amentum

2026 Frequently Asked Questions (FAQs)

FOR US-BASED, NON-UNION EMPLOYEES

Overview

What's happening for 2026?

We're **elevating tomorrow, together**. Our goal is to provide a robust menu of benefit offerings that empower you to create a healthy and secure future for yourself and your family. We're excited to introduce a best-in-class benefits program focused on wellbeing, choice, flexibility, and affordability. All employees will see updates to their benefits for 2026, including changes to insurance carriers, plan designs, and rates. These updates offer more choice and flexibility with plan options intended to suit your unique needs.

Do I need to enroll?

As a result of our benefits harmonization efforts, you must actively enroll through OneAmentumBenefits.com to have coverage from Amentum in 2026.

- **iCMS** employees must actively elect all benefits for 2026.
- **Legacy Amentum** employees must actively elect medical, HSA/FSA, and critical illness for 2026.

What do our benefit offerings look like for 2026?

See the charts below for a summary of our harmonized benefits and carriers:

HEALTH AND WELLBEING	
BENEFIT	**CARRIER**
Medical (including Telehealth) (Bronze HSA; Silver HSA; Gold HSA; $500 PPO)	Anthem*
Prescription Drug	Express Scripts
Health Savings Account (HSA)	Businessolver
Dental (Basic; PPO; PPO Plus)	Delta Dental
Vision (Base; Enhanced)	VSP
Flexible Spending Accounts (FSAs)	Businessolver
Employee Assistance Program (EAP)	Lyra Health
Wellbeing Program and Incentives	Well
Point Solution and Eligible Expense Reimbursement	Garner
Chronic Condition Management	Livongo by Teladoc
Maternity, Family Building, and Parenting	Ovia Health
Joint and Muscle Pain Program	Hinge Health
Expert Medical Opinion	Teladoc
TRICARE Supplement	Selman & Co.

** HMSA, Kaiser CA and HI, and Blue Cross of Alabama (only offered to Space Exploration Division) will continue to be available. Select Kaiser plans (CO, GA, Mid-Atlantic states, NW, and WA) and Blue Care of Michigan HMO will no longer be available.*

FINANCIAL SECURITY	
BENEFIT	**CARRIER**
Supplemental Insurance (Accident; Critical Illness; Hospital Indemnity)	Voya
Life and AD&D Insurance (Basic; Supplemental Life; Supplemental AD&D)	MetLife
Short-Term Disability and Leave of Absence	Sedgwick
Long-Term Disability	MetLife
Legal Plan	MetLife
Identity Theft Protection	Allstate
Pet Insurance	Nationwide
Employee Purchase Program	Purchasing Power
Employee Discount Program	PerkSpot
Student Loan Program	SoFi
Commuter Benefits	Businessolver
Amentum 401(k) Retirement Plan	Fidelity

How did Amentum make decisions about benefits and insurance carriers?

We conducted extensive research to create a best-in-class benefits program. We reviewed more than 80 plans to identify the strongest options from both Amentum and iCMS. And, we evaluated all vendors—not just in terms of cost but also the quality of services and user experiences provided—to determine which ones are best suited for our entire company. We worked to minimize disruption as much as possible, focusing on long-term value for both employees and the company.

When is Open Enrollment?

Open Enrollment begins on November 11, 2025 and ends on November 25, 2025 at 11:59 p.m. ET.

Can I change my benefits outside of Open Enrollment?

The only times you can change your benefits are during Open Enrollment or if you experience a qualifying life event (for example, marriage, birth of a child, etc.) during the year.

When do my new benefits take effect?

The benefits you elect during Open Enrollment will be effective January 1, 2026.

Medical Plans

What medical plans are offered?

You have four medical plan options—all administered by Anthem: Gold HSA, Silver HSA, Bronze HSA, and $500 PPO. Depending on where you live, a regional plan (HMSA, Kaiser CA and HI, or Blue Cross of Alabama (only offered to Space Exploration Division)) may also be available. Additionally, if you are retired military, you may be eligible for the TRICARE Supplement Plan.

Will I receive a new medical ID card?

Everyone who enrolls in an Anthem medical plan will receive a new medical plan ID card from Anthem in the mail, which will include your pharmacy information. Digital ID cards will be available on **anthem.com** if you need your card before your physical ID card arrives.

Why are there three Health Savings Account (HSA)-eligible plans?

