



2025 Benefits Guide

FOR US-BASED, NON-UNION EMPLOYEES



Applying our new core values

We Deliver on Missions by Meeting Every Commitment

We remain committed to providing a comprehensive benefits package that supports the needs of our employees, their families, and our company.

We Take on Challenges with Courage

As healthcare costs continue to rise, our benefits program is designed to build and sustain a healthy workforce. We promote a culture of shared accountability.

We Embrace Diversity & Collaboration

We ensure flexibility and choice for employees and their families, recognizing that everyone has unique benefit needs.

We Believe Safety and Well-being Are Integral to Success

Our benefits create a culture of well-being.

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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](https://www.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.

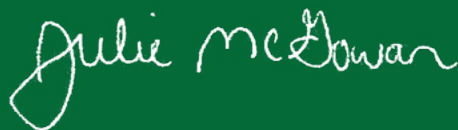
Important: The provisions of a Collective Bargaining Agreement (CBA) or other employment contract may mandate benefits for some employees that differ from the benefits described in this Benefits Guide.

At Amentum, our vision is to create a secure and vibrant future. We are committed to the safety and well-being of our employees. Our comprehensive benefits package supports the needs of you, your family, and our company.

For 2024, we made many changes to fully harmonize our benefits program in terms of both benefit carriers and the plans we offered. The goal was to put a unified program in place that would drive better health outcomes for all Amentum employees and help us to manage escalating healthcare costs associated with inflation and other factors.

Now, as we continue to move forward as an integrated company, I'm pleased to share that we are not making any major changes for 2025. We are focused on maintaining valuable benefits—supported by meaningful programs, tools, and resources—that build and sustain a healthy workforce and create a culture of well-being and safety.

The one difference for 2025 is an increase to employee rates for healthcare coverage. On average, medical rates will increase by about 7.5%, depending on which medical plan you select and whom you choose to cover. These increases are well under the projected national healthcare cost trend; reputable surveys and industry experts are reporting increases of up to 11%.



Julie McGowan

Chief People Officer (Interim)
Senior Vice President, Talent Management & Culture

Note: This communication applies to legacy Amentum employees only. iCMS employees will remain with their current benefits/vendors for 2025. Benefits harmonization for iCMS will occur in 2026.

Health and Well-being

Health is more than just taking care of your physical well-being. It's about using the programs, tools, and resources at Amentum to make informed decisions and improve the quality of your life.

Eligibility

Regular full-time

If you are a regular 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 state-mandated 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 2025, 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](https://www.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.

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.



amentum2025benefits.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 HealthSM app

Register on anthem.com. 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!

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.				
Individual	\$2,000	\$3,000	\$4,500	\$500
Family	\$4,000*	\$5,000 individual/ \$6,000 family	\$6,000 individual/ \$9,000 family	\$1,000
Coinsurance (HSA plans): The percentage of the cost of healthcare services that you pay after you meet the deductible (the plan pays the remaining share of the cost).				
Copay (PPO plan): A flat-dollar amount you pay for certain 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	\$98.75	\$78.95	\$19.71	\$127.35
Employee + Spouse	\$217.26	\$173.68	\$43.36	\$280.17
Employee + Child(ren)	\$187.63	\$150.00	\$37.44	\$241.96
Employee + Family	\$306.13	\$244.74	\$61.10	\$394.78

Find in-network care

To find an Anthem medical provider, go to [anthem.com/find-care/](https://www.anthem.com/find-care/)

- Enter your alpha prefix in the **Enter Member ID number** or **Prefix** box.

IF YOU LIVE IN	ENTER THIS ALPHA PREFIX	OR USE THIS LINK
DMV (DC, MD, and VA metro) area	N8A	BlueChoice Advantage Open Access
Florida	N7A	FL NetworkBlue POS
Utah	R7A	Utah Traditional Network
All other areas	L6A	National BlueCard PPO

- Enter the city or ZIP code where you want to search, and select a type of doctor.
- Next, choose who you want to see. You can search for a doctor nearby or use the doctor's name.
- Select a provider to see more details, such as:
 - » Specialties
 - » Gender
 - » Languages spoken
 - » Training
 - » A map of their office location
 - » Phone number

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:

SAVINGS ACCOUNTS			
	HSA	Health Care FSA or Limited Purpose FSA*	Dependent Care FSA
Company contributions	 (If you enroll in the Gold HSA or Silver HSA medical plan and participate in well-being activities, Amentum will contribute to your account.)		
Your contributions (pre-tax)	 (For 2025, you can contribute up to \$4,300 for individual coverage and up to \$8,550 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 2025, you can contribute up to \$3,300.)	 (For 2025, you can contribute up to \$5,000**; \$2,500 if married and filing separate tax returns.)
Changing contributions during the year			
Use the funds to pay for qualified healthcare expenses (medical, prescription drug, dental, vision)			
Use the funds to pay for qualified child or elder care expenses (daycare, etc.)			
Remaining account balance rolls over each year			
Funds can be invested			
Account is yours to keep		 (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 \$155,000 or more in 2024, your contribution to the Dependent Care FSA will be limited to \$1,600 in 2025.

