:** Get your own personal health champion, called a family advocate, to help you and your family through unexpected emergencies and everyday health needs.
- ➤ **Sydney Health**SM **mobile app:** Access your health plan information on the go—all in one place.
- ▶ **Behavioral Health Resources:** Get help via one-on-one coaching, self-help digital tools, a virtual care option and more.
- Building Healthy Families Program: Access personalized support and resources if you're trying to conceive, expecting a child or raising young children.
- ▶ 24/7 Nurseline: Talk with a registered nurse any time, 365 days a year.

Health advocacy and second opinion

Anthem medical plan participants have access to a personal care team through Included Health to make sure you get answers to your health questions and a second opinion from a leading expert on your condition—all at no cost to you.

Included Health can help you:

- ► Get matched to the highest quality care in your network—and in your area—for your healthcare needs.
- Get a top specialist for your condition to review your case with no additional exams or appointments.
- ► Get answers to all your questions about your diagnosis, treatment plan and your symptoms.
- Get expedited appointments and preferential access to top experts.

You can connect to an expert based on:

- Physician attributes: Quality, LGBTQ+ friendly, availability
- ▶ Situation: Your medical history, risk factors and stage of life
- ▶ Non-clinical preferences: Cultural background, location, gender, language
- **Expertise:** Primary care physician, surgeon, endocrinologist, psychiatrist
- Need: Staff physician, nurse practitioner, physician assistant, care coordinator

Visit includedhealth.com/amentum or call 855-431-5512 for more information.



ADDITIONAL SUPPORT FOR LGBTQ+

Included Health provides expert care for LGBTQ+ members enrolled in an Anthem medical plan from mental health, to transgender health, to women's health, to men's health and adolescent medicine. The staff is trained to address common LGBTQ+ health issues and connect members to high-quality local providers or more than 2,500 experts nationwide.

Chronic condition management

Anthem medical plan participants can get high-tech tools and personalized support from Livongo to better manage diabetes, weight management and high blood pressure.

LIVONGO WEIGHT MANAGEMENT PROGRAM

- Receive a connected smart scale that syncs with a mobile app.
- You will work with a health coach to create a custom plan that fits with your lifestyle and get advice on nutrition, meal plans, weight loss and ways to stay motivated and accountable.
- Guided mini-challenges are available to help you lose weight, gain energy and sleep better.

LIVONGO FOR DIABETES

- Receive a state-of-the-art connected meter that automatically uploads your blood glucose readings to your secure online account.
- ▶ Test strips are supplied for free, right to your door; unlimited reorders.
- Once your numbers are uploaded, you get real-time, personalized tips and access to a coach who can help you with nutrition and lifestyle changes.

LIVONGO FOR HYPERTENSION

- ▶ Receive a connected blood pressure monitor that syncs with a mobile app.
- The mobile app allows you to monitor your blood pressure remotely and view tips on healthy living.
- ▶ You can also connect with a coach through the app to discuss your current health status and better ways to manage your condition.

Maternity, family planning and parenting

Anthem medical plan participants can get support from Ovia Health throughout all stages of pregnancy, from preconception through pregnancy, to child health and parental wellbeing. There are three tracks available, for wherever you are in your family journey: Ovia Fertility, Ovia Pregnancy and Ovia Parenting, which supports children up to age 17.

When you participate in this program, you can expect better outcomes for both you and your child. Among other findings, research shows participants can expect to reduce the chance of ending up with a preterm delivery or an infant in the neonatal ICU.

HOW IT WORKS

Support

Receive alerts and personal coaching when Ovia Health detects a potential medical issue

Engage

Take advantage of personalized health and wellness programs developed by physicians

Message

Chat with registered nurse health coaches to get instant answers to your questions

Research

Access the benefits library for selfguided resources about parenting

Guidance

Use the career and return-to-work programs for a smooth transition back to the workplace



BETTER TOGETHER: LIVONGO AND EXPRESS SCRIPTS (ESI)

Livongo has a strategic alliance with ESI, our prescription drug administrator. Together, they can partner with you to support your journey on the path to living healthier with diabetes and hypertension. To learn more, visit Livongo or call 800-945-4355.



