amentum

2027 Benefits Guide

FOR US-BASED, NON-UNION EMPLOYEES



Applying Our Core Values

We Realize Breakthroughs by Continuously Reinventing:
We continue to review our benefits offerings to ensure they remain competitive and relevant to your needs.

We Deliver on Missions by Meeting Every Commitment:
We're supporting our people while keeping benefits sustainable. We're focused on maintaining balance between choice, access to high-quality care, and affordability.

We Take on Challenges with Courage:
We're leaning into the challenges posed by today's healthcare landscape, communicating openly, and continuing to invest in the benefits and resources you need most.

We Embrace Collaboration & Employee Engagement:
We encourage you to take an active role in your benefits during Open Enrollment and throughout the year so our benefits program remains strong for the future.

We Believe Safety and Wellbeing are Integral to Success:
We're committed to delivering on our promises to offer comprehensive benefits that support health and wellbeing.

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

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

Health and Wellbeing

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

Eligibility

Regular 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 Amentum 401(k) Retirement 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 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 2027, you are required to provide proof of eligibility for those you want to add to your coverage. Acceptable proof (2025 IRS Form 1040) can be uploaded directly to **OneAmentumBenefits.com**. Other documents may be accepted; contact the Amentum Benefits Service Center at **844-705-4099**.

Making Changes to Your Benefits

Outside of annual Open Enrollment, you can make changes to your benefits only when you experience a Qualified Life Event, such as:

- Marriage or divorce
- Birth or adoption of a child
- Death of a dependent
- Gain or loss of coverage

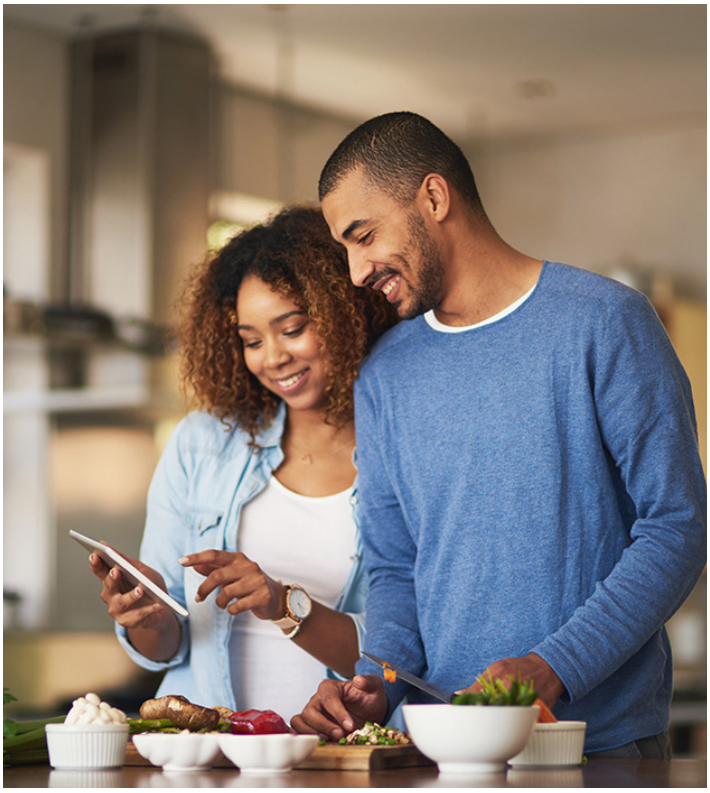
Important! If you have a Qualified Life Event, you must submit your event and any required documents within 30 days of the event date. Approved changes are effective as of the event date. Missing the deadline may mean waiting until the next annual Open Enrollment.

How to Submit Your Qualified Life Event

1. Log in to OneAmentumBenefits.com.
2. Select **Change My Benefits** (scroll down on the home page or click on your name in the upper right corner) > **Life Event**.
3. Review eligible benefit elections and make updates.
4. Upload required supporting documents.
5. Submit your elections for approval.