We provide three HSA-eligible medical plans to give you medical plan choices that meet your physical and financial needs. The three plans have different deductibles and out-of-pocket maximums, so you can choose the one that's right for your situation. Each plan provides access to a tax-advantaged HSA where you can save pre-tax dollars for eligible healthcare expenses today—or even into retirement. The HSA plans allow you to save for eligible healthcare expenses in a portable account—meaning the money is always yours to keep.

Why is the $500 PPO offered?

We are committed to offering you and your family medical plan choices. The $500 PPO provides an additional option that might meet the physical and financial circumstances of some employees and families. The $500 PPO offers lower deductibles and out-of-pocket maximums, and most services are paid for with flat-dollar copays. But, you and your family will pay more in bi-weekly premiums for coverage.

What do all four Anthem medical plans offer?

All four Anthem medical plan options:

- **Cover in-network preventive care at 100%.** Be sure to take advantage of preventive care (annual physicals, tests, screenings, etc.) so you can stay well.
- **Cover the same types of expenses.** However, the amount you pay varies by plan.
- **Provide a "safety net."** All plans feature an out-of-pocket maximum to protect you if you have a serious condition or illness.
- **Give you access to a variety of health and wellbeing resources,** including a team of concierge-level customer service experts, a family advocate, one-on-one behavioral health coaching, and 24/7 Nurseline.

What are the main differences between the four Anthem medical plans?

The medical plans have a few key differences to consider:

- **The type of tax-advantaged account(s) you can use with each plan.** If you enroll in an HSA-eligible plan, you can enroll in an HSA. If you enroll in the $500 PPO or waive medical coverage, you won't have access to an HSA, but you can enroll in a Health Care FSA.
- **How much you pay.** Your premium costs and out-of-pocket costs (the amount you pay when you have a healthcare expense) will both vary depending on the plan you choose.
- **What and how you pay for prescription medications.** If you enroll in one of the HSA plans, you pay the full cost of prescription drugs until you meet your deductible, then you pay coinsurance. With the $500 PPO, you just pay a copay. In both plans, certain preventive medications are covered at 100%; for those prescriptions, you do not need to meet the deductible or pay a copay.

Do all four medical plans cover preventive care?

Yes. All four medical plan options cover in-network preventive care at 100%. When you enroll in a medical plan, you and your covered dependents have access to in-network preventive care at no cost to you.

What kind of preventive care is covered?

Common types of preventive care include annual physicals; blood pressure, diabetes and cholesterol tests; routine immunizations; well-baby and well-child doctor's visits; nutritional counseling; screening, counseling and vaccines to ensure a healthy pregnancy; and many cancer screenings, including mammograms and colonoscopies.

What resources are available to help me choose a medical plan?

Visit **AmentumOpenEnrollment.com** to access the MyChoice Recommendation Engine℠. This resource will be available starting November 11.

How do I find an in-network doctor in the Anthem network?

To find a medical provider, go to **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
DMV (DC, MD, and VA metro) area	N8A
Florida	N7A
Utah	R7A
All other areas	L6A

- 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

What if my provider is no longer in-network?

If you are a legacy iCMS employee covered under United Healthcare, or UHC, and you or a covered dependent are newly enrolled in an Anthem medical plan and are currently receiving care from a provider outside the Anthem network, you may qualify for transition of care support for certain health conditions. If eligible, legacy iCMS employees newly enrolled in an Anthem plan may request temporary extended coverage from their current out-of-network healthcare provider at in-network benefit levels. This coverage is provided for a limited time to ensure continuity of care for a specific medical condition until a safe transfer to an in-network provider can be arranged. Please note that the transition of care is not available for members who are already enrolled in an Anthem medical plan. For more information, contact an Anthem Health Guide at **833-371-0212**, Monday-Friday, 8 am-8 pm ET.

Is there a spousal surcharge if I want to cover my spouse and they have access to another group health plan?

No. There is no surcharge for covering a spouse even if they have access to another group health plan.

Concierge Support for Anthem Medical Plan Participants

What support is available?

Beginning January 1, 2026, assistance is available to help members who are enrolled in an Amentum Anthem medical plan find top doctors and receive reimbursement for eligible expenses once deductibles are met.

Who provides this support?

Our new concierge support is provided by Garner.

How does the Garner benefit work?

Garner is an innovative benefit that works alongside our medical plan. Garner helps Anthem medical plan participants find the best doctors in their area and will reimburse members for eligible expenses when they visit them. These doctors, known as Top Providers, follow best practices and keep employees healthier based on a large database analysis of medical claim records. Members can access information and locate top-quality doctors through the Garner Health app.

