amentum

# 2027 Frequently Asked Questions (FAQs)

FOR US-BASED, NON-UNION EMPLOYEES



Overview

Medical Plans

Garner Health Benefit

Prescription Drugs

Tax-Advantaged Accounts

401(k) Retirement Plan

Dental and Vision Plans

Wellbeing Programs and Incentives

Life, AD&D, and Disability Insurance

Voluntary Benefits

Enrollment Details

*Click on an icon to go to that section*

# Overview

## What's happening for 2027?

For 2027, Amentum is updating plan designs and pharmacy programs, and employee contributions for medical coverage will increase. A new cancer care support benefit will also be introduced, and you'll have the opportunity to enroll in a new voluntary Long-Term Care option in early 2027.

## How much are employee contributions for medical coverage increasing?

The average increase will be between 10% and 14%, depending on the plan and tier of coverage you select.
**Note:** Regional plans (i.e., Kaiser and HMSA) may have higher average increases.

## Do I need to enroll?

While enrollment is passive, we encourage you to consider your options and choose the benefits that best fit your needs. **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.

## What do our benefit offerings look like for 2027?

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

| HEALTH AND WELLBEING | |
|---|---|
| **BENEFIT** | **CARRIER** |
| **Medical (including Telehealth)** (Bronze HSA; Silver HSA; Gold HSA; PPO 750) | 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 |
| **Health Benefit and Eligible Expense Reimbursement** | Garner |
| **Chronic Condition Management** | Teladoc Health |
| **Cancer Care Support** | Lantern |
| **Women's and Family Health Benefit** | Ovia Health |
| **Joint, Muscle, and Pelvic Health Support** | Hinge Health |
| **Expert Medical Opinion** | Teladoc Health |
| **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.*

| FINANCIAL SECURITY | |
|---|---|
| **BENEFIT** | **CARRIER** |
| **Supplemental Insurance**<br>(Accident; Critical Illness; Hospital Indemnity) | Voya |
| **Life and AD&D Insurance**<br>(Basic; Supplemental Life; Supplemental AD&D) | MetLife |
| **Long-Term Care + Life Insurance Benefits*** | The Standard |
| **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/CAPTRUST** |

** Enrollment opportunity in February 2027 for coverage effective April 1, 2027*
*** Fidelity for account information/changes; CAPTRUST for investment education and financial advice*

## When is Open Enrollment?

Open Enrollment begins on November 10, 2026 and ends on November 24, 2026 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 Qualified 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, 2027.

# Medical Plans

## What medical plans are offered?

You have four medical plan options—all administered by Anthem: Gold HSA, Silver HSA, Bronze HSA, and PPO 750. 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.

## 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.

## Why are my employee contributions increasing?

Healthcare costs continue to rise due to factors such as medical inflation, increased costs for hospitalizations, higher prescription drug costs, increased use of specialty medications, and growing cancer care and musculoskeletal claims. Amentum continues to invest in comprehensive benefits while working to balance choice, access to high-quality care, affordability, and long-term sustainability.

## Are there any changes to the HSA plans for 2027?

No, the Gold HSA, Silver HSA, and Bronze HSA Plans are staying the same for 2027.

## What happened to the $500 PPO?

The $500 PPO has been renamed to PPO 750 and has increased deductible and out-of-pocket maximum amounts.

## 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 PPO 750 offered?

We are committed to offering you and your family medical plan choices. The PPO 750 provides an additional option that might meet the physical and financial circumstances of some employees and families. The PPO 750 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 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 PPO 750 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 PPO 750, 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 10.

## 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 | 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

## Will I receive a new medical ID card?

If you enroll in an Anthem medical plan for the first time or change your Anthem plan or dependents covered, you will receive a new Anthem ID card. If there are no changes to your existing Anthem plan, new ID cards will not be issued. To obtain your ID card visit **Anthem.com** or download the Sydney Health app.

# Garner Health Benefit for Anthem Medical Plan Participants

## What is the Garner Health benefit?

Garner Health is a free reimbursement benefit for employees and family members who are enrolled in an Amentum Anthem medical plan. You can use the Garner app to find the best doctors in your network, and Garner helps cover your medical bills.

## How does it work?

You search for Top Providers, add them to your Care Team before your visit, and get reimbursed.

## 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 you meet the IRS spending limit ($1,750 for individual coverage and $3,500 for family coverage).* Eligible expenses include office visits, imaging, and lab work.