A Few Notes on Supporting Documents

- PDFs or JPEGs work best.
- Make sure images are clear, legible, and complete.
- If your document isn't instantly verified, it typically takes three to five business days for review.



Medical

We offer several medical plan options at varying price points with different levels of coverage and different access to tax-savings 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.

ATI employees under Space Exploration Division: If your home address is in Alabama, an additional regional medical plan option 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.

AmentumOpenEnrollment.com

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

OneAmentumBenefits.com

Access the MyChoice Recommendation Engine℠ and MyChoice mobile app.

MyChoice mobile app

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

Sydney Health℠ app

Register on Anthem. 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)

While the HSA plans are staying the same for 2027, the PPO plan will have a new name and increased deductible and out-of-pocket maximum amounts. Review the chart below for 2027 in-network coverage details. Changes are highlighted in **bold**.

NATIONAL PLANS (ANTHEM)				
Feature	**Gold HSA**	**Silver HSA**	**Bronze HSA**	**PPO 750**
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	**$750**
Family	$4,000*	$5,000 individual/ $6,000 family	$6,000 individual/ $9,000 family	**$1,500**
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. **Note:** Coinsurance may apply depending on the type of service.				
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/visit, then 10%
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	**$2,500**
Family	$6,850*	$6,000 individual/ $10,000 family	$6,000 individual/ $12,000 family	**$5,000**

** 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	PPO 750
Employee Only	$116.77	$93.36	$23.30	$167.06
Employee + Spouse	$256.90	$205.38	$51.27	$367.56
Employee + Child(ren)	$221.87	$177.38	$44.28	$317.43
Employee + Family	$362.00	$289.40	$72.25	$517.91

Finding In-Network Care if Enrolled in an Anthem Medical Plan

To find an Anthem medical provider, go to Anthem.

- 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 Northern VA*)	N8A	BlueChoice Advantage Open Access
Florida	N7A	FL NetworkBlue POS
Utah	R7A	Utah Traditional Network
Virginia	KVN	Virginia HealthKeepers POS Select Network
New Jersey	ZHT	New Jersey Horizon Managed Care Select Network
All other areas	L6A	National BlueCard PPO

** Northern Virginia (6 counties: Fairfax, Fairfax City, Falls Church City, Prince William, Arlington, and Alexandria City)*

- 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

Your Garner Health Benefit

Available at No Cost to Employees Enrolled in an Anthem Medical Plan

Finding high-quality care is easier with Garner. Get reimbursed when you see the best doctors. These doctors, known as Top Providers, follow best practices to improve health outcomes. Scan the QR code to download the Garner Health app from the Google Play Store or Apple App Store to begin creating a voluntary account.

Get started with Garner:

1. **Enroll** in an Anthem medical plan during Open Enrollment.
2. **Search for Top Providers** using the Garner Health app or website.
3. **Add doctors to your Care Team** before your visit.
4. **Get reimbursed:** After your visit, pay any upfront costs as usual. Garner automatically tracks this and will process your reimbursement within 6-8 weeks, up to $1,000 for individuals and $2,000 for families once you meet the IRS spending requirement ($1,750 for individual coverage and $3,500 for family coverage).*

To learn more, visit garnerguide.com/amentum.

* ***Note:*** *For HSA plans only. For PPO plan, the IRS spending requirement does not apply.*

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.com/amentum. Choose a medical plan option and then click "Find a Pharmacy." Enter your ZIP code to see network pharmacies in your area.