GET STARTED

- Download the app from the App Store or Google Play Store (you can choose Ovia Fertility, Ovia Pregnancy or Ovia Parenting)
- Select "I have Ovia Health as a benefit" and enter "Amentum"

Employee Assistance Program (EAP)

Our EAP, administered by Lyra Health (Lyra), is a confidential service designed to support you and your family's wellbeing. The EAP is available to all Amentum employees and their household members, 24/7, 365 days a year—at no cost to you. No matter what you're going through—coping with stress, managing anxiety or depression, navigating relationship issues or whatever else life brings—personalized support is available to you and your dependents.

HOW IT WORKS



Free, Confidential Sessions

Receive up to eight therapy and mental health coaching sessions per person per year.



Fast Access to High-Quality Providers

In just a few minutes, get access to high-quality mental health providers who are custom matched to you and have open appointments. The Care Navigator Team is available 24/7 to assist with care questions and help find providers.



PERSONALIZED SUPPORT

• Beginning January 1, 2024, you can call Lyra at **844-761-1961**.



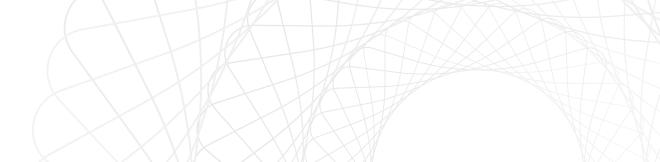
Self-Care Resources

Take advantage of a library of videos, meditations, soundscapes and breathing exercises.



Work-Life Support

Request assistance with financial services, legal services, identity theft services and child, elder and pet care.



Dental

We offer three dental options through Delta Dental of Virginia: **Basic, PPO** and **PPO Plus**. Through these plans, you can receive dental care from any provider; however, you will pay less out of pocket when you use a dentist in the Delta Dental network. Here's a brief description of each dental plan option:

- ► The **Basic Plan** provides coverage for preventive and basic services but does not include orthodontia.
- ▶ The **PPO Plan** provides coverage for preventive, basic, major and orthodontia services for children up to age 26 only.
- ▶ The **PPO Plus Plan** provides the highest level of benefits coverage, which means you will pay less when you seek care, but the most in per pay period paycheck deductions.

IN-NETWORK	BASIC	PPO	PPO PLUS
Deductible Individual Family	\$100 \$300	\$75 \$150	\$0 \$0
Annual Maximum (per person)	\$1,000	\$1,250	\$1,750
Preventive Care (exams and cleanings)	No charge (deductible does not apply)	No charge (deductible does not apply)	No charge (deductible does not apply)
Basic Care (fillings, extractions, root canal therapy, periodontics)	20% after deductible	20% after deductible	20% after deductible
Major Care (inlays/onlays, crowns, dentures, bridges, implants)	Not covered	40% after deductible	40% after deductible
Orthodontia	Not covered	50% (children up to age 26 only)	50% (adults and children)
Lifetime Maximum (orthodontia)	Not covered	\$1,250	\$1,750

DENTAL RATES (BI-WEEKLY)

	BASIC	PPO	PPO PLUS
Employee Only	\$1.97	\$9.64	\$12.01
Employee + Spouse	\$3.42	\$20.23	\$25.22
Employee + Child(ren)	\$2.69	\$24.09	\$30.02
Employee + Family	\$4.09	\$37.58	\$46.84



Vision

We offer two vision plan options through Vision Service Plan (VSP): **VSP Base** and **VSP Enhanced**. Protecting your vision through routine exams and checkups is an important component of your physical wellbeing. Get affordable vision care for you and your family through the VSP vision plans.

With both the VSP Base and VSP Enhanced options, you can see any provider you choose; however, you'll pay less when you receive care through a VSP provider. You'll pay a copay for exams, and the plan will pay the cost of frames or contact lenses up to the annual allowance.

