



Your 2021 Benefits Guide

Jacobs

Challenging today.
Reinventing tomorrow.



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Your 2021 benefits

At Jacobs, we're invested in you and your success. That's why we've designed a competitive benefits package that reflects our culture of caring and promotes **all** aspects of your health and well-being — physical, mental, financial and social. This guide is your resource to learn about your benefits so you and your family can choose coverage that meets you where you are in life. For additional information, check out [Global People Services](#) on JacobsConnect at jacobshr.servicenowservices.com/esc.

Who is eligible for benefits

Regular full-time and modified full-time active employees working at least 21 hours per week are eligible for benefits. For some benefits, you can also enroll your eligible dependents, who include:

- Your spouse.
- Your domestic partner who is a person of the opposite or same sex with whom you share a common domestic life together but are not legally married.
- Your children (including the children of your domestic partner) up to age 26 regardless of student, marital, military, or employment status.
- A child age 26 or over who is or becomes disabled prior to age 26 and is dependent upon you.

For more information on dependent requirements, please refer to the *Dependent Eligibility Documentation Requirements* available at benefits.jacobs.com.

When coverage is effective

The effective dates of coverage for your benefits depend on the benefit plan.

- **If you're enrolling as a new hire or as a rehire 30 days or more from your termination date:**
 - **Coverage effective on your hire/rehire date:** Employee Assistance Program, Basic Life Insurance, Business Travel Accident Insurance.
 - **Coverage effective on the first day of the month coinciding with, or following, your hire/rehire date:** Medical, dental, vision, flexible spending accounts, health savings accounts, supplemental life, accidental death and dismemberment and disability plans.
- **If you're enrolling as a rehire within 30 days from your termination date:** You'll continue in the coverage and elections in effect on your termination date. Coverage begins the first of the month coincident with or following your rehire date.
- **If you're enrolling during Benefits Open Enrollment:** Changes for most benefits plans made during the Benefits Open Enrollment period are effective the following Jan. 1.



How to enroll

Enrolling is easy! Visit Employee Self-Service at selfservice.jacobs.com 24/7 from any smartphone or computer with Internet access.

For additional assistance with enrollment, refer to the instructions posted on benefits.jacobs.com under **Resources**.

Adding a dependent?

If you're adding a new dependent to coverage, you'll need to certify your dependent's eligibility for benefits.

You must [Submit a Benefits Question](#) to [Global People Services](#) within 30 days of the qualifying life event. Be sure to include a *Benefits Enrollment/Change Form* and the appropriate documentation as noted in the *Dependent Eligibility Documentation Requirements* available at benefits.jacobs.com.

Adding a dependent through Employee Self-Service at selfservice.jacobs.com doesn't enroll that dependent for coverage or designate that dependent as a beneficiary to your benefits.

If you and your spouse/domestic partner or parent work for Jacobs

You can't be covered as both a Jacobs employee and a dependent of a Jacobs employee.

- You may elect your own coverage as an employee; OR
- Your Jacobs spouse/domestic partner or parent may elect to cover you as a dependent.

Eligible children may be covered under one (but not both) eligible employee's coverage.



For more information about adding a dependent or other qualified life events, see "Changing your benefits" on page 26.

Medical plan options

Jacobs provides a choice of high-quality health insurance plan options designed to fit a variety of needs. We offer the following medical plans, all administered through UnitedHealthcare (UHC).

- UHC Choice Plus Value HDHP
- UHC Choice Plus Enhanced HDHP
- UHC Choice Plus PPO
- UHC Out-of-Area Value HDHP
- UHC Out-of-Area Enhanced HDHP
- UHC Out-of-Area Choice Plus PPO

Here is a brief overview of the major features of each plan. For additional details, review the *Health Plan Comparison Chart* and plan summaries posted on benefits.jacobs.com.

Interested in Kaiser HDHP coverage?

Jacobs also provides HDHP medical plan coverage in certain areas. For more information, see "Kaiser High Deductible Health Plan (HDHP)" on page 6.

UHC Choice Plus plans at a glance						
Plan feature	Choice Plus Value HDHP		Choice Plus Enhanced HDHP		Choice Plus PPO	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible	\$2,500 for individual; \$5,000 for family*	\$5,000 for individual; \$10,000 for family*	\$1,500 for individual; \$3,000 for family*	\$3,000 for individual; \$6,000 for family*	\$600 per individual; \$1,200 per family	\$1,200 per individual; \$2,400 per family
Preventive care	Covered in full	You pay 50% coinsurance after deductible	Covered in full	You pay 50% coinsurance after deductible	Covered in full	You pay 50% coinsurance after deductible
Plan coverage	You pay 30% coinsurance after deductible	You pay 50% coinsurance after deductible	You pay 20% coinsurance after deductible	You pay 50% coinsurance after deductible	For many services, you pay either a copay or 20% coinsurance after a copay and annual deductible	For many services, you pay 50% coinsurance after deductible
Out-of-pocket maximum	\$5,000 for individual; \$10,000 for family*	\$10,000 for individual; \$20,000 for family*	\$5,000 for individual; \$10,000 for family*	\$10,000 for individual; \$20,000 for family*	\$5,000 per individual; \$10,000 per family	\$10,000 per individual; \$20,000 per family
Prescription drugs at a retail pharmacy	You pay 30% coinsurance up to \$150, after deductible (waived for eligible preventive drugs) per prescription up to a 30-day supply		You pay 30% coinsurance up to \$150, after deductible (waived for eligible preventive drugs) per prescription up to a 30-day supply		You pay 30% coinsurance up to \$150, after deductible (waived for eligible preventive drugs) per prescription up to a 30-day supply	
Prescription drugs by mail order	You pay 20% coinsurance up to \$300, after deductible (waived for eligible preventive drugs) per prescription up to a 90-day supply; mandatory mail order or Walgreens90 for maintenance drugs		You pay 20% coinsurance up to \$300, after deductible (waived for eligible preventive drugs) per prescription up to a 90-day supply; mandatory mail order or Walgreens90 for maintenance drugs		You pay 20% coinsurance up to \$300, after deductible (waived for eligible preventive drugs) per prescription up to a 90-day supply; mandatory mail order or Walgreens90 for maintenance drugs	