What if I cannot find my Nurse Practitioner (NP) while searching for providers?

These providers are not listed in the app. Contact the Garner Concierge to confirm whether your Nurse Practitioner (NP) provider is approved for your Garner benefit. If they practice under a doctor who is a Top Provider, the Concierge can add your Nurse Practitioner (NP) provider to your list of Approved Providers.

Does it cost anything to use Garner?

No, this support is provided at no cost to employees enrolled in an Amentum Anthem medical plan.

How much reimbursement can I receive when I visit a Garner Top Provider?

You can qualify for reimbursement of up to $1,000 for individuals; $2,000 for families once your Garner deductible has been met ($1,700 for individual coverage and $3,400 for family coverage).* Eligible expenses include office visits, imaging, and lab work.

**Note:* *For HSA plans only. For the PPO plan, Garner deductible does not apply.*

How are Top Providers identified?

Garner analyzes the country's largest database of medical claim records to evaluate doctors based on their ability to:

- Practice according to the latest medical research.
- Diagnose problems successfully.
- Achieve the best patient outcomes.

How can I create a Garner account?

Scan the QR code below to download the Garner Health app from the Google Play Store or Apple App Store to begin creating a voluntary account.

How can I get started with Garner?

Beginning January 1, 2026, if you are enrolled in an Anthem medical plan, follow these steps:

1. **Find Top Providers:** Search for the best doctors near you in the Garner Health app or website. Top Providers in your search results have a green badge.
2. **Add your doctor to your "Care Team"** before your appointment to ensure they're approved for reimbursement.
3. **Get reimbursed:** After your visit, pay any upfront costs as usual. Garner automatically tracks this and will process your reimbursement within 5-6 weeks, up to $1,000 for individuals and $2,000 for families once your Garner deductible has been met ($1,700 for individual coverage and $3,400 for family coverage).*

How can I contact the Garner Concierge team?

You can contact the Concierge team through:

- In-app messaging
- Phone at **866-761-9586**
- Email at **concierge@getgarner.com**

The Concierge team is available Monday through Friday from 8 am to 8 pm ET. Se habla español.

What do I do if I have a question about a claim?

To ask about your claim, contact the Concierge team with the total claim amount, date of service, provider name, and procedure description. They will get back to you within one business day.

What if I have an HSA?

An HSA is a Health Savings Account. You and your organization are able to contribute pre-tax dollars to this account. Because of IRS requirements, two main rules apply.

First, if you have a High-Deductible Health Plan (HDHP) that is paired with an HSA, you are required to spend a minimum amount toward your health insurance deductible before you can utilize your Garner Health Reimbursement Arrangement (HRA). This amount changes annually and depends on whether you have a family or individual plan. Check the "Your benefit" page in the Garner Health app for more detailed information about this amount. Note that this rule applies even if you are not actively contributing to your HSA this year.

Second, you may not request reimbursement from your Garner HRA for any out-of-pocket cost you have already paid for using funds from your HSA. This is often referred to as double dipping and is prohibited by the IRS.

How does Garner work with an HSA?

If you have an HSA paired with a HDHP, you must first spend the minimum amount toward your health insurance deductible. Once you have spent that amount, you can use the Garner HRA.

You are not required to spend HSA dollars on Garner-approved providers. However, we encourage you to seek care from Top Providers.

Garner keeps track of the claims we receive from your health insurance. Once you have spent $1,700 for individual or $3,400 for families in 2026, we will start issuing reimbursement checks for qualifying out-of-pocket medical costs.*

Meeting your deductible doesn't mean you have to wait to start using Garner. You can still set up a Garner account, search for doctors in advance of your visit, and ensure that your qualifying out-of-pocket medical costs will qualify for reimbursement as soon as you meet the IRS out-of-pocket requirement.

**Note:* *For HSA plans only. For the PPO plan, Garner deductible does not apply.*

What if I have an FSA?

If you have a Health Care FSA, special rules apply to your Garner benefit. You may not be reimbursed by the Garner HRA for an out-of-pocket medical cost that will also be paid using your FSA. This is often referred to as double-dipping and is prohibited by the IRS. If your Garner HRA and your FSA cover the same medical cost, we recommend you use and exhaust your Garner funds before using your FSA. You can save your FSA for when your Garner benefit has reached its limit or for out-of-pocket medical costs that do not qualify for reimbursement by Garner.