IN-NETWORK	VSP BASE	VSP ENHANCED
Annual Exam (one time per year)	\$10 copay	\$10 copay
Eyeglass Lenses (single, bifocal, trifocal or lenticular lenses)	Covered in full after \$20 copay	Covered in full after \$20 copay
Frames	\$150 allowance (\$200 for featured brands; \$80 at Walmart/Costco)	\$150 allowance (\$200 for featured brands; \$80 at Walmart/Costco)
Contact Lenses (in lieu of glasses) • Exam (fitting and evaluation) • Lenses	\$60 copay \$150 allowance	\$60 copay \$150 allowance
Enhancements	N/A	Choose one every calendar year: • An additional \$100 frame allowance • Fully covered premium/ custom progressive lenses • Fully covered anti-glare coating, or An additional \$100 contact lenses allowance
ProTec Safety	\$65 frame allowance and \$20 materials copay	



VISION RATES (BI-WEEKLY; NO SAFETY GLASSES COVERAGE)

	VSP BASIC	VSP ENHANCED
Employee Only	\$3.15	\$5.61
Employee + Spouse	\$6.28	\$11.20
Employee + Child(ren)	\$6.66	\$11.87
Employee + Family	\$10.63	\$18.96

VISION RATES (BI-WEEKLY; WITH SAFETY GLASSES COVERAGE)

	VSP BASIC	VSP ENHANCED
Employee Only	\$3.28	\$5.74
Employee + Spouse	\$6.41	\$11.33
Employee + Child(ren)	\$6.78	\$12.00
Employee + Family	\$10.76	\$19.09

Financial security

FINANCIAL SECURITY IS MORE THAN JUST THE MONEY YOU MAKE. IT'S ABOUT USING THE PROGRAMS, TOOLS AND RESOURCES AT AMENTUM TO MAKE SMART CHOICES AND BUILD A SECURE FUTURE FOR YOURSELF AND YOUR FAMILY.

Life and AD&D

Protect yourself and your family from the unexpected with life and accidental death and dismemberment (AD&D) insurance administered by The Hartford.

Life insurance protects you and your family financially in the event of death. AD&D benefits protect you and your family in the event of accidental death or serious injury. Amentum provides a broad range of basic and optional life and AD&D insurance options for you to choose from, with rates based on your age and the level of coverage you elect.

Log in to **OneAmentumBenefits.com** to learn more about the life and AD&D insurance benefits available to you.

BASIC LIFE AND AD&D

The company provides you with basic life insurance and AD&D coverage equal to one times your base annual earnings, up to \$2 million—at no cost to you.

OPTIONAL LIFE

If you need additional protection, you can purchase the following supplemental coverage for yourself and your dependents. (**Note:** Optional dependent coverage cannot be more than your own elected coverage amount.)

Employee Coverage	1 to 8 times base salary
Maximum Benefit	Up to \$3 million
Spouse Coverage	\$10,000 increments up to \$250,000
Child Coverage (under age 26)	\$10,000 or \$20,000

OPTIONAL AD&D

If you need additional protection, you can purchase the following supplemental coverage for yourself and your dependents. (**Note:** Optional dependent coverage cannot be more than your own elected coverage amount.)

Employee Coverage	1 to 8 times base salary
Maximum Benefit	Up to \$3 million
Spouse Coverage	60% of employee amount (\$300,000 maximum)
Child Coverage (under age 26)	20% of employee amount (\$37,500 maximum)



DESIGNATE YOUR BENEFICIARIES

When enrolling in life and AD&D insurance, it's important to designate your beneficiary(ies)—the person(s) you want to receive your life and AD&D benefits if you die. You can change your beneficiaries anytime. If you die and have no beneficiaries on file or outdated beneficiary information, there could be a significant delay in payment (or no payment at all) to your loved ones.

EVIDENCE OF INSURABILITY

Evidence of Insurability (EOI) is the process by which The Hartford determines if you are healthy enough to be considered eligible for the amount of life insurance coverage you are seeking. Referred to as "proof of good health," EOI is required if you:

- Enroll or increase your election more than 30 days after your eligibility date.
 Exception: During this year's Open Enrollment, you may increase your
 Optional Life Insurance by one times base salary without EOI if the election is below the guaranteed issue amount (three times base salary). For example, if you are currently enrolled in one times base salary, you could increase your election to two times base salary without EOI.
- Enroll in four or more times your base annual earnings.
- ▶ Enroll your spouse more than 30 days after your spouse's eligibility date.
- ▶ Choose spouse coverage of more than \$50,000.
- Increase your spouse's coverage.

There is no EOI required when electing AD&D coverage.



Disability

Disability benefits help protect your financial security by replacing a portion of your income when you are unable to work due to illness, pregnancy or a non-work-related injury. Disability benefits are administered through The Hartford.