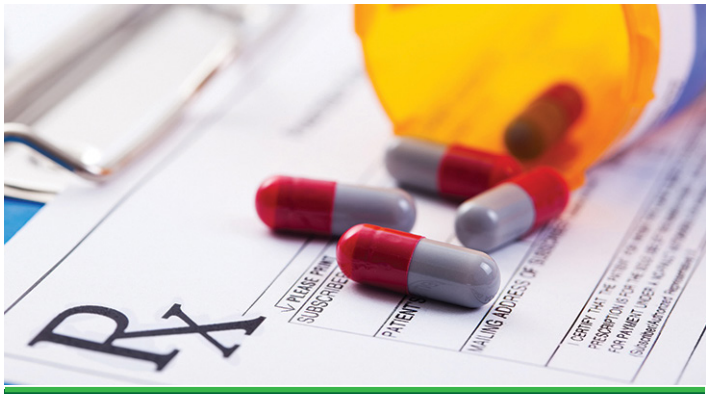
NATIONAL PLANS (ANTHEM)				
Retail (30-day supply)	**Gold HSA**	**Silver HSA**	**Bronze HSA**	**PPO 750**
Generic	20% (after deductible)	20% (after deductible)	30% (after deductible)	$10 copay
Specialty	20% (after deductible)	20% (after deductible)	30% (after deductible)	$30 copay
Non-Formulary	40% (after deductible)	40% (after deductible)	50% (after deductible)	$60 copay

Mail Order (90-day supply)	**Gold HSA**	**Silver HSA**	**Bronze HSA**	**PPO 750**
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

New Weight Management Program for 2027

To further support your health and wellbeing, EncircleRx℠ includes coverage for select prescription weight management medications.* These medications, along with healthier behaviors, including a reduced-calorie diet and increased physical activity, help address chronic weight management issues. For more details, visit express-scripts.com/amentum or call **800-807-8542**.

** Must meet coverage requirements. Visit express-scripts.com/amentum for more information.*



Want to 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.

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. If you enroll in the PPO 750 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**	**Dependent Care FSA**
Company contributions	✓ (If you enroll in the Gold HSA or Silver HSA medical plan and participate in wellbeing activities through Well, Amentum will contribute to your account.)	✗	✗
Your contributions (pre-tax)	✓ (For 2027, you can contribute up to $4,500 for individual coverage and up to $9,000 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 2027, you can contribute up to $3,400.)	✓ (For 2027, you can contribute up to $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.*)
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)

** If you are a highly-compensated employee (HCE), defined by the IRS as those earning $160,000 or more in 2026, your contribution to the Dependent Care FSA will be limited to $1,600 in 2027.*

Wellbeing Program and Incentives

When you enroll in an Anthem medical plan, you'll have access to Well, your personalized wellness platform. Well helps you take simple steps to improve your health, get more value from your benefits, and stay on top of preventive care and chronic condition support. Along the way, you can improve your health, potentially lower healthcare costs, and earn rewards.

Well offers valuable resources, including:

- Personalized health tips and suggestions
- Habit-building journeys
- Tracking tools for activity, stress, sleep, and more
- Easy access to Amentum benefits and resources
- On-demand support from a team of Well Guides

How Well Guides Can Support You

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

To learn more about Well, click here.

How to Get Started

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 do not have an Amentum email address, or have trouble, try using a personal email address. Need help? Email help@well.co.

   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!



Top 5 Reasons to Join Well

1. **You get support tailored to your needs.** Well asks you questions to learn about your health, interests, and goals.
2. **It makes it easy to know what to do next.** You'll get recommendations for activities you can do to improve your wellbeing.
3. **You can earn up to $250 in gift card rewards, starting with a $25 sign-up reward.** Choose from hundreds of popular gift card options, including Amazon, Starbucks, and more. See the next page for an overview of how much you can earn.
4. **If enrolled in the Gold HSA or Silver HSA plan, you can also earn HSA contributions.** See the next page for details regarding how much you can earn and actions to take.
5. **You have access to support when you need it.** Connect with Well Guides (via chat or phone) to find care, set goals, and stay on track.

Unlock Rewards

You and your covered spouse 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. **Note:** You must open an HSA account to receive contributions.