What if I accidentally "double-dip" into my HSA or FSA?

If you believe you may have accidentally submitted a claim for reimbursement that was already paid using HSA or FSA funds, there are some important next steps we'll need to take.

Your Garner benefit works like a HRA, which is funded by your employer and not taxed as income to you.

In contrast, HSAs and FSAs are tax-advantaged accounts you fund yourself.

According to IRS guidelines, using HSA/FSA funds to pay for an expense and then getting reimbursed for that same expense through an HRA (like your Garner benefit) is considered "double-dipping". This is not allowed because it results in receiving two tax benefits for the same expense.

If Garner confirms that reimbursement was issued for a claim already paid with HSA or FSA funds, and the payment has been received (via deposited check or direct deposit), Garner will reach out to request repayment for that amount. Once repayment is received, the amount will be credited back to your remaining Garner benefit.

Prescription Drugs

Who provides my pharmacy benefits?

Express Scripts (ESI) is our prescription drug administrator, managing our prescription drug formulary list, home delivery, specialty pharmacy, and customer service medication questions.

How can I calculate the cost of my medications through ESI?

If you are currently enrolled in a medical plan through Amentum and have prescription drug coverage through ESI, visit **express-scripts.com**. Log into the site and click on the **Price a Medication** tool. If you currently do not have prescription drug coverage through ESI, visit **express-scripts.com/amentum**, choose a medical plan option and then click **Price a Medication**. **Note:** The **Price a Medication** calculator does not imply a guarantee of coverage, as covered products or categories are subject to individual plan restrictions and/or limitations. The **Price a Medication** tool displays cost and coverage information for the current calendar year.

How can I locate an in-network pharmacy?

If you are currently enrolled in a medical plan through the company and have prescription drug coverage through ESI, visit **express-scripts.com**. Log into the site and click on the **Locate a Pharmacy** tool. If you currently do not have prescription drug coverage through ESI, visit **express-scripts.com/amentum**, choose a medical plan option and then click **Find a Pharmacy** and enter your ZIP code to see network pharmacies in your area.

Does ESI offer a home delivery option?

Yes. The Express Scripts Pharmacy is a home delivery service available as part of your prescription drug plan. With Express Scripts home delivery, you may save money when you fill up to a 90-day supply of your long-term prescriptions.

How do I know whether my medication is covered?

Our preferred drug list (formulary) contains thousands of commonly prescribed drugs. If you are currently enrolled in a medical plan through the company and have prescription drug coverage through ESI, you can see if a medication is covered on our 2026 drug list by going to **express-scripts.com**, logging in and selecting **Price a Medication** from the drop-down menu under **Prescriptions**. If you currently do not have prescription drug coverage through ESI, visit **express-scripts.com/amentum**, choose a medical plan option and then click **National Preferred Formulary**. This is a list of medications that are covered by our medical plans. If your drug is not preferred, you may want to talk with your doctor to identify an appropriate alternative that will effectively treat your condition.

What is prior authorization?

Prior authorization is a coverage management program administered by ESI to determine whether your use of certain medications meets your plan's conditions of coverage. In some cases, a coverage review may be necessary to determine whether a prescription can be covered under your plan.

Do I get a pharmacy ID card?

No. Your medical ID card from Anthem will include your pharmacy information. For 2026, everyone will receive a new medical plan ID card in the mail. Digital ID cards will be available on **anthem.com** if you need your card before your physical ID card arrives.

How can I save on prescription drug costs?

When you enroll in an Anthem medical plan, you automatically receive prescription drug coverage administered by Express Scripts (ESI) that includes clinical management and savings programs.

Tax-Advantaged Accounts and 401(k) Plan

What is a Health Savings Account (HSA)?

An HSA is an account that you can use to set aside tax-free money if you enroll in one of the HSA medical plan options. The money goes into your account tax free, it can grow tax free through investment earnings, and it comes out tax free if you use it to pay for qualified healthcare expenses today—or even into retirement. **Note:** If you would like to participate in an HSA in 2026, you will need to actively enroll during Open Enrollment. Your current election will not roll over to 2026.

Can I always keep the money in my HSA?

Yes. The money in your HSA is portable—it's yours to keep, save, and use, even if you leave the company. There's no "use it or lose it" feature like there is with Flexible Spending Accounts (FSAs).

What types of healthcare expenses can I pay for using my HSA?