Amentum provides you with Short-Term Disability (STD) coverage at no cost. You have the option to elect Long-Term Disability (LTD) coverage. LTD premiums are based on percent of income replacement and salary.

Log into **OneAmentumBenefits.com** to view your premiums.

SHORT-TERM DISABILITY

Company-paid STD coverage is provided at 70% of weekly base earnings (with no weekly maximum) in the event of a qualifying disability. Benefits begin after seven consecutive days of absence and are payable up to a maximum of 26 weeks from the date of disability. You may receive STD coverage as a company-provided benefit, if applicable.

PERCENTAGE OF INCOME REPLACED	MAXIMUM BENEFIT	
70% of eligible earnings	No weekly maximum	

LONG-TERM DISABILITY

LTD coverage provides 50% or 66.67% of weekly base earnings, up to \$15,000 per month, in the event of a qualifying disability. LTD benefits begin after 180 consecutive days (six months).

PERCENTAGE OF INCOME REPLACED	MAXIMUM BENEFIT	
50% or 66.67% of eligible earnings	\$15,000 per month	

EVIDENCE OF INSURABILITY (EOI)

Evidence of Insurability (EOI) is the process by which The Hartford determines if you are healthy enough to be considered eligible for the amount of disability insurance coverage you are seeking. You may be required to submit EOI when electing LTD, and the coverage will be effective once EOI is properly submitted and approved by The Hartford.

Supplemental health insurance

Consider these plans through Voya, which provide coverage in addition to your medical plan.

ACCIDENT

You receive a cash benefit in the event of a covered accident that results in specific injuries and treatments. Some of the most common benefits-eligible treatments and conditions include ER treatment, X-rays, physical therapy, stitches and follow-up doctor appointments.

HOSPITAL INDEMNITY

This plan pays a daily benefit if you have a covered stay in a hospital. You can choose from a low (\$100) or high (\$200) daily benefit. In addition to providing benefits for hospital stays, you receive benefits for critical care unit and rehabilitation facility stays (the admission and daily benefit amounts vary depending on which option you select).

CRITICAL ILLNESS

Choose from three coverage amounts (\$10,000, \$15,000 or \$30,000). If you're diagnosed with a covered critical illness (for example, heart attack or stroke), you receive a lump-sum cash benefit equal to the coverage amount selected. Plus, get an annual Wellness Benefit of \$75 for completing an eligible health screening test.

Supplemental health insurance rates (bi-weekly)

ACCIDENT INSURANCE PLAN			
	LOW PLAN	HIGH PLAN	
Employee Only	\$1.14	\$2.69	
Employee + Spouse	\$2.29	\$5.38	
Employee + Child(ren)	\$2.46	\$5.78	
Employee + Family	\$3.61	\$8.47	

HOSPITAL INDEMNITY INSURANCE PLAN			
	LOW PLAN	HIGH PLAN	
Employee Only	\$3.28	\$6.42	
Employee + Spouse	\$7.22	\$14.11	
Employee + Child(ren)	\$5.84	\$11.47	
Employee + Family	\$9.78	\$19.17	