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

## 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 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?

If you are enrolled in an Anthem medical plan, follow these steps:

1. **Search for Top Providers:** Search for the best doctors near you in the Garner Health app or website.
2. **Add your doctor to your "Care Team"** before your visit.
3. **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 the IRS spending requirement has been met ($1,750 for individual coverage and $3,500 for family coverage).*

## What should I do if I don't receive reimbursement within 8 weeks of my visit?

Contact the Garner Concierge team. They can tell you about any unreimbursed claims or explain why a reimbursement was delayed. In some cases, Garner may need more information to process your claim and will reach out to you directly.

## How can I contact the Garner Concierge team?

You can contact the Garner Concierge team through:

- In-app messaging
- Phone at **866-761-9586**

The Concierge team is available Monday through Friday from 8 am to 10 pm ET. Se habla español.

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

To ask about your claim, contact the Garner 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 meet an IRS spending requirement before you can utilize your Garner Health benefit. 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 Garner 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 meet the IRS spending requirement. Once you have spent that amount, you can use the Garner benefit.

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 $1,750 for individual or $3,500 for families in 2027, they will start issuing reimbursement checks for qualifying out-of-pocket medical costs.*

Meeting the IRS spending requirement 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 spending requirement.

* ***Note:*** *For HSA plans only. For the PPO plan, the IRS spending requirement 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 benefit 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 benefit 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.

## If I'm on a GLP-1 currently, will there be a cost difference in 2027?

You may see a difference in the cost of your medication. Beginning in 2027, you also must meet coverage eligibility requirements, as noted below. For more details, visit **express-scripts.com/amentum** or call **800-807-8542**.

## Are there any changes to prescription drug coverage?

Yes. To further support your health and wellbeing, we're offering EncircleRx℠, a new weight management program that 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 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.*

## 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 2027 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.

## 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

## 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, can grow tax free through investment earnings, and comes out tax free if you use it to pay for qualified healthcare expenses today—or even into retirement.

## 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 2027?

If you stay in an HSA-eligible medical plan for 2027, 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 PPO 750 for 2027, you can continue using your HSA for qualified healthcare expenses, but you and the company cannot add new funds to the account in 2027. 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.

## Will the company contribute to my HSA in 2027?

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 through Well. How much you earn depends on the medical plan you choose, your coverage tier, and your participation in healthy activities through Well. See the **Wellbeing Programs and Incentives section** for required activities. You must open an HSA account to receive contributions.

## How much can I contribute to my HSA in 2027?

You can contribute up to the IRS annual maximum for 2027 (individual coverage: $4,500; family coverage: $9,000). **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 PPO 750 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 2027, 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 2027?

You can contribute up to the IRS annual maximum for 2027:

- **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 2026.*

# 401(k) Retirement Plan

## Am I required to re-enroll in the 401(k) Retirement Plan?

You do not need to re-enroll in the 401(k) Retirement Plan. Your contributions will continue unless you wish to make a change. However, if you would like to make changes to your contribution elections or would like to start contributing, simply log on to **netbenefits.com**, select the Amentum 401(k) Retirement Plan, and navigate to the "Contribution Amount" section or you can also call the Fidelity Retirement Benefits Line at **800-835-5095**, Monday-Friday, 8:30 am-12:00 am ET. Fidelity is closed when the NYSE market is closed.

## In 2027, what tips are suggested for maximizing my 401(k) Retirement Plan contributions?

- **Plan your contributions.** Employer matching contributions are made on a **per-payroll-period basis**, so it is important to plan your contributions to be taken each payroll period throughout the entire year to maximize the match.
- **Set up Catch-up Elections.** If you will be age 50 or older before the end of the calendar year, you are eligible for Catch-Up contributions. If you would like to start Catch-Up contributions in 2027, a separate catch-up election is needed. Log in to your account at **netbenefits.com** or contact Fidelity Investments® at **800-835-5095**, Monday-Friday, 8:30 am-12:00 am ET.
- **Take advantage of CAPTRUST at Work to review your investment allocation.** Amentum has partnered with CAPTRUST at Work to provide one-on-one coaching, investment advice, and financial planning resources to all Amentum 401(k) Retirement Plan participants at no cost to you. This benefit can be accessed from a personal computer or mobile device at **CAPTRUSTatWork.com**.