Common qualified healthcare expenses include: deductibles (the amount you pay out of pocket before the medical plan pays any portion of a claim), coinsurance (the percentage of the cost you pay for services after you meet the medical plan deductible), prescription drugs, contact lenses and eyeglasses, LASIK surgery, doctor's visits, physical therapy, and healthcare supplies and equipment. For a full list of qualified healthcare expenses, visit **irs.gov** and search Publications 502 and 969.

If I currently have an HSA, what will happen to it in 2026?

If you stay in an HSA-eligible medical plan for 2026, your HSA balance rolls over and you and the company can continue contributing to your account. If you are currently enrolled in an HSA-eligible medical plan and you switch to the $500 PPO for 2026, you can continue using your HSA for qualified healthcare expenses, but you and the company cannot add new funds to the account in 2026. Instead, you can contribute to a Health Care Flexible Spending Account (FSA) where you can set aside pre-tax dollars to pay for qualified healthcare expenses. However, any remaining FSA balance will not roll over to the following year. **Note:** If you currently have an HSA with HSA Bank or Health Equity, your funds will transfer to Businessolver only if you provide consent to the bulk transfer and elect to participate in an HSA in 2026.

Will the company contribute to my HSA in 2026?

Yes, if you enroll in a Gold HSA or Silver HSA plan, you can earn HSA contributions if you and your covered spouse complete certain healthy activities. How much you earn depends on the medical plan you choose, your coverage tier, and your participation in healthy activities.

How much can I contribute to my HSA in 2026?

You can contribute up to the IRS annual maximum for 2026 (individual coverage: $4,400; family coverage: $8,750). **Note:** These limits include any contributions you receive from the company. If you are age 55 or older, you may make an additional catch-up contribution of up to $1,000.

What is a Flexible Spending Account (FSA)?

An FSA is an account you can use to set aside pre-tax money for eligible expenses. There are two types of FSAs:

- **Health Care FSA:** If you enroll in the $500 PPO or waive medical coverage, you can use this account for eligible medical, dental, and vision expenses.
- **Dependent Care FSA:** All employees can use this account for eligible daycare and elder care expenses.

Can I contribute to both an HSA and a Health Care FSA?

No. Because both tax-advantaged accounts cover the same types of expenses, the IRS will not allow you to contribute to both accounts. If you enroll in one of the HSA-eligible plan options, you cannot contribute to a Health Care FSA; if you enroll in the PPO Plan option, you cannot contribute to an HSA.

What types of expenses can I pay for using my FSA?

Common qualified healthcare expenses for the Health Care FSA include: deductibles (the amount you pay out of pocket before the medical plan pays any portion of a claim), coinsurance (the percentage of the cost you pay for services after you meet the medical plan deductible), prescription drugs, contact lenses and eyeglasses, LASIK surgery, doctor's visits, physical therapy, and healthcare supplies and equipment.

Common qualified expenses for the Dependent Care FSA include child or dependent care facilities or services in your home (or someone else's home) while you or a spouse is working, looking for work, or attending school full time.

For a full list of qualified expenses, visit **irs.gov** and search Publications 502 and 969.

If I am already participating in an FSA will my current FSA balance automatically roll over?

No. Unlike the HSA, the funds in a Health Care or Dependent Care FSA do not roll over each year. There's a "use it or lose it" feature to the FSAs. If you would like to participate in an FSA for 2026, you must actively elect your contribution amount during Open Enrollment.

Does the company contribute to FSAs?

No.

How much can I contribute to an FSA in 2026?

You can contribute up to the IRS annual maximum for 2026:

- **Health Care FSA:** $3,400
- **Dependent Care FSA:** $3,750 per year if you are married but file taxes separately, or up to $7,500 if you are a single parent or married and file taxes jointly ($1,600 for highly-compensated employees*).

**A highly-compensated employee (HCE) is defined by the IRS as those earning $160,000 or more in 2025.*

What changes are being made to the 401(k) plan administrator?

Legacy iCMS employees will move from Vanguard to Fidelity Investments for 2026. Transitions are in place, and you do not need to take any action for your account to transfer to Fidelity. Your contributions and loan repayments will continue throughout the transition, and you will receive communications directly from Fidelity in the coming weeks.

Note: Fidelity is the current vendor for legacy Amentum employees. No action is required.

Dental and Vision Plans

What dental plans options are offered?

You have three options—Basic, PPO, and PPO Plus—all administered by Delta Dental of Virginia.

What is the same for all dental plan options?