	CRITICAL ILLNESS INSURANCE PLAN (NON-TOBACCO USERS)*				
	\$10,000 OPTION				
AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY	
<25	\$1.11	\$2.22	\$1.80	\$2.91	
25-29	\$1.34	\$2.68	\$2.03	\$3.37	
30-34	\$1.75	\$3.51	\$2.45	\$4.20	
35-39	\$2.26	\$4.52	\$2.95	\$5.22	
40-44	\$3.51	\$7.02	\$4.20	\$7.71	
45-49	\$4.57	\$9.14	\$5.26	\$9.83	
50-54	\$5.40	\$10.80	\$6.09	\$11.49	
55-59	\$8.63	\$17.26	\$9.32	\$17.95	
60-64	\$10.15	\$20.31	\$10.85	\$21.00	
65-69	\$12.92	\$25.85	\$13.62	\$26.54	
70+	\$13.80	\$27.60	\$14.49	\$28.29	
		\$15,000 OPTIC	N		
<25	\$1.66	\$3.32	\$2.70	\$4.36	
25-29	\$2.01	\$4.02	\$3.05	\$5.05	
30-34	\$2.63	\$5.26	\$3.67	\$6.30	
35-39	\$3.39	\$6.78	\$4.43	\$7.82	
40-44	\$5.26	\$10.52	\$6.30	\$11.56	
45-49	\$6.85	\$13.71	\$7.89	\$14.75	
50-54	\$8.10	\$16.20	\$9.14	\$17.24	
55-59	\$12.95	\$25.89	\$13.98	\$26.93	
60-64	\$15.23	\$30.46	\$16.27	\$31.50	
65-69	\$19.38	\$38.77	\$20.42	\$39.81	
70+	\$20.70	\$41.40	\$21.74	\$42.44	
		\$30,000 OPTIC	N		
<25	\$3.32	\$6.65	\$5.40	\$8.72	
25-29	\$4.02	\$8.03	\$6.09	\$10.11	
30-34	\$5.26	\$10.52	\$7.34	\$12.60	
35-39	\$6.78	\$13.57	\$8.86	\$15.65	
40-44	\$10.52	\$21.05	\$12.60	\$23.12	
45-49	\$13.71	\$27.42	\$15.78	\$29.49	
50-54	\$16.20	\$32.40	\$18.28	\$34.48	
55-59	\$25.89	\$51.78	\$27.97	\$53.86	
60-64	\$30.46	\$60.92	\$32.54	\$63.00	
65-69	\$38.77	\$77.54	\$40.85	\$79.62	
70+	\$41.40	\$82.80	\$43.48	\$84.88	

^{*} For tobacco-user rates, visit **OneAmentumBenefits.com**.

Voluntary benefits

IDENTITY PROTECTION

Enjoy peace of mind with all-in-one identity protection from Allstate. Catch and stop fraud in its early stages through 24/7 monitoring. The plan covers all eligible family members and can be elected or dropped through OneAmentumBenefits.com only during the first 30 days of hire or Open Enrollment.

LEGAL PLAN

The Legal Plan gives you and your family the protection you need to handle life's legal issues. Prepare for the unexpected and get the legal advice you need through MetLife, Amentum's legal protection administrator. MetLife provides access to a network of attorneys to help you with estate planning documents, like a will or trust, traffic offenses, real estate matters, identity theft defense, family law, reproductive assistance matters and more.

PET INSURANCE

Pet insurance can help you meet out-of-pocket expenses and pay bills that are associated with your pet's health. Eligible employees can purchase pet insurance through Nationwide. You can visit any vet, anywhere, and rates are the same price for pets of all ages. The plan, like other pet insurance, doesn't include pre-existing conditions, but it does include extra features such as emergency boarding, lost pet advertising and more! Call Nationwide to learn more (800-540-2016 for members; 800-872-7387 for new enrollments).

COMMUTER BENEFITS

The commuter benefit is a great perk that saves you up to 40% or more. Electing a commuter benefit can reduce your commuting costs by allowing you to set aside pre-tax money for qualified transit and parking expenses you incur while getting to and from work. You can enroll or make changes at any time by visiting **OneAmentumBenefits.com**.

STUDENT LOAN PROGRAM

This program helps you pay off student loan debt sooner—saving thousands of dollars. It allows you to refinance student or Parent PLUS loans and consolidate all existing student loans into a single loan with one monthly payment. Check your customized loan consolidation rate for federal and private student loans in two minutes with <u>SoFi</u>. There's zero impact on your credit score with this soft credit inquiry. For more information, call **833-277-7634**.

EMPLOYEE PURCHASE PROGRAM

Purchasing Power is a purchase program that makes it easy for you to understand your current financial health, get the products you want, when you want them, and pay for them over time, through payroll deductions with zero interest. No credit checks, no credit score impact and no hidden fees! Sign up for free online with **Purchasing Power**.

EMPLOYEE DISCOUNT PROGRAM

Enjoy access to a wide variety of consumer products and services at a discount. Visit **Perkspot**.



Other financial benefits

401(K) PLAN

The 401(k) Plan helps you build financial stability for the future. It's always a great time to check in on your 401(k) account, review your contributions and investment strategy and update your beneficiary information. Don't have a 401(k) account yet? Now's the time to get started. Make sure you're on track to reach your financial goals by logging in to your retirement account through Fidelity at **netbenefits.com**.