Well-being program and incentives

Our well-being program, powered by Personify Health, is designed to support your physical, emotional, financial, and social well-being.

If you and your spouse are enrolled in an Anthem medical plan, you are both eligible to earn well-being incentives through quarterly Personify Health 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 Personify Health who will work with you to design a personalized plan to meet your specific health needs.



ANNUAL WELL-BEING 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, 2025, you can register with Personify Health.

1. Visit join.personifyhealth.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 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.

Chronic condition management

Anthem medical plan participants, who meet Livongo eligibility requirements and enroll in a Livongo program listed below, can get high-tech tools and personalized support from Livongo by Teladoc 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.

Note: Livongo is now part of Teladoc Health, and is in a brand transition phase. You may receive Livongo-branded and Teladoc Health-branded products during this transition. Other than brand name, there is no difference between products.



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.

Program for joint and muscle pain

You and your dependents who are age 18 or older who are enrolled in your Anthem medical plan can get virtual exercise therapy and more at no cost to you with Hinge Health. Help reduce everyday joint and muscle aches, recover from an injury, improve your mobility, and strengthen/relieve pelvic pain and discomfort.

Partner with real people who are dedicated to helping you feel your best with personalized care that includes:

- A care plan designed for your everyday activities and long-term goals—and to treat multiple areas of your body at once
- Exercise therapy sessions you can do in as little as 15 minutes—anytime, anywhere with the Hinge Health app
- 1-on-1 support from a physical therapist or health coach to tailor your sessions as needed and help you reach your goals
- Instant feedback during your exercise sessions with precise motion tracking—to improve your form and build confidence

To learn more about the program and enroll, visit hinge.health/amentum or call 855-902-2777.



Maternity, family planning, parenting, and menopause support

Anthem medical plan participants can get support from Ovia Health throughout all stages of pregnancy, from preconception through pregnancy, to child health and parental well-being along with menopause support. There are three tracks available, for wherever you are in your family journey: Ovia, 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 self-guided resources



Guidance

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

Get started

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



New Menopause Support Available for 2025

With Ovia, you can access educational resources and content to help you navigate your menopause journey. You can also track your symptoms along with other health factors and get personalized data to determine potential triggers along with less commonly known menopause symptoms. Plus, access one-on-one support and treatment as needed.

Employee Assistance Program (EAP)

Our EAP, administered by Lyra Health (Lyra), is a confidential service designed to support you and your family's well-being. 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.



Work-Life Support

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



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.



Self-Care Resources

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



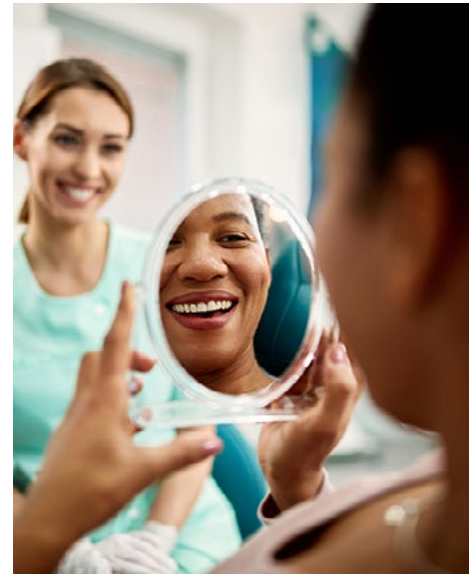
Personalized Support

Call Lyra at 844-761-1961.

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 or major care.
- 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 DENTAL PLAN COMPARISON			
	Basic	PPO	PPO Plus
Deductible			
Individual	\$100	\$75	\$0
Family	\$300	\$150	\$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	\$2.01	\$9.84	\$12.27
Employee + Spouse	\$3.49	\$20.67	\$25.76
Employee + Child(ren)	\$2.74	\$24.60	\$30.66
Employee + Family	\$4.18	\$38.38	\$47.84

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 well-being. 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 VISION PLAN COMPARISON		
	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 Base	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

*Safety glass coverage is available with slightly higher rates. To see rates, visit [OneAmentumBenefits.com](https://www.oneamentumbenefits.com).



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.
- 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 or child life insurance 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.

STD

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

LTD

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. You can choose from a low or high option.

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 Option

<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 Option

<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](https://www.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](https://www.oneamentumbenefits.com) only during the first 30 days of hire or Open Enrollment.