All options include preventive care at no charge and coverage for basic dental care, such as fillings, tooth repairs, and extractions.

What are the main differences between the dental plan options?

The dental plan options have a couple of key differences to consider:

- **What's covered.** The PPO and PPO Plus options include additional coverage for major care (crowns, bridges, and dentures) as well as orthodontia. Orthodontia services for the PPO are only available to children; whereas, the PPO Plus provides coverage for children and adults.
- **How much you pay.** Your premium costs and out-of-pocket costs (the amount you pay when you have a dental expense) will both vary depending on the plan you choose.

How can I find a Delta Dental of Virginia network provider?

Visit **DeltaDentalVA.com**. Under **Find a dentist**, select **Delta Dental PPO Plus Premier** for your plan and enter your address or ZIP code to search your area. To see if a specific dentist is in the network, under **Find a dentist**, click **more options** and enter your ZIP code and dentist's name. Then, click **Submit**.

What vision plan options are offered?

You have two options—Base and Enhanced—both administered by VSP. **Note:** Vision coverage is a voluntary benefit.

What do the two vision plan options have in common?

Both options provide coverage for a routine, in-network annual eye exam for $10. They also include a $150 eyeglass frame or contact lens allowance every 12 months. In addition, both plans offer the option to elect safety glasses coverage. **Note:** Your eyeglass frame allowance will be higher if you select a featured brand and lower at Walmart/Costco.

What are the differences between the two options?

If you select the VSP Enhanced option, you get all the coverage you would get under the VSP Base option. Plus, you'll also get to choose one of these enhancements:

- Additional $100 eyeglass frame or contact lens allowance
- Fully covered anti-glare coating
- Fully covered premium/custom progressive lenses

Where can I go to learn more about Amentum vision benefits?

Visit **amentum.vspforme.com**.

How can I find a VSP network provider?

To find an in-network provider, visit **vsp.com** and select **Find a Doctor**. Then search for a provider by location, by office, or by the doctor's name.

Wellbeing Programs and Incentives

Will there be changes to how the wellbeing program works in 2026?

Yes. We're excited to announce Well—your first stop for health and wellbeing. If you're enrolled in an Anthem medical plan, you and your covered spouse are eligible to join Well starting January 6, 2026. With the introduction of Well's wellness platform, incentive resources, and tools, we hope to drive results for those who participate in the program.

How does Well work?

When you enroll in an Anthem medical plan, you'll have access to Well. Well is a dynamic engagement tool that asks you questions and gets to know you and your goals. It then recommends the next thing you can do for your health, rewarding you with points you can redeem for gift cards every step of the way.

In addition to rewards, Well offers valuable resources, including:

- Personalized health tips and suggestions
- Tracking tools for activity, stress, sleep, and more
- On-demand support from a team of Well Guides.

To learn more about Well, click **here**.

Can I still receive wellness incentive rewards in 2026?

Yes. You and your covered spouse can still receive wellness incentive rewards if you are enrolled in an Anthem medical plan.

You are both eligible to earn gift cards for participating in healthy activities that are tailored to your interests and health needs. If you enroll in a Gold HSA or Silver HSA plan, you can also earn HSA contributions.

How much you earn depends on the medical plan you choose, your coverage tier, and your participation in activities.

ANNUAL WELLBEING INCENTIVE OPPORTUNITY				
	Gold HSA	Silver HSA	Bronze HSA	$500 PPO
Employee participation *(employee-only coverage)*	**Total: Up to $600** • Up to $350 in HSA • Up to $250 in Gift Cards	**Total: Up to $800** • Up to $550 in HSA • Up to $250 in Gift Cards	**Total: Up to $250 in Gift Cards**	
Employee and covered spouse participation *(all other coverage levels)*	**Total: Up to $1,200** • Up to $700 in HSA • Up to $500 in Gift Cards	**Total: Up to $1,600** • Up to $1,100 in HSA • Up to $500 in Gift Cards	**Total: Up to $500 in Gift Cards**	

What types of gift cards are available?

You'll have hundreds of gift card options to choose from—including Amazon, Starbucks, and many more.

Are the gift cards I earn considered taxable income?

Yes. Gift cards are considered taxable income and you will see the amount of gift cards reported on your W2. Applicable taxes will be deducted from taxable wages.

What types of healthy activities do I have to complete to receive HSA contributions?