PAID TIME OFF AND HOLIDAYS

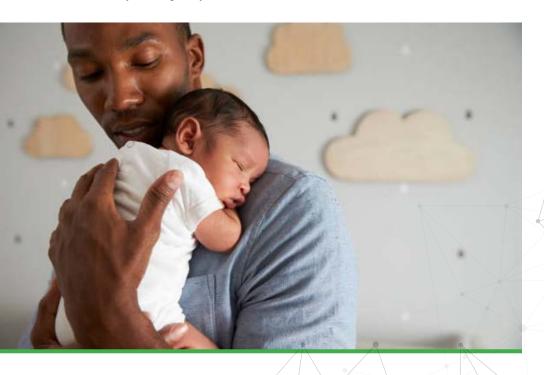
We believe that you should have opportunities to enjoy time away from work. Holidays and other paid time off vary by work location and program requirements. Check with your Human Resources Business Partner for additional information.

PARENTAL LEAVE

The company provides four weeks of paid Parental Leave for new parents (either mother or father) to care for a newborn or adopted child. To qualify, you must be a full-time or part-time employee who works at least 25 hours per week and has one year of service with the company.

TUITION ASSISTANCE PROGRAM

We encourage you to continually develop knowledge and skills to succeed in your job and provide optimum service to customers. Tuition Assistance provides financial support for approved courses to encourage your development of skills and knowledge that will serve you and the company. Offer of this benefit varies by location and program. Check with your Human Resources Business Partner to determine your eligibility.



Enrolling for coverage

YOU MUST ACTIVELY ENROLL FOR 2024 BENEFITS.

All eligible employees will need to enroll for 2024 benefits. None of your current elections will carry over to 2024. If you don't enroll for benefits coverage during Open Enrollment (November 21 through December 5, 2023), you will not have coverage in 2024.

Enrolling is easy! You have three ways to select your 2024 benefits.



MyChoice mobile app

Search "MyChoice" in the App Store or Google Play Store. If you are using the app for the first time, you'll need to visit Money and select Get Access Code to get a code to activate the app (if you don't use the code within 20 minutes, you'll need to generate a new one).



Online

Visit OneAmentumBenefits.com.



ENROLL BY THE DEADLINE

Once your enrollment deadline passes, you won't have another opportunity to enroll or make changes to your benefits until the 2025 Open Enrollment period, unless you have a qualifying life event, such as birth, marriage, adoption or gain or loss of other coverage. Log in to **OneAmentumBenefits.com** to update your elections within 30 days of a qualifying life event.



Phone

Call the Benefits Service Center at **844-705-4099**, Monday-Friday, 8 am-8 pm EST.

Resources

BENEFIT	ADMINISTRATOR	WEBSITE	PHONE
All Benefits	Amentum Benefits Service Center	OneAmentumBenefits.com	844-705-4099
HEALTH AND WELLBEING			
Medical	Anthem	anthem.com	833-371-0212
	Kaiser (Northern California)	kp.org	800-464-4000
	Kaiser (Southern California)	kp.org	800-464-4000
	Kaiser (Hawaii)	kp.org	808-432-5955 (Oahu) 800-966-5955 (Neighbor Islands)
	HMSA	hmsa.com/askhmsa	Toll Free: 800-776-4672 Direct: 808-948-6111
	TRICARE Supplement Plan	https://www.selmanco.com/ tricare-supplement	800-638-2610
Prescription Drug	Express Scripts	express-scripts.com	800-807-8542
Health Savings Account (HSA)	HSA Bank	myaccounts.hsabank.com	877-851-5277
Flexible Spending Accounts	HSA Bank (Legacy Amentum)	myaccounts.hsabank.com	877-851-5277
(FSAs)	Businessolver (Legacy PAE)	OneAmentumBenefits.com	844-705-4099
Wellbeing Program and Incentives	Virgin Pulse	join.virginpulse.com/ amentum	888-671-9395
Health Advocacy/Second Opinion	Included Health	includedhealth.com/amentum	855-431-5512
Chronic Condition Management (Diabetes, Weight Management, Hypertension)	Livongo	be.livongo.com/amentum	800-945-4355
Maternity, Family Building and Parenting	Ovia Health	N/A	N/A
Employee Assistance Program (EAP)	Lyra Health	amentum.lyrahealth.com	844-761-1961
Dental	Delta Dental of Virginia	deltadentalva.com	800-237-6060
Vision	Vision Service Plan (VSP)	<u>vsp.com</u>	800-877-7195
FINANCIAL SECURITY			
Life, AD&D and Disability Insurance	The Hartford	abilityadvantage.thehartford. com	888-437-7429
Supplemental Health Insurance (Accident, Critical Illness, Hospital Indemnity)	Voya	presents.voya.com/EBRC/ amentum	877-236-7564
Identity Protection	Allstate	myaip.com	800-789-2720
Legal Plan	MetLife	members.legalplans.com	800-821-6400
Pet Insurance	Nationwide	N/A	800-540-2016 for members 800-872-7387 for new enrollments
Commuter Benefits	Businessolver (Legacy Amentum)	OneAmentumBenefits.com	844-705-4099
	Wex (Legacy PAE)	wexinc.com/solutions/ benefits	833-225-5939
Student Loan Program	SoFi	SoFi.com/Amentum	833-277-7634
Employee Purchase Program	Purchasing Power	amentum.purchasingpower. com	888-923-6236
Employee Discount Program	PerkSpot	amentum.perkspot.com	N/A
401(k) Savings Plan	Fidelity	netbenefits.com	800-835-5095