* The individual amounts for the deductible and out-of-pocket maximum apply to participants that elect employee only coverage. Coverage other than employee only is considered family coverage and the family deductible and out-of-pocket maximum amounts apply.



Considering an HDHP plan for medical coverage?

The Jacobs HDHP options are HSA-eligible and provide an opportunity for additional tax savings. Also unique to HDHP plans are how their annual deductibles and out-of-pocket maximums work:

Annual deductible

If you elect employee-only coverage, the plan pays eligible medical and prescription drug expenses after you satisfy the individual annual deductible. All other coverage levels are considered family coverage and the plan pays eligible medical and prescription drug expenses after you or any combination of your covered family member(s) satisfy the family deductible.

Out-of-pocket maximum

If you elect employee-only coverage, the plan pays 100% of eligible expenses for the remainder of the year after you satisfy the individual annual out-of-pocket maximum. All other coverage levels are considered family coverage and the plan pays 100% of eligible expenses for the remainder of the year after you or any combination of your covered family member(s) satisfy the family out-of-pocket maximum. However, no family member pays more than \$6,850 towards the family out-of-pocket in-network cost.

UHC plans

Our UHC plans each feature different annual deductibles and out-of-pocket maximums, as well as different premium levels. For a look at how these plans work, see page 5.



Find a UHC network provider

For a directory of UHC providers, go to whyuhc.com/jacobs.

Getting the most from your prescription drug coverage

Prescription drug benefits are part of your Jacobs medical plan coverage. To help get the most value from your coverage, try the following tips:

- **Try generics:** Generic drugs have the same active ingredients as brand-name medications, but are less expensive than their brand-name counterparts. So when your doctor prescribes a new medication for you, ask if there is a generic alternative.
- **Understand the value of preventive medications:** As part of a healthy lifestyle, preventive medications can help people avoid many illnesses and support good health. To access the Express Scripts Preventive Medications List, visit express-scripts.com/jacobs.
- **Check the formulary list:** The Express Scripts formulary is a list of approved drugs covered by your plan. This list can change during the plan year — with some drugs removed, new drugs added, and restrictions added or removed. To find out whether a drug is on the Express Scripts formulary list, visit express-scripts.com/jacobs.

High deductible health plans at a glance

The UHC Enhanced HDHP, UHC Value HDHP and Kaiser HDHP offer choice and savings options.

- **What is a high deductible health plan (HDHP)?** — A medical option with a lower premium and a higher deductible and out-of-pocket maximums.
- **HDHPs offer provider networks to help you save money** — The UHC and Kaiser networks offer convenience and administrative ease because the provider files the claim on your behalf.
- **Preventive care for good health** — Coverage for in-network preventive care is paid in full. For more information about what’s considered preventive care, visit uhc.com/health-and-wellness/preventive-care.
- **The Jacobs HDHP medical options are HSA-eligible** — You can open a health savings account (HSA) to pay for unreimbursed, qualified medical expenses with pre-tax dollars. Depending on the HDHP you elect, Jacobs will contribute a set amount to your HSA that can be used to offset the higher out of pocket costs. See page 10 for more information about HSAs.
- **HSA-Eligible HDHPs include some important plan design details!**
 - An HSA-eligible HDHP may not pay for any services until the deductible is met, including coverage for prescription drugs. The only exception is for preventive care. Copays for services are not included.
 - The individual deductible amount applies to employee only coverage. If you’re on a family HDHP — that’s two or more people covered — everyone’s covered medical expenses help meet the family deductible. Refer to the chart on page 3 for deductible amounts.
 - There is a maximum limit on the total out-of-pocket medical expenses you must pay for covered expenses.

When you access care using your HSA-eligible HDHP		
You first pay	Then you and the plan share	Then the plan pays
Deductible <ul style="list-style-type: none">▪ The deductible is the amount you pay for the calendar year before the plan pays any benefits, including prescription drugs. Preventive care is not subject to the deductible.▪ There are separate deductibles for in-network and out-of-network care.▪ Individual deductibles apply to employee only coverage. For family coverage, expenses for all covered members are applied to the family deductible until the total amount is satisfied.	Coinsurance <ul style="list-style-type: none">▪ Once you reach your deductible, costs are shared by you and the Plan.▪ Your out-of-pocket cost should be lower when you receive in-network care.▪ When you see an out-of-network provider, Value and Enhanced Plans cover a percentage of reasonable and customary (R&C) charges, and you’re responsible for any amount over the R&C limit.	Out-of-pocket maximum <ul style="list-style-type: none">▪ After you reach the out-of-pocket maximum, the plan pays 100% of covered expenses for the remainder of the calendar year.▪ There are separate out-of-pocket maximums for in-network and out-of-network care.▪ Your HDHP coverage includes an individual limit of \$6,850 for participants with family coverage.