Legal services

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](https://www.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 [SoFi](https://www.sofi.com). 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](https://www.purchasingpower.com). Also, anyone who registers for Purchasing Power can take advantage of Grocery Power (no purchase required). Grocery Power provides a one-stop access point to regional grocery circulars, meal planning tips, grocery card giveaways, and much more.

Employee discount program

Enjoy access to a wide variety of consumer products and services at a discount. Visit [Perkspot](https://www.perkspot.com).

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.

When you enroll in the 401(k), you have access to CAPTRUST, an independent investment advisory firm who can help you navigate your retirement benefits and other financial priorities (e.g., budgeting, debt, credit, college savings). When you meet with CAPTRUST, the first step is to work with them to create a Retirement Blueprint™, a comprehensive planning tool tailored to your individual needs. A Retirement Counselor will guide you through the decision-making process and provide you with individual advice such as to how much you need to save, how to invest your retirement assets, and how to integrate your information alongside your spouse's accounts and/or other investments. To learn more, visit captrustadvice.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. **Note:** Union employees are not eligible.

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.



401(k): Know Who to Call

When it comes to your 401(k), CAPTRUST and Fidelity support you in different ways. See below for examples of what each administrator can help with.

CAPTRUST

- Creating a budget
- Selecting investments
- Creating a financial plan
- Deciding how much to contribute to your retirement plan
- Determining the difference between Roth and pre-tax contributions and which one is right for you
- Understanding loans and distributions

Fidelity

- Changing your investment selections
- Initiating a distribution or loan transaction
- Enrolling
- Obtaining plan highlights, personal performance, and statements
- Updating beneficiaries and other personal information

Enrolling for Coverage

If you don't enroll, your current elections will automatically roll over into 2025 with the exception of your FSAs. You will need to actively elect your FSA contributions for 2025. **Note:** HSA elections will roll over and you may change your HSA elections at any time.

Enrolling is easy! You have three ways to select your 2025 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 [OneAmentumBenefits.com](https://www.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).



Online

Visit [OneAmentumBenefits.com](https://www.OneAmentumBenefits.com).



Phone

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

Note: The app and online enrollment options are strongly encouraged.



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 2026 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](https://www.OneAmentumBenefits.com) to update your elections within 30 days of a qualifying life event.

Resources

BENEFIT	ADMINISTRATOR	WEBSITE	PHONE
All Benefits	Amentum Benefits Service Center	OneAmentumBenefits.com	844-705-4099
HEALTH AND WELL-BEING			
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	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 (FSAs)	HSA Bank	myaccounts.hsabank.com	877-851-5277
Well-being Program and Incentives	Personify Health	Through December 31, 2024: join.virginpulse.com/Amentum Beginning January 1, 2025: https://join.personifyhealth.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
Program for Joint and Muscle Pain	Hinge Health	hinge.health/amentum	855-902-2777
Maternity, Family Building and Parenting	Ovia Health	See page 13 for instructions to access Ovia	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)	vsp.com	800-877-7195
FINANCIAL SECURITY			
Life, AD&D and Disability Insurance	The Hartford	abilityadvantage.thehartford.com	877-877-6043
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	OneAmentumBenefits.com	844-705-4099
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	866-606-6057
401(k) Savings Plan	Fidelity (for account information/changes)	netbenefits.com	800-835-5095
	CAPTRUST (for investment education and financial advice)	captrustadvice.com	800-967-9948

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, 2024. 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/chp>
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.flmedicaidprecovery.com/flmedicaidprecovery.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-health-insurance-program-reauthorization-act-2009-chipra>
Phone: **678-564-1162**, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: **1-800-403-0864**
Member Services
Phone: **1-800-457-4584**

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid>

Medicaid Phone: 1-800-338-8366

Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

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

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

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: KIHIPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

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

LOUISIANA – Medicaid

Website: www.medicicaid.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/health-care-coverage/>

Phone: 1-800-657-3672

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: HSHIPPProgram@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 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

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

Phone: 1-800-356-1561

CHIP Premium Assistance

Phone: 609-631-2392

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

CHIP Phone: 1-800-701-0710 (TTY: 711)

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 and CHIP

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

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>

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 RlTe 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

Utah’s Premium Partnership for Health Insurance (UPP)

Website: <https://medicaid.utah.gov/upp/>

Email: upp@utah.gov

Phone: 1-888-222-2542

Adult Expansion Website:

<https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website:

<https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access

<https://dvha.vermont.gov/members/medicaid/hipp-program>

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/premium-assistance/health-insurance-premium-payment-hipp-programs>

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, 2024, 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.

Fixed indemnity plans notice

IMPORTANT: Amentum offers a fixed hospital indemnity policy, this is NOT health insurance. If you are considering purchasing this policy, please read this notice in its entirety.

This fixed hospital indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.