Legal notices

Premium assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility:

ALABAMA - Medicaid

Website: http://myalhipp.com/

Phone: 1-855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program

Website: http://myakhipp.com/

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/

default.aspx

ARKANSAS - Medicaid

Website: http://myarhipp.com/

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - Medicaid

Health Insurance Premium Payment (HIPP) Program

Website: http://dhcs.ca.gov/hipp

Phone: **916-445-8322**Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:

https://www.healthfirstcolorado.com/

Health First Colorado Member Contact Center:

1-800-221-3943/State Relay 711

CHP+: https://hcpf.colorado.gov/pacific/hcpf/child-

health-plan-plus

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI):

https://www.mycohibi.com

HIBI Customer Service: 1-855-692-6442

FLORIDA - Medicaid

Website: https://www.flmedicaidtplrecovery.com/

flmedicaidtplrecovery.com/hipp/index.html

Phone: 1-877-357-3268 **GEORGIA – Medicaid**

GA HIPP Website: https://medicaid.georgia.gov/health-

insurance-premium-payment-program-hipp

Phone: 678-564-1162, Press 1

GA CHIPRA Website: https://medicaid.georgia.gov/ programs/third-party-liability/childrens-healthinsurance-program-reauthorization-act-2009-chipra

Phone: 678-564-1162, Press 2

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: http://www.in.gov/fssa/hip/

Phone: 1-877-438-4479 All other Medicaid

Website: https://www.in.gov/medicaid/

Phone: 1-800-457-4584

IOWA - Medicaid and CHIP (Hawki)

Medicaid Website: https://dhs.iowa.gov/ime/members

Medicaid Phone: 1-800-338-8366

Hawki Website: http://dhs.iowa.gov/Hawki

Hawki Phone: 1-800-257-8563

HIPP Website: https://dhs.iowa.gov/ime/members/

medicaid-a-to-z/hipp

HIPP Phone: 1-888-346-9562

KANSAS - Medicaid

Website: https://www.kancare.ks.gov/

Phone: **1-800-792-4884 KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment

Program (KI-HIPP)

Website: https://chfs.ky.gov/agencies/dms/member/

Pages/kihipp.aspx Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website:

https://kidshealth.ky.gov/Pages/index.aspx

Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA - Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE - Medicaid

Enrollment Website: https://www.mymaineconnection.

gov/benefits/s/?language=en_US

Phone: **1-800-442-6003** TTY: Maine relay 711

Private Health Insurance Premium Webpage:

https://www.maine.gov/dhhs/ofi/applications-forms

Phone: **1-800-977-6740** TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA - Medicaid

Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/
programs-and-services/other-insurance.jsp