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

ANNUAL WELLBEING INCENTIVE OPPORTUNITY				
	Gold HSA	Silver HSA	Bronze HSA	PPO 750
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**	

Note: Earned gift card rewards are considered taxable income and employees will see the amount reported on their W-2.

Gift Card Options

With hundreds of gift card options to choose from—including Amazon, Starbucks, Best Buy, and many more—you'll enjoy flexibility, variety, and more ways to reward yourself on your terms.



Enrolled in the Gold HSA or Silver HSA?

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.

Your covered spouse can complete these activities to double the HSA contributions!

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 or 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.



Expert Medical Opinion

Anthem medical plan participants have access to Teladoc Health's network which includes leading experts in over 450 specialties, including cancer, heart conditions, musculoskeletal disorders, and more.

Teladoc Medical Experts can give you an expert medical opinion by a world-renowned doctor when you're facing a serious medical condition—at no cost to you. It is all done over the phone, so you can get the answers you need in the comfort of your home. Teladoc Medical Experts provide additional resources, education, and support to you and your treating doctor if you're uncertain of a diagnosis or have questions about your treatment plan, and it is 100% confidential.

The process is simple. It all starts with a confidential phone call. With your authorization, physicians from the Teladoc Medical Experts network of highly respected experts conduct a thorough analysis of your condition based on all of your medical records and test results, and they develop a report you can share with your current treating physician.

Visit Teladoc or call **855-380-7828** for more information.

Chronic Condition Management

If you're enrolled in an Anthem medical plan and meet eligibility requirements, you can access Teladoc Health programs at no cost to help manage weight, prediabetes, diabetes, or high blood pressure. You'll receive personalized support, connected health devices, and coaching to help you stay on track.

Diabetes Management

A personalized way to manage diabetes.

- Receive a connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans, and one-on-one coaching
- Real-time support for out-of-range readings

Hypertension Management

Make managing your blood pressure easier.

- Receive a connected blood pressure monitor
- One-on-one support from expert coaches
- Personalized tips on nutrition and activity

Diabetes Prevention Program

Reduce your risk of type 2 diabetes.

- Team of expert coaches to support you
- Receive a smart scale that syncs to the app
- All-in-one weight, activity, and food-tracking program

Weight Management

Improve nutrition, exercise, and weight loss.

- Receive an advanced smart scale
- Personalized action plan
- Ongoing expert coaching
- Full nutrition, exercise, and weight-loss support



Better Together: Teladoc Health and Express Scripts (ESI)

Teladoc Health has a strategic alliance with ESI, our prescription drug administrator. Together, they can partner with you to support you on the path to living healthier. To learn more, visit **TeladocHealth.com/smile/AMENTUM** or call **800-835-2362** and use registration code: AMENTUM.

New Cancer Care Support

A cancer diagnosis can be overwhelming, and navigating treatment options, appointments, and insurance details can add even more stress. Beginning January 1, 2027, employees enrolled in an Anthem medical plan have a new cancer care support benefit from Lantern.

Whether you've been diagnosed with cancer or are caring for a loved one, you'll have support every step of the way.

- **Get personalized guidance.** A team of Oncology Nurse Navigators supports you through diagnosis, treatment, remission, and beyond.
- **Access experienced specialists.** Get help finding oncologists with expertise in your diagnosis and accessing second opinions.
- **Get help navigating the details.** Lantern can help coordinate appointments, medical records, and care across doctors and facilities.
- **Travel support when needed.** When care is far from home, Lantern may provide support with travel and lodging.*

Starting January 1, 2027:

- Visit lanterncare.com/for-members/cancer-journeys for more information.
- Call Lantern directly at **855-204-3923** for support.

** Travel benefits vary based on your coverage. Medical treatment and services continue to be billed through your regular health plan.*



Joint, Muscle, and Pelvic Health Support

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.