Peace of mind for medicare-eligible employees and dependents

When it comes to prescription drug coverage, on average, you can expect all UHC and Kaiser plans to pay out as much as standard Medicare — this means they’re considered Creditable Coverage. If you select this coverage and join a Medicare drug plan later, you won’t pay a higher premium (a penalty).

For more information, please refer to the *Medicare Part D Creditable Coverage Disclosure Notice* on benefits.jacobs.com.

Option to open a health savings account (HSA)

If you choose, you can open an HSA with Optum Bank to help pay for eligible medical expenses. To help you build your account balance, and if actively elected, Jacobs provides an employer contribution to your HSA (depending on the medical HDHP you select). For details, see “Health savings account (HSA)” on page 10. While you can open an HSA with other banks, Optum Bank offers convenient auto payroll deductions.

The UHC Choice Plus Value and Enhanced HDHP offer the opportunity to open and contribute to a health savings account (HSA), which features triple tax advantages and a chance to invest your savings.

Note: Not all employees may be eligible (e.g., those enrolled in any part of Medicare or a PPO through another plan).

UHC Choice Plus PPO plan

How the UHC Choice Plus PPO plan works

Highest premium cost
Premiums for the UHC Choice Plus PPO plan are higher than for the UHC Choice Plus HDHPs while the annual deductible and out-of-pocket costs are lower.

Preventive care covered at no cost to you
In-network preventive care is 100% covered — you pay nothing. Preventive services are not subject to deductibles, coinsurance or copayments. For more information about preventive care services that may be appropriate for your needs, visit uhcpreventivecare.com.

Network savings
When you use in-network providers, you save money — and you don't need to get referrals or file any claim forms.

When you access care ...		
You first pay	Then you and the plan share	Then the plan pays
Deductible <ul style="list-style-type: none">The deductible is the amount you pay for the calendar year before the plan pays any benefits, except those for preventive services.There are separate deductibles for in-network and out-of-network care. Copays <ul style="list-style-type: none">The copay is a fixed amount you pay for certain services, excluding expenses for preventive services.	Coinsurance <ul style="list-style-type: none">Once you reach your deductible per individual (not to exceed the family deductible for all covered family members), costs are shared by you and the Plan.Your out-of-pocket cost should be lower when you receive in-network care.When you see an out-of-network provider, the Choice Plus PPO plan covers a percentage of reasonable and customary (R&C) charges, and you're responsible for any amount over the R&C limit.	Out-of-pocket maximum <ul style="list-style-type: none">After you reach the out-of-pocket maximum, the plan pays 100% of covered expenses for the remainder of the calendar year.There are separate out-of-pocket maximums for in-network and out-of-network care.After you reach the out-of-pocket maximum per person (not to exceed the family out-of-pocket maximum for all covered family members), the plan pays 100% of covered expenses for the remainder of the calendar year.

Out-of-Area plans

If you live out of the UHC service areas, the following plans are available.

UHC Out-of-Area, UHC HDHP – Out-of-Area Value and Enhanced options

The plan covers 100% for preventive services and after you pay the deductible 80% of R&C (or 70% of R&C for Out-of-Area Value plan) charges, and you're responsible for any amount over the R&C limit.

Kaiser High Deductible Health Plan (HDHP)

The Kaiser HDHP is a medical plan that pays benefits only when you use its network of doctors and facilities and receive the proper referrals. (The Kaiser Washington HDHP allows for out-of-network provider services.) With an HDHP:

- Premiums are lower; however, there is a high annual deductible which also applies to prescription drug expenses (excluding expenses for eligible preventive drugs), and your annual out-of-pocket maximum is higher.
- After you pay the deductible, the plan pays 80% and you're responsible for 20%.
- In-network preventive care is 100% covered.
- If you enroll in Kaiser, you can open an HSA with Optum Bank to help pay for eligible medical expenses. While you can also open an HSA with other banks, you have convenient auto payroll deductions through Optum Bank.

To see if Kaiser HDHP is offered in your area, refer to the Employee Self Service website at selfservice.jacobs.com or the *Health Plan Comparison Chart* posted on our external U.S. benefits site, benefits.jacobs.com. After you satisfy the annual out-of-pocket maximum per person (not to exceed the family out-of-pocket maximum for all covered family members).



Find an HDHP network provider

Visit the carrier website for a directory of HDHP providers (see page 30 for contact information).

Dental plan options

Good dental hygiene and regular check-ups not only brighten your smile, but also promote your overall health. You can choose between two dental plans: the Delta Dental Preferred Provider Organization (PPO) plan, Value and Enhanced options. Below is a brief overview of the major features for each plan.

For details, review the *Health Plan Comparison Chart* and *Delta Dental Highlight Sheet* posted on benefits.jacobs.com.

Delta Dental PPO plan

Delta Dental PPO plan Value and Enhanced options let you receive care from any dentist, however, using a provider in the Delta Dental network saves you money.