Phone: 1-800-657-3739 MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/

pages/hipp.htm Phone: 573-751-2005 MONTANA – Medicaid

Website:

http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

Email: HHSHIPPProgram@mt.gov

NEBRASKA - Medicaid

Website: http://www.ACCESSNebraska.ne.gov

Phone: **1-855-632-7633** Lincoln: **402-473-7000** Omaha: **402-595-1178**

NEVADA - Medicaid

Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: **1-800-992-0900**

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/programs-services/

medicaid/health-insurance-premium-program

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345,

ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/ humanservices/dmahs/clients/medicaid/

Medicaid Phone: 609-631-2392

CHIP Website: http://www.njfamilycare.org/index.html

CHIP Phone: 1-800-701-0710

NEW YORK - Medicaid

Website:

https://www.health.ny.gov/health care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: https://medicaid.ncdhhs.gov/

Phone: 919-855-4100

NORTH DAKOTA - Medicaid

Website: https://www.hhs.nd.gov/healthcare

Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP

Website: http://www.insureoklahoma.org

Phone: 1-888-365-3742

OREGON - Medicaid

Website: http://healthcare.oregon.gov/Pages/index.aspx

Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid and CHIP

Website: https://www.dhs.pa.gov/Services/Assistance/

Pages/HIPP-Program.aspx Phone: 1-800-692-7462

CHIP Website: Children's Health Insurance Program

(CHIP) (pa.gov)

https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND - Medicaid and CHIP

Website: http://www.eohhs.ri.gov/

Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte

Share Line)

SOUTH CAROLINA - Medicaid

Website: https://www.scdhhs.gov

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov

Phone: **1-888-828-0059**

TEXAS - Medicaid

Website: Health Insurance Premium Payment (HIPP)

Program | Texas Health and Human Services

https://www.hhs.texas.gov/services/financial/health-

insurance-premium-payment-hipp-program

Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip

Phone: 1-877-543-7669 **VERMONT – Medicaid**

Website: Health Insurance Premium Payment (HIPP)
Program | Department of Vermont Health Access
https://dvha.vermont.gov/members/medicaid/hippprogram

Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Website: https://coverva.dmas.virginia.gov/learn/

premium-assistance/famis-select

https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hippprograms

Medicaid Phone: **1-800-432-5924** CHIP Phone: **1-800-432-5924**

WASHINGTON - Medicaid

Website: https://www.hca.wa.gov/

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: https://dhhr.wv.gov/bms/

http://mywvhipp.com/

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/

badgercareplus/p-10095.htm

Phone: **1-800-362-3002**

WYOMING - Medicaid

Website: https://health.wyo.gov/healthcarefin/medicaid/

programs-and-eligibility/ Phone: 1-800-251-1269 To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

OR

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA special enrollment rights

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in a medical plan through the company if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). You must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). The plan will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- ▶ Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days—instead of 30—from the date of the Medicaid/ CHIP eligibility change to request enrollment in the plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change. Also, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in a plan through the company. You must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. To request special enrollment or to learn more, contact the Benefits Service Center at 844-705-4099.

HIPAA privacy notice

PLEASE CAREFULLY REVIEW THIS NOTICE. IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by health plans. This information, known as protected health information, or PHI, includes almost all individually identifiable health information held by a plan—whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the medical plans offered through the company.

THE PLAN'S DUTIES WITH RESPECT TO HEALTH INFORMATION ABOUT YOU.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It is important to note that these rules apply to the Plan, not the company as an employer—that is the way the HIPAA rules work. Different policies may apply to other programs or to data unrelated to the Plan.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Women's Health and Cancer Rights Act

Covered women who have had or are going to have a mastectomy, while covered under a medical plan through the company, may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses: and
- Treatment of physical complications for all stages of mastectomy, including lymphedema.

Keep in mind, coverage is subject to the same annual deductibles and coinsurance applicable to other medical and surgical benefits provided under the plans.

Summary plan descriptions

Summary Plan Descriptions (SPDs) and Summaries of Benefits and Coverage (SBCs) are available online at **OneAmentumBenefits.com**.

Complete descriptions of the plans are contained in the SPDs, official plan documents, and insurance contracts that govern the operation of the various plans within the program. Should there be any conflict between the information in this guide and the provisions of the legal documents and contracts, the terms of those documents and contracts will control.

The company reserves the right to modify, amend, suspend, or terminate any plan—in whole or in part—at any time.

Participation in this benefits program does not give you the right to be employed by the organization nor does it give you the right to claim any benefit not covered by the plans.