To receive HSA contributions, you must complete the following:

- **Health Risk Assessment:** You earn a $25 HSA contribution.
- **Preventive Care Wellness Checkup:** You earn a $200 HSA contribution if enrolled in the Gold HSA or a $400 HSA contribution if enrolled in the Silver HSA.
- **25 healthy actions with Well:** You earn a $125 HSA contribution.

How can I create my Well account?

Beginning January 6, 2026, follow these instructions:

1. Search for "Well Digital" in the App Store or Google Play Store or visit **app.well.co**.
2. **If you are an employee,** activate your account with your Amentum email address, personal mobile phone number, and date of birth.

   If you are an employee with a covered spouse, invite your spouse to Well through the Well platform (navigate to "Invite Dependents").

   If you are an eligible spouse, activate your account with the email address where you received your invitation, personal mobile phone number, and date of birth.
3. Start taking small steps toward better health!

How can Well Guides support me?

You'll be able to chat or talk by phone with a team of Well Guides, who can help you:

- Find providers
- Schedule care
- Understand your benefits
- Set goals and track your progress

What health and wellbeing resources are available to Anthem medical plan participants?

If you enroll in an Anthem medical plan, you have access to the following resources at no cost to you:

- **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 and telehealth 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.

What wellbeing support is available through Teladoc?

Eligible Anthem medical plan participants have access to Livongo by Teladoc, which offers high-tech tools and personalized support for weight management, prediabetes, diabetes, and hypertension. Get a free connected device (smart scale for weight management, meter with unlimited strips for diabetes, and blood pressure monitor for hypertension), expert coaching, and more! Must meet Livongo eligibility requirements. Visit **Livongo** (registration code: **AMENTUM**) to learn more or enroll.

In addition, **Teladoc's Expert Medical Opinion** service provides access to medical experts to confirm a diagnosis, get help choosing a treatment option, or help if you have been admitted into the hospital and want guidance on next steps.

Is free health coaching provided?

Yes. Anthem medical plan participants and covered spouses can connect with a health coach through Well. And, Anthem medical plan participants automatically have access to behavioral health coaching through Anthem.

What support is available 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.

Personalized care includes a care plan, exercise therapy sessions that can be done in as little as 15 minutes, 1-on-1 support from a physical therapist or health coach, and instant feedback during your exercise sessions with precision motion tracking.

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

What type of maternity support is available?

The company offers 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 regular full-time exempt or non-exempt employee, who regularly works at least 30 hours per week, and who is not covered by a collective bargaining agreement.

Our maternity management program, Ovia Health, is available to all Anthem medical plan participants—at no cost—and is not just for expectant moms and dads. Support is available for your reproductive health needs, from preconception and pregnancy to parenthood and menopause. Choose from Ovia and Ovia Parenting (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.

For more information about the program, visit **Ovia**.

What services are available through our Employee Assistance Program (EAP)?

Lyra Health (Lyra) offers you and your dependents comprehensive mental health support that can be personalized to help you no matter what you're going through—coping with stress, managing anxiety or depression, navigating relationship issues, or whatever else life brings. Lyra provides:

- **Free, confidential sessions:** Up to eight therapy or mental health coaching sessions per person per year.
- **Fast access to high-quality providers:** Mental health providers with open appointments are custom matched to you in just a few minutes. Plus, a Care Navigator Team is available 24/7 to assist with care questions and help find providers.
- **Self-care resources:** Unlimited access to a library of videos, meditations, soundscapes, and breathing exercises.
- **Work-life support:** Financial, legal, and identity theft services plus child, elder, and pet care consultations, resources, and referrals.

Call **844-761-1961** or visit **Lyra** to get started.

Life, AD&D, and Disability Insurance

Why are we moving to MetLife for life and AD&D insurance and disability?

Changing to MetLife will bring employees many plan and service enhancements, including:

- Expanded coverage choices.
- Decreased costs compared to rates under your current program.
- Access to MetLife Advantages℠ with features and services that can help you and your family better prepare for life today and in the future:
  - » **Support:** Guidance for challenging times including bereavement and funeral assistance services, grief counseling, financial education, and more.
  - » **Planning:** Professional and in-person resources to assist with will preparation and Estate Resolution Services (ERS), digital estate planning, and funeral discount and planning services.
  - » **Protection:** Coverage for active and retired employees and workplace transitions which include transition solutions, portability, and retirement solutions.
- Access to tools to help you evaluate your life insurance needs.

Note: Current legacy Amentum elections will roll over. iCMS employees must make an active election for coverage in 2026.