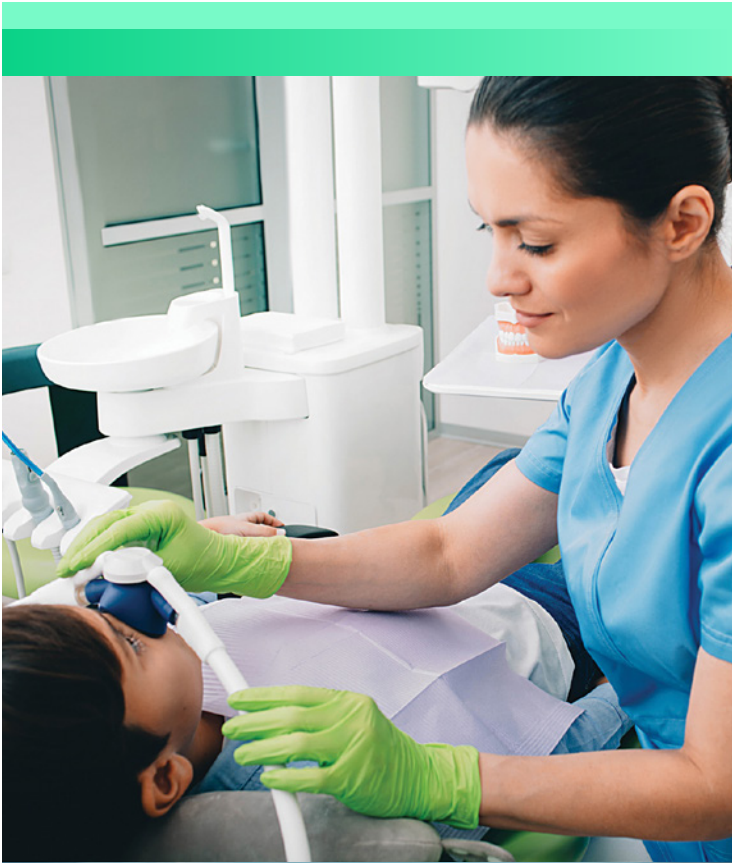
For most covered services, after you meet the annual deductible, the plan pays a percentage of the cost up to Delta Dental's maximum benefit allowance. Delta Dental has two networks of dentists, the Delta Dental PPO network and the Delta Dental Premier® network. You also have the option to receive services from an out-of-network provider.

Network versus out-of-network costs		
Delta Dental PPO network	Delta Dental Premier network	Out-of-network
Delta Dental PPO dentists agree to negotiated rates so you'll usually pay the lowest out-of-pocket costs.	Delta Dental Premier dentists can't charge above Delta Dental's approved amount, so your out-of-pocket costs may be lower than if you go out-of-network.	You may go to an out-of-network dentist, however, you're responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist charges.



Find a Delta PPO or Premier network dentist

For a directory of Delta network dentists, go to deltadentalins.com or call 1.800.521.2651.



Vision plan

Protect your eyesight with regular vision check-ups to detect chronic conditions and vision-correction needs. You can choose vision coverage through the Vision Service Plan (VSP). With VSP, you can access care from any licensed provider, but coverage is greater (and your out-of-pocket costs are less) when you use VSP network providers. When you access care from an out-of-network provider for vision care, the plan provides an allowance that varies depending on the type of service.

For details, review the *Health Plan Comparison Chart* and VSP benefits summary posted on benefits.jacobs.com.



Find a VSP provider

For a directory of VSP Signature providers, go to vsp.com or call 1.800.877.7195.

Tax saving options for paying for health care

Want to spend less **and** lower your taxes? We offer several options for setting aside money tax-free to pay for eligible health care and dependent care expenses. You may participate in one or more of the tax savings accounts, depending on your needs and your medical plan coverage. You may not enroll in both a health savings account and the Health Care FSA — you may enroll in only one or the other.

The chart below illustrates a high-level summary of the health savings account (HSA) and each of the flexible spending accounts (FSAs).

Tax saving options at a glance				
	Health Care FSA ¹	Health savings account (HSA) ¹	Limited Purpose FSA	Dependent Care FSA
Who may enroll?	All employees	Employees enrolled in any UHC Choice Plus HDHP or Kaiser HDHP	Employees enrolled in any UHC Choice Plus HDHP or Kaiser HDHP	All employees
What types of expenses are reimbursable? ²	Eligible medical, dental, vision and prescription drug expenses (including copays and coinsurance)	Eligible medical, dental, vision and prescription drug expenses (including copays and coinsurance)	Eligible dental and vision expenses only (including copays and coinsurance)	Eligible dependent care expenses (child care and/or elder care) <i>Note: This FSA is NOT for dependent health-related expenses</i>
What is the maximum annual contribution?	\$2,750	\$3,600 (employee only); \$7,200 (employee plus spouse/employee plus child(ren)/employee plus family) If you're age 55 or older, you can contribute an additional \$1,000 annually The maximum annual contribution includes the employee and employer contribution amount	\$2,750	\$5,000
Does the company contribute?	No	Yes (active election required for first-time participants) Applies to the UHC Choice Plus Enhanced HDHP, UHC Out-of-Area Enhanced HDHP and Kaiser HDHP (except Hawaii) ▪ \$500 for Employee Only coverage ▪ \$1,000 for Employee Plus Spouse/Child(ren)/Family ³	No	No
Do leftover funds roll over from year to year?	Yes. Up to \$550 of your unused balance rolls over to the next year.	Yes. Unused money rolls over into the next year to be used for future eligible expenses.	Yes. Up to \$550 of your unused balance rolls over to the next year.	No, you must "use it or lose it" — that is, any funds remaining at the end of the plan year are forfeited.

¹ You may not enroll in both the health savings account and the Health Care FSA — you may enroll in only one or the other.

² For a list of eligible expenses, visit [whyuhc.com/jacobs](https://www.whyuhc.com/jacobs).

³ Domestic partners and their children are not HSA-eligible-dependents under the tax code.