The program can help you recover from injuries, build strength, relieve pelvic pain and discomfort, and more. Whether your aches are short-term or chronic, Hinge Health offers specialized care personalized for you:

- **1-on-1 support:** Work with a dedicated physical therapist and health coach to treat multiple body parts.
- **A care plan on your terms:** Get tailored exercises and video visits with your physical therapist that fit seamlessly into your busy life.
- **Technology that works for you:** Improve your form and build your confidence during exercises with real-time audio and visual guidance from the app.

To learn more about the program and enroll, visit Hinge Health or call **855-902-2777**.



Women's and Family Health Benefit

Anthem medical plan participants can get support from Ovia Health for all stages of women's health—from cycle tracking to pregnancy and postpartum, parenting, menopause, and everyday health.



How It Works

New for 2027, Ovia offers one app to deliver a connected experience. With Ovia+, you get:

- **Unlimited access to Ovia's Care Team, 365 days a year:** Get support from nurses, midwives, and others specializing in clinical care, whenever you need it.
- **Support for multiple health goals:** Now you have the ability to select multiple goals to provide recommendations, resources, and guidance based on your unique health journey and life stage.
- **Expanded women's health support:** New resources cover topics such as heart health, hormone health, gut health, preventive wellness, and healthy aging.

New to Ovia+?

1. Download the Ovia app.
2. Select **I have Ovia+ as a benefit**.
3. Enter **Amentum** as your employer and/or health plan.
4. Set up your profile and get personalized recommendations, resources, and support.

Already have Ovia?

1. Open the More menu.
2. Select **My Ovia+ Benefits** and **Update My Information**.
3. Enter **Amentum** as your employer and/or health plan.

Employee Assistance Program (EAP)

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

How It Works

Lyra makes it easy to start care and stick with it, helping you feel stronger, steadier, and better every day.

- **No-cost, confidential sessions:** Receive up to 8 free therapy or mental health coaching sessions per person, per year.
- **Care options that fit your schedule:** Talk to your provider virtually, in person, or via live chat—even on nights and weekends.
- **Support for the whole family:** Find specialized care for kids, teens, parents, and couples, so the whole family can feel stronger together.
- **On-demand resources:** Access hundreds of self-help resources, including meditations, videos, and courses—anytime, anywhere.
- **Additional services:** Get free, confidential guidance on work-life needs, including legal services, identity theft, dependent care, and financial matters.



Personalized Support

Call Lyra at **844-761-1961** or visit **Lyra**.

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.

For more information, visit Delta Dental.



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

Dental Rates (Bi-Weekly)

	Basic	PPO	PPO Plus
Employee Only	$2.25	$11.00	$13.71
Employee + Spouse	$3.90	$23.10	$28.79
Employee + Child(ren)	$3.06	$27.50	$34.27
Employee + Family	$4.67	$42.90	$53.46

Vision

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

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.

For more information, visit VSP. **Note:** Vision coverage is a voluntary benefit.

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	$3.02	$5.38
Employee + Spouse	$6.03	$10.75
Employee + Child(ren)	$6.39	$11.39
Employee + Family	$10.20	$18.21

**Safety glass coverage is available with slightly higher rates. To see rates, visit 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 MetLife.

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 10 times base salary
Maximum Benefit	Up to $4 million
Spouse Coverage	$10,000 increments up to $250,000
Child Coverage (unmarried child up to 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 10 times base salary
Maximum Benefit	Up to $4 million
Spouse Coverage	60% of employee amount ($300,000 maximum)
Child Coverage (unmarried child up to 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 (EOI)

Evidence of Insurability is the process by which MetLife 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 for 2027 Open Enrollment only, if you:

- Increase your current employee coverage election by two or more times your base annual earnings or exceed the guaranteed issue of three times your base annual earnings ($1,000,000).
- Increase your current spouse coverage by $20,000 or more **OR** exceed the guaranteed issue of $50,000.

There is no EOI required when electing AD&D coverage or child life insurance coverage.