Does the company provide life and AD&D insurance?

Yes. The company provides you with Basic Life and AD&D Insurance equal to one times your base annual earnings, up to $2 million—at no cost to you.

Can I elect more life insurance beyond what the company provides?

Yes. You can elect Optional Life Insurance for you and your eligible dependents. Optional Life Insurance premiums are based on age and salary. See the 2026 Benefits Guide for plan details and coverage amounts. Log into **OneAmentumBenefits.com** to view your premiums.

Can I elect more AD&D insurance beyond what the company provides?

Yes. You can elect Optional AD&D Insurance for you and your eligible dependents. See the 2026 Benefits Guide for plan details and coverage amounts. Log into **OneAmentumBenefits.com** to view your premiums.

Do I need to provide Evidence of Insurability (EOI)?

For 2026 Open Enrollment only, you need to provide EOI for life insurance if you:

- Enroll in four or more times your base annual earnings.
- Choose spouse coverage of more than $50,000.

EOI is not required when electing AD&D coverage or child life insurance coverage.

How often do I need to update my beneficiary?

You don't need to update your beneficiary if there's been no change. But it's a good idea to check what's on file, so you can make sure your life insurance benefits go to the right person. You can review and update your beneficiaries on **OneAmentumBenefits.com**.

Does the company provide disability coverage?

Yes. We provide you with Short-Term Disability (STD) coverage at no cost. STD coverage is 70% of eligible earnings with no weekly maximum to help protect you in case of an unexpected illness or injury.

You have the option to elect Long-Term Disability (LTD) coverage, but you will pay the full cost of coverage.

You have two plan options: coverage for 50% or 66.67% of eligible earnings up to a maximum of $20,000 per month.

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

Voluntary Benefits

What voluntary benefits are offered by the company for 2026?

The company offers the following voluntary benefits:

Supplemental Health Insurance—Provides additional financial protection in case you or a family member is involved in an accident, becomes seriously ill, or is hospitalized.

- **Accident insurance** pays you a lump sum for any covered injury you may receive—on or off the job. You can choose from a high and low option.
- **Critical illness insurance** pays you a lump sum if you're diagnosed with a covered illness like cancer. You can choose from three coverage amounts. Plus, get an annual Wellness Benefit of $75 for completing an eligible health screening test. Critical Illness has a new $20,000 benefit amount for 2026, which will require an active election for next year.
- **Hospital indemnity insurance** pays a daily cash benefit if you are hospitalized. You can choose from a low or high daily benefit.

Legal Plan—Prepare for the unexpected and get the legal advice you need through MetLife, Amentum's legal plan 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.

Identity Protection—Protect your personal and private information with identity theft protection. Catch and stop fraud in its early stages through 24/7 monitoring. Identity protection is administered by Allstate.

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.
Note: iCMS members will no longer have payroll deduction for pet insurance and must work with Nationwide directly to continue coverage. iCMS members will receive a notice around year end with instructions to continue their policy once the payroll plan for Jacobs Tech is closed out.

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.

Purchasing Power—Purchasing Power is a purchase program that makes it easy for you to understand your current financial health, get 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. 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—PerkSpot provides access to thousands of exclusive deals from top brands across 25+ savings categories.

SoFi Student Loan Program—SoFi can help 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. There's zero impact on your credit score with this soft credit inquiry.

For more information about supplemental health insurance benefits, visit **presents.voya.com/EBRC/amentum**. For more information about all other voluntary benefits, visit **OneAmentumBenefits.com**.

Enrollment Details

How do I enroll in benefits?

There are three ways you can enroll in 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** 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**.
- **Phone:** Call the Benefits Service Center **844-705-4099**.

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

Where can I go to find out more about benefits available to me?

Visit **AmentumOpenEnrollment.com** to:

- See what's new for 2026.
- Link to the Medical Plan Decision Support Tool to help you choose the plan that is right for you.
- Access other resources (i.e., 2026 Benefits Guide) to help you understand your 2026 benefits.
- Watch a pre-recorded webinar explaining benefit offerings.

Who do I contact if I have questions?

For enrollment support, call the Benefits Service Center **844-705-4099**, Monday-Friday, 8 am-8 pm ET.

*This communication is a brief summary of the benefits offered to Amentum employees. The plans and programs described 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 in the Reference Center on **OneAmentumBenefits.com**. In the event of any inconsistencies between this communication and 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 communication.

©2025 Amentum. All rights reserved.