For 2021, employee and employer contributions can't exceed \$3,600 (employee only) or \$7,200 (employee plus spouse/employee plus child(ren)/employee plus family). If you're age 55 or older, you can contribute an additional \$1,000 annually. Domestic partners and their children are not HSA-eligible-dependents under the tax code.



Health savings account (HSA)

If you enroll in any UHC Choice Plus HDHP or Kaiser HDHP, you're eligible to open and contribute to a health savings account (HSA). An HSA helps offset the higher deductible and out-of-pocket amounts by allowing you to set aside and pay for qualified medical expenses on a tax-advantaged basis.

An account for the benefit of today and tomorrow

- **A triple-tax advantage:** The money you contribute to your HSA reduces your taxable income, and your money isn't taxed when you take it out for qualified expenses. Plus, your account earns interest tax-free for balances over \$2,000.
- **You control how you use it:** You can use your HSA funds to cover eligible expenses or save them for use later.
- **Your HSA money rolls over year to year:** No "use-it-or-lose-it" limits apply! Unlike with a flexible spending account (FSA), any money left in the account at the end of the year rolls over into the next year, allowing your account to accumulate over time to pay for future expenses.
- **You own the account:** Your HSA funds belong to you. Your balance is available even if you change medical plans the next year or leave Jacobs for any reason.
- **Save for medical expenses in retirement:** If you save the funds in your HSA year over year instead of spending them, you'll be able to use the funds to reimburse your medical expenses in retirement.

Not everyone can open an HSA

All benefit-eligible employees can enroll in an HDHP plan. However, you **aren't eligible to open an HSA if you're:**

- Enrolled in another medical plan (such as a spouse's/ domestic partner's plan), unless it's a qualified high deductible health plan
- Enrolled in any part of Medicare
- Eligible to be claimed as a dependent on another individual's tax return
- Not a U.S. resident
- A military member who is enrolled in TRICARE.

Contributing to your HSA

Contribution limits are set by the IRS annually, and can be made on a pre-tax basis through payroll deduction or after-tax on your own schedule.

If you enroll in the *UHC Enhanced HDHP*, *UHC Out of Area Enhanced HDHP* and *Kaiser HDHP*, Jacobs will jump start your savings by contributing:

- \$500 for participants with employee only coverage; or
- \$1,000 for participants electing employee plus spouse, employee plus child(ren) or family coverage.

Employer contributions for elections made mid-year are reduced and pro-rated over the remaining pay periods for the year.

Important: Employer contributions are not available to Value HDHP participants or Kaiser Hawaii participants due to state mandates for low deductible coverage.

Setting up your HSA with Optum Bank

Your HSA is administered by Optum Bank. Although an HSA can be opened through many financial institutions, the Jacobs employer contribution and pre-tax payroll deductions can only be deposited to an account with Optum Bank. In most instances, HSAs are opened automatically by the company. Occasionally, Optum Bank will require information from you to complete the process. You'll be contacted directly; please be sure to respond in a timely manner to avoid delays.

Using your HSA

After your account is open, you'll receive a welcome kit and an Optum Bank debit card, which you can use at your doctor's office, pharmacy, dentist's office or any other provider that accepts a debit card. Keep your receipts for your records, as you may need to provide proof of eligible expenses for tax purposes. View your HSA account balance at whyuhc.com/jacobs.

Questions?

If you have questions about the HSA, contact Optum Bank at 1.800.791.9361 or online through whyuhc.com/jacobs.

Flexible spending accounts (FSAs)

Flexible spending accounts (FSAs) let you set aside money, before taxes are deducted, to help pay for eligible health care and dependent day care expenses. Your before-tax contributions to an FSA means more money stays in your pocket — and less to taxes.

After you enroll in the FSA plan, you're issued a debit MasterCard to pay for certain eligible expenses and copayments. **Note: Unless you receive a new debit card, you can continue to use your current debit card in the next calendar year. Your election amount is reset on your existing card.**

Health Care FSA

You may use the Health Care FSA to reimburse a wide range of eligible medical, dental and vision care expenses for you and your dependents (even if they're not covered by a Jacobs-sponsored plan). You may contribute from \$100 up to \$2,750 in 2021. Eligible health care expenses include:

- Medical, prescription drug and dental out-of-pocket expenses (for example, annual deductibles, coinsurance, copays and expenses above plan maximums);
- Vision care expenses including eyeglasses, contact lenses and supplies;
- Over-the-counter medications prescribed by a physician;
- Insulin and related supplies; and
- Other eligible health care expenses are listed at whyuhc.com/jacobs.

An automatic payment option is also available. If you enroll in this option, eligible health care costs that you incur under your UHC plan are automatically reimbursed from your Health Care FSA. For other eligible expenses incurred in 2021, you simply submit claims for reimbursement. Go to whyuhc.com/jacobs to enroll in the automatic payment option.

Limited Purpose FSA

If you enroll in any of the UHC Choice Plus HDHPs and want to set aside even more tax-free money, you can enroll in a Limited Purpose FSA and contribute from \$100 up to \$2,750 in 2021. The Limited Purpose FSA is subject to rules similar to the Health Care FSA's except that only eligible dental and vision expenses (not medical expenses) can be paid from the account. Eligible expenses include:

- Dental care annual deductible, copay and other related expenses; and
- Vision care copays and other expenses including eyeglasses, contact lenses and supplies and corrective eye surgery.

Because it is restricted to dental and vision expenses, enrolling in the Limited Purpose FSA doesn't prevent you from opening an HSA.