## Should I make separate beneficiary elections for the 401(k) Retirement Plan?

Yes, to elect or change your beneficiary designations, please go to your Profile on **netbenefits.com** and add your beneficiary information.

# Dental and Vision Plans

## What dental plan 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

## How does Well work?

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.

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**.

## Why should I join Well?

Here are the top five reasons to join:

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 real-time gift cards for completing activities, starting with a $25 sign-up reward.** Choose from hundreds of popular gift card options, including Amazon, Starbucks, and more.
4. **If enrolled in the Gold HSA or Silver HSA plan, you can also earn HSA contributions.** See below for details regarding 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.

## Can I still receive wellness incentive rewards in 2027?

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 | PPO 750 |
| Employee participation *(employee-only coverage)* | **Total: Up to $600**<br>• Up to $350 in HSA<br>• Up to $250 in Gift Cards | **Total: Up to $800**<br>• Up to $550 in HSA<br>• 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**<br>• Up to $700 in HSA<br>• Up to $500 in Gift Cards | **Total: Up to $1,600**<br>• Up to $1,100 in HSA<br>• Up to $500 in Gift Cards | **Total: Up to $500 in Gift Cards** | |

***Note:*** *Covered spouses must participate in Well to earn spouse-related incentives.*

## 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. Earned gift card rewards are considered taxable income and you will see the amount reported on your W2.

## 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?

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 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!

## 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 Health?

Eligible Anthem medical plan participants have access to Teladoc Health, 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 eligibility requirements. Visit **TeladocHealth.com/smile/AMENTUM** or call **800-835-2362** and use registration code: AMENTUM.

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 cancer care?

Beginning January 1, 2027, employees enrolled in an Anthem medical plan will have access to Lantern, a new cancer care support benefit that provides personalized guidance during what can be a complex and overwhelming time.

A team of oncology nurse navigators can support you from diagnosis through treatment, remission, and beyond. Lantern can help you find oncologists with expertise in your diagnosis, access second opinions, and coordinate appointments, medical records, and care across doctors and facilities.

If your care is far from home, Lantern may provide support with travel and lodging. Travel benefits vary based on your coverage. Medical treatment and services continue to be billed through your regular health plan.

Visit **lanterncare.com/for-members/cancer-journeys** or call **855-204-3923**.

## What support is available for joint, muscle, and pelvic health?

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, including one-on-one support from a dedicated physical therapist and health coach to treat multiple body parts. You'll get tailored exercises and video visits with your physical therapist that fit seamlessly into your busy life. Plus, real-time audio and visual guidance from the app will help improve your form and build your confidence during exercises.

To learn more about the program and enroll, visit **hingehealth.com/for/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.

Anthem medical plan participants can also get support from Ovia Health. Ovia now offers one app to provide trusted guidance for all stages of women's health—from cycle tracking to pregnancy and postpartum, parenting, menopause, and everyday health.

With Ovia+, you get unlimited access to Ovia's Care Team, 365 days a year with support for multiple health goals and new resources that cover topics such as heart health, hormone health, gut health, preventive wellness, and healthy aging.

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 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.

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

# Life, AD&D, and Disability Insurance

## 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 2027 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 2027 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)?

Evidence of Insurability (EOI), also known as proof of good health, may be required based on the amount of life insurance coverage you elect. Your enrollment experience will indicate whether EOI is required 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.

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 2027?

The company offers the following voluntary benefits. Elections must be made during Open Enrollment, unless noted.

**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. These benefits are administered by Voya.

- **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.
- **Hospital indemnity insurance** pays a daily cash benefit if you are hospitalized. You can choose from a low or high daily benefit.

**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.

**New voluntary Long-Term Care (LTC) option coming soon**—you'll have the opportunity to enroll in coverage that provides both life insurance and LTC benefits from The Standard in February, for coverage effective April 1, 2027. Watch for emails from **Amentum@ltcipartners.com** in February 2027 that provide more details, including how to enroll.

**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:** 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. Enroll anytime during the year.

**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. Enroll anytime during the year.

**Employee Discount Program**—PerkSpot provides access to thousands of exclusive deals from top brands across 25+ savings categories. Enroll anytime during the year.

**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. Enroll anytime during the year.

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 2027.
- Access the MyChoice Recommendation Engine℠ to help you choose the medical plan that is right for you.
- Access other resources (i.e., 2027 Benefits Guide) to help you understand your 2027 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.*

*©2026 Amentum. All rights reserved.*