Don't Forget About MetLife Advantages℠

- **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.

You also have access to tools to help you evaluate your life insurance needs.



New Voluntary Long-Term Care (LTC) Option



Coming soon! You'll have the opportunity to enroll in a new voluntary LTC option from The Standard in February, for coverage effective April 1, 2027.

Coverage will include two benefits: life insurance protection for your family and LTC benefits if you become chronically ill.

Life Insurance Benefit	LTC Benefit
You may select a Life Insurance amount in increments of $25,000, up to $250,000. Coverage is available for spouses (ages 18-70) and dependent children (ages 0-25) with guaranteed issue for both classes. A death benefit is available even if you collect benefits for LTC.	If eligible, you can receive 6% of your life insurance benefit per month, up to two times your life insurance benefit. **Example:** If your life insurance benefit is $100,000, your monthly LTC benefit would be $6,000 with a total LTC benefit of $200,000.

If you're actively at work and under age 70, you'll automatically be approved for coverage with no health questions or medical exam required. And, you can keep your coverage if you leave the company, with the same benefits and rates.

Note: The new voluntary Long-Term Care option will **not** replace your existing group life insurance. You can be enrolled in both plans.

Watch for More Information

You will receive emails from **Amentum@ltcipartners.com** in February 2027 that provide more details, including how to enroll.

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.

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

Log into OneAmentumBenefits.com to view your premiums.

Short-Term Disability (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

STD is administered by Sedgwick.

Long-Term Disability (LTD)

LTD coverage provides 50% or 66.67% of weekly base earnings, up to $20,000 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	$20,000 per month

LTD is administered by MetLife.



Evidence of Insurability (EOI)

Evidence of Insurability (EOI) is the process by which an administrator 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 to MetLife when electing LTD, and the coverage will be effective once EOI is properly submitted and approved by MetLife.

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, $20,000, 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.

For more information, visit Voya.

Note: These policies are not a substitute for comprehensive health insurance and there's a limit on how much the policy will pay each year.

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
$20,000 Option				
<25	$2.22	$4.43	$3.60	$5.82
25-29	$2.68	$5.35	$4.06	$6.74
30-34	$3.51	$7.02	$4.89	$8.40
35-39	$4.52	$9.05	$5.91	$10.43
40-44	$7.02	$14.03	$8.40	$15.42
45-49	$9.14	$18.28	$10.52	$19.66
50-54	$10.80	$21.60	$12.18	$22.98
55-59	$17.26	$34.52	$18.65	$35.91
60-64	$20.31	$40.62	$21.69	$42.00
65-69	$25.85	$51.69	$27.23	$53.08
70+	$27.60	$55.20	$28.98	$56.58
$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.*

Voluntary Benefits

Identity Protection

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

Legal 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. Visit OneAmentumBenefits.com. You can only enroll during the first 30 days of hire or Open Enrollment.

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). **Note:** You must work with Nationwide directly for coverage; payroll deduction is not an option. Enroll anytime during the year.

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. Enroll anytime during the year.



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. There's zero impact on your credit score with this soft credit inquiry. For more information, call **833-277-7634**. Enroll anytime during the year.

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. 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. Enroll anytime during the year.

Employee Discount Program

Enjoy access to a wide variety of consumer products and services at a discount. Visit PerkSpot. Enroll anytime during the year.

Other Financial Benefits

Amentum 401(k) Retirement Plan

The Amentum 401(k) Retirement 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. Haven't started saving for your future 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.

When you enroll in the Amentum 401(k) Retirement Plan, you have access to CAPTRUST, an independent investment advisory firm that 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 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 CAPTRUST.

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 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.

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.



Amentum 401(k) Retirement Plan: Know Who to Call

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

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

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

Enrolling for Coverage

If you don't enroll, your current elections will automatically roll over into 2027 with the exception of the $500 PPO plan and your FSAs. If you are currently enrolled in the $500 PPO plan and do not make an active election, you will default to the PPO 750 plan. You will need to actively elect your FSA contributions for 2027. **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 2027 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 at **844-705-4099**, Monday-Friday, 8 am-8 pm ET.