Eligible Health Care FSA and HSA expenses

You can use your Health Care FSA or HSA to reimburse yourself for medical and dental expenses that qualify as federal income tax deductions (whether or not they exceed the IRS minimum applied to these deductions) under Section 213(d) of the tax code.

Note: Current federal income tax rules don't permit reimbursement of FSA and HSA expenses for domestic partners and/or children of domestic partners who do not also qualify as your taxable dependent.

Dependent Care FSA

You may use the Dependent Care FSA to set aside pre-tax dollars to pay for child care or elder care expenses so you (and your spouse, if married) can work, look for work or attend school full-time. You may contribute from \$100 up to \$5,000 per year to a Dependent Care FSA.¹ An eligible FSA dependent can be:

- Your child under age 13; or
- A dependent of any age who is mentally or physically incapable of self-care and dependent upon you.

¹ If you're married, reimbursement is limited to the lesser of your earned income, your spouse's earned income, or a maximum of \$5,000. For a married person who files a separate income tax return, the maximum is \$2,500. Also, only you can determine whether a Dependent Care FSA is more advantageous for you than the federal income tax credit. If you're uncertain about your specific tax implications, consult your personal tax advisor.

Eligible expenses include your costs for:

- Licensed nursery or day care centers;
- Individuals (not including your dependents) who provide care for your eligible dependents in or outside your home; or
- Housekeepers in your home (including food and lodging), as long as some of their services are provided for the eligible dependent.

This plan doesn't reimburse for dependent health care expenses.

Note: All providers must have a tax ID number.

Rollovers

For the Health Care FSA and Limited Purpose FSA, up to \$550 of your unused account balance at the end of the calendar year will be automatically carried over to the next year. Note that any account balance over the \$550 rollover amount will be forfeited or lost. However, if you elect to participate in a HDHP and the HSA for 2021, you may elect to waive the Health Care FSA rollover or direct your rollover to your Limited Purpose FSA during Benefits Open Enrollment.





Use it or lose it!

Be sure to use all the money in your Dependent Care FSA and any amount over \$550 in your Health Care or Limited Purpose FSA by Dec. 31. Any money left unclaimed after Dec. 31 will be lost.

You have until March 31 of the following year to submit Health Care, Limited Purpose and Dependent Care FSA claims for reimbursement to UHC for eligible prior year expenses.

No transferring between accounts

The Internal Revenue Service (IRS) requires that you keep the funds in your FSA and HSA accounts separate. You can't transfer funds across accounts.

FSA exclusions

Following is a list of some items that are **not** eligible for reimbursement from a Health Care FSA or HSA:

- Cosmetic surgery
- Fitness or health club dues
- Funeral expenses
- Insurance premiums
- Over-the-counter drugs

Following is a list of some items that are **not** eligible for reimbursement from a Dependent Care FSA:

- Day care for children over age 13
- Health care-related expenses
- Kindergarten or school tuition for a child age 5 or older
- Overnight summer camp
- Recreational classes, sports or tutorials

For a list of eligible FSA expenses, visit [whyuhc.com/jacobs](https://www.whyuhc.com/jacobs).

UHC wellness resources

UHC offers wellness resources to keep you and your family feeling your best. These programs are optional and completely confidential.

Telemedicine (UHC Virtual Visits)

UHC Virtual Visits is available for anyone enrolled in a Jacobs UHC plan. This health care delivery system provides on-demand access to U.S. board certified doctors and licensed therapists anytime, anywhere. UHC Virtual Visits offers real-time video (in certain states) and phone consultations that allow for the treatment and diagnosis of a wide range of medical conditions, regardless of your location, in a safe, secure and confidential environment. The cost to you is less than an office visit (refer to plan summaries for cost) and is applied to your plan medical deductible and out-of-pocket maximum.

Your UHC Virtual Visits benefits include:

- Immediate access to doctors and therapists;
- Available 24/7 year-round by video (in certain states), phone or email;
- Unlimited FREE email advice; and
- Prescriptions sent instantly to your pharmacy (when clinically appropriate).

For more information, go to whyuhc.com/jacobs or call 1.866.365.7157.

Rally Wellness Platform

If you enroll in a UHC medical plan, you'll have access to Rally, a personalized interactive wellness platform that helps you set smart health goals, develop healthy habits, and stay on track to better fitness.

For more information about Rally's resources, go to myuhc.com > log into your account > click on **Rally**. If you have not setup your myuhc account, click "Register Now." You can also download the Rally mobile app, available for iPhone® and Android™ users, and take Rally on the go.





Real Appeal

Real Appeal® is an online program for UHC members to spark your weight loss transformation. The best part? It's included at no additional cost as part of your health plan benefits. Meet with an online coach to create health goals, track your activity, and find new ways to keep your body moving.

Everything you need to create healthy habits

- **Access fitness videos and digital trackers** — stream expert-led workouts, and track all of your activity metrics from the Real Appeal app.
- **Dedicated coach support** — Connect with an online coach to create fitness and nutrition plans that best support your goals and receive additional support through group sessions.
- **Healthy tools** — delivered to you. Receive a Success Kit with tools to get you started, including a resistance band, fitness and nutrition guides, a weight scale and more.

Get started at jacobs.realappeal.com.

Health assessment

Assessing your health is the first step toward healthy living. All U.S. employees and their spouses can complete a free, personal, confidential online questionnaire (even if you're not enrolled in a Jacobs-sponsored health plan). This 15-minute assessment provides a snapshot of your health, including health and fitness habits, diet, and possible risk factors. Based on your assessment, UHC creates a secure, customized home page for you, where you can track your health status, including any coaching programs you participate in.

Go to whyuhc.com/jacobs and click "View Tools & Resources," then "Your Member Website" and "Take a Health Assessment" to get started.

Wellness programs and eligibility

The Health Coaching, Disease and Complex Care described here are available to employees and their covered dependents who are currently enrolled in one of the UHC medical plans. If you're enrolled in another medical plan, your provider may offer similar programs — for more information, call your medical plan provider (see "Plan carrier contact information" on page 30).

HealthConnection

HealthConnection is available to UHC members 24/7 at no additional cost to you.

All calls are answered by experienced, qualified, U.S.-based clinical staff with access to the latest medical information. Nurses can help you:

- Understand symptoms and conditions and when to seek medical attention or provide you with self-care tips.
- Find doctors and specialists that meet your needs and make your appointment.
- Connect with a personal nurse who can provide ongoing support for things like:
 - Pregnancy
 - Diabetes
 - Cancer
 - Asthma
 - Coronary artery disease
 - Back pain
- Create plans to lose weight, quit smoking, manage stress, etc.
- Help you understand your health and answer your questions about claims and billing.
- Connect you with a personal wellness coach that can help you reach your health goals such as:
 - Quitting smoking
 - Losing weight
 - Managing stress
 - Beginning an exercise or nutrition program

Call HealthConnection at 1.866.365.7157 anytime 24/7 if you have questions about your health.

Personalized health coaching programs

Once you complete the Health Assessment, your personalized UHC portal will introduce you to interactive online Health Coaching Programs designed just for you. There are coaching programs on:

- Exercise
- Nutrition
- Weight management
- Smoking cessation
- Stress management
- Diabetes
- Heart health

Each program offers customized health information, health and wellness plans, tracking tools, quizzes, games and action steps to help you achieve your personal health goals. Alternatively, you can opt to participate in one of the Telephonic Coaching programs. With Telephonic Coaching, you're assigned a personal health coach, who schedules up to five outbound phone calls over three to four months. Your coach helps identify ways you can modify your lifestyle, make healthy choices and improve your overall health.



Not enrolled in a UHC plan?

If you're enrolled in another Jacobs medical option, check with your insurance carrier to determine if similar programs might be available to you.

"Maven is peace of mind. Maven is the friend who always has the answers that are backed by research and experience, and she's in your pocket at all times!"

~ Julia, Environmental Engineer



Wellness benefits

You and your family can take advantage of these wellness resources, regardless of which Jacobs medical plan option you've chosen.

Best Doctors by Teladoc

Best Doctors is a wellness benefit available to employees and their covered dependents who are currently enrolled in any one of Jacobs' medical plans. Best Doctors can give you an expert medical opinion by a world-renowned doctor when you're facing a serious medical condition. It is all done over the phone, so you can get the answers you need in the comfort of your home. Best Doctors provides 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 Best Doctors 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. For more information about Best Doctors, go to bestdoctors.com or call 1.866.904.0910.

Maven

To offer personalized support for parents and parent-to-be, Jacobs has partnered with Maven to provide U.S. employees and their partners with unlimited access to a best-in-class digital healthcare platform for fertility, pregnancy, and return-to-work support.

Maven resources are available around the clock to help you navigate the fertility landscape, pursue adoption or surrogacy, or design a return-to-work plan. You and your partner can book on-demand appointments with top-rated providers across more than 20 specialties; get personalized resources and clinically informed content tailored to your journey; and connect with other parents.

Best of all? Maven is free — there are no co-pays, deductibles, or other fees.

Learn more at MavenClinic.com/join/JacobsBenefits or download the Maven Clinic app.

Employee Assistance Program (EAP)

The challenges of managing daily life can affect your work, your family life, and your health. To provide support during life's difficult times, we offer an Employee Assistance Program (EAP) at no cost to you. The EAP includes up to eight free, confidential counseling sessions for employees, their eligible dependents and household members who may be experiencing personal or work-related problems.

The EAP has professional counselors to provide guidance on a wide range of issues, including:

- Stress or anxiety
- Conflicts at work
- Marital problems
- Legal issues
- Substance abuse
- Depression
- Financial concerns



These services are convenient and confidential, available 24/7. To learn more about the EAP, go to liveandworkwell.com (access code: jacobs). To schedule an appointment with a counselor, call 1.866.319.4473.





Life, accident and disability insurance

We offer life, accident and disability insurance to provide valuable financial support and peace of mind for you and your loved ones.

Basic life insurance

You're automatically enrolled for basic life insurance coverage, at no cost to you. The plan provides coverage equal to one times your annual base salary, rounded to the next whole thousand (up to a maximum of \$1,000,000).

Supplemental life insurance

You may elect supplemental life insurance for yourself, from one to ten times your annual base salary up to \$4,000,000 (amounts over \$500,000 or five times your annual salary are subject to evidence of insurability (EOI)). If you want to increase your current supplemental coverage, you must provide EOI. You may also purchase supplemental life insurance for your spouse or domestic partner and/or children.

- You can choose supplemental spouse/domestic partner life insurance up to a maximum of \$300,000. New hires who enroll for coverage of up to \$50,000 within 30 days of their hire date won't require EOI. Any increase in coverage or electing coverage of over \$50,000 for the first time, regardless of amount, requires EOI.
- You can choose supplemental child life insurance of \$5,000, \$10,000 or \$15,000.

The supplemental spouse/domestic partner or child life insurance amount can't exceed your combined basic and supplemental life insurance amount.