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 2028 Open Enrollment period, unless you have a Qualified Life Event. See page 3 for information about Qualified Life Events and remember you must submit your event and required documents within **30 days** of the event date.

Resources

BENEFIT	ADMINISTRATOR	WEBSITE	PHONE
All Benefits	Amentum Benefits Service Center	OneAmentumBenefits.com	844-705-4099
HEALTH AND WELLBEING			
Medical	Anthem	anthem.com	833-371-0212
	Kaiser (Northern California)	kp.org	800-464-4000
	Kaiser (Southern California)	kp.org	800-464-4000
	Kaiser (Hawaii)	kp.org	808-432-5955 (Oahu) 800-966-5955 (Neighbor Islands)
	HMSA	hmsa.com	Toll Free: 800-776-4672 Direct: 808-948-6111
	TRICARE Supplement Plan	selmanco.com/tricare-supplement	800-638-2610
Prescription Drug	Express Scripts	express-scripts.com/amentum	800-807-8542
Health Savings Account (HSA)	MyChoice Accounts by Businessolver	OneAmentumBenefits.com	844-705-4099
Flexible Spending Accounts (FSAs)	MyChoice Accounts by Businessolver	OneAmentumBenefits.com	844-705-4099
Wellbeing Program and Incentives	Well	well.co/amentum	844-677-9355
Expert Medical Opinion	Teladoc	teladoc.com/medical-experts/	855-380-7828
Chronic Condition Management (Diabetes, Weight Management, Hypertension)	Teladoc Health	TeladocHealth.com/smile/AMENTUM *(registration code: AMENTUM)*	800-835-2362
Cancer Care Support	Lantern	lanterncare.com/for-members/cancer-journeys	855-204-3923
Joint, Muscle, and Pelvic Health Support	Hinge Health	hingehealth.com/for/amentum	855-902-2777
Women's and Family Health Benefit	Ovia Health	See page 15 for instructions	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 Long-Term Disability Insurance	MetLife	metlife.com	800-438-6388
Short-Term Disability Insurance	Sedgwick	mySedgwick.com/Amentum	877-364-0047
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	benefits.petinsurance.com/amentum	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
Amentum 401(k) Retirement Plan	Fidelity (for account information/changes) CAPTRUST (investment education/financial advice)	netbenefits.com captrustadvice.com	800-835-5095 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, 2026. 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: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/
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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: **1-877-357-3268**

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: **678-564-1162**, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: **678-564-1162**, Press 2

ILLINOIS – Medicaid
Illinois Medicaid Premium Assistance Information
Medicaid application website: https://abe.illinois.gov
HIPP Hotline Number: **217-524-8268**
HIPP Email: mhfs.boc.hipp@illinois.gov

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: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: **1-877-524-4718**
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Louisiana Medicaid Website:
https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: **1-888-342-6207**
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP)
Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: **1-877-697-6703**
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: **1-888-716-9787**
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

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:
https://medicaidoffice.net/missouri-medicaid/chip
Phone: **573-751-2005**

MONTANA – Medicaid
Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: **1-800-694-3084**
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://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: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/
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
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 RIte Share Line)

SOUTH CAROLINA – **Medicaid**
Website: https://www.scdhhs.gov
Phone: **1-888-549-0820**

SOUTH DAKOTA – **Medicaid**
Website: http://dss.sd.gov
Phone: **1-888-828-0059**

TEXAS – **Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services:
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: **1-800-440-0493**

UTAH – **Medicaid and CHIP**
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://bms.wv.gov/
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, 2026, 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 you 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 Amentum 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.

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2027 Benefits Guide

FOR US-BASED, NON-UNION EMPLOYEES