Taxes on employee life insurance coverage

As required by federal law, you'll be taxed on the premium cost the company pays for employer-provided employee life insurance coverage in excess of \$50,000. This taxable amount is considered "imputed income," and the amount on which you're taxed is determined by the IRS (this will be noted on your paycheck as Group Term Life or "GTL"). To avoid incurring imputed income, you may elect to keep your overall life insurance coverage at \$50,000.

Supplemental accidental death and dismemberment (AD&D) insurance

You may elect supplemental AD&D insurance from one to ten times your annual base salary up to \$4,000,000.

You may choose employee only or family coverage. Under the family plan, your spouse or domestic partner is covered for 50% or 60% of the coverage amount and each dependent child for 15% or 20% of your coverage amount, depending on the family members covered.

Business travel accident insurance

You're automatically enrolled for company-paid business travel accident (BTA) insurance coverage.

Should you get injured or killed while traveling for Jacobs, the BTA plan provides coverage of five times your base pay up to a maximum of \$2 million USD per person. For more information, see JacobsConnect.

Short-term salary continuation

You're automatically enrolled for company-paid short-term salary continuation benefits under the short-term disability plan. You'll receive benefits up to 60% of your base pay, to a maximum weekly benefit amount of \$1,730, if you're unable to work due to illness or injury, for up to 180 days.

You also have the option to purchase additional supplemental disability coverage of 6²/₃% of your base pay for a total weekly benefit amount of 66²/₃% or \$3,462. Evidence of Insurability (EOI) is required if you don't enroll at the time you first become eligible (upon hire or when you transfer to a benefits eligible status).

Short-term salary continuation benefits are coordinated with state disability and worker's compensation, if applicable.

Maternity-related claims

Jacobs provides you with 100% salary continuation of your base pay for six weeks for pregnancy or child birth-related claims. If your absence extends beyond six weeks from the date of your baby's birth, you receive either 60% or 66²/₃% of base pay, depending on your election, for the duration of your leave.

Maternity short-term salary continuation benefits are not paid in addition to short-term salary continuation benefits and are coordinated with any paid state leave benefits, if applicable.

Purchasing supplemental coverage

If you wish to purchase additional supplemental salary continuation coverage, you'll be subject to the same rules for evidence of insurability as short-term salary continuation.

Long-term disability plan

Because prolonged illness and disabling injuries can happen without warning, Jacobs offers long-term disability (LTD) coverage. Here is how the plan works:

- You receive a benefit of 60% of your pay, with a maximum monthly benefit of \$15,000. This coverage provides benefits if you're unable to work due to illness or injury beyond 180 days (this coverage begins after you exhaust short-term salary continuation).
- LTD benefits are coordinated with state disability plans, Social Security, and workers' compensation, if applicable.

If you don't enroll in this plan at the time you first become eligible (at hire or when you transfer to a benefits eligible status), you must provide evidence of insurability (EOI). EOI refers to proof that you're in good health at the time you enroll in the LTD plan. Coverage begins the first day of the month following EOI approval.





For more information about the 401(k) Plus Savings Plan, go to Vanguard's website at vanguard.com or call 1.800.523.1188.

Financial benefits

We help invest in your financial wellbeing through the 401(k) Plus Savings Plan and Employee Stock Purchase Plan (ESPP).

401(k) Plus Savings Plan

Jacobs offers a qualified 401(k) plan, which makes building future financial security a little easier. The plan features convenient payroll deductions:

- Pre-tax deductions (where you don't pay income taxes on your contributions or earnings until they're withdrawn).
- Roth 401(k) deductions (where you pay income taxes on your contributions now, but don't pay taxes on contributions and earnings on qualified distributions).
- Traditional after-tax deductions (where money is deducted from your paycheck after taxes have been taken out). You can also convert all or a portion of your pre-tax or traditional after-tax savings to Roth money within your Plan account. Or you can enroll in an automatic Roth in-plan conversion service, which automatically converts traditional after-tax contributions to Roth the same day the contributions are made.

And to help your 401(k) Plus Savings account grow, Jacobs offers matching company contributions.¹

Eligible employees can enroll at the time of hire or anytime thereafter. Employees actively participating in the plan are eligible for company matching contributions.

¹ The matching company contribution is discretionary. Jacobs reserves the right to modify or suspend the company contribution at any time.

Here are some additional highlights of the plan:

- Employees are always 100% vested in all contributions, including the company match.
- The plan offers various investment options through Vanguard and you may change your options.
- You may contribute up to 50% of base pay (up to applicable IRS and company limits).
- Employees age 50 or older may also contribute additional catch-up contributions (if you turn 50 during the year, you're also eligible for catch-up contributions).
- Contributions can be changed at any time (changes begin as soon as administratively feasible).
- You may take a loan against your account balance and make repayments through automatic payroll deductions.
- The plan allows you to roll over qualified plan funds from a previous employer.

Learn more about saving and investing for your retirement with the educational resources available to you on vanguard.com.

Employee Stock Purchase Plan (ESPP)

Your skills and talents help drive Jacobs’ continued success. In return, the company provides an Employee Stock Purchase Plan (ESPP) to give you an opportunity to share in this success by purchasing company stock.

Employees with at least 90 days of service by the beginning of an offering period are eligible to participate in the plan.¹ Here is how it works:

- You may enroll or make changes during the enrollment period, which immediately precedes each of the quarterly offering periods.

Quarter	Enrollment period	Offering period
1	December 1 – 15	January 1 – March 31
2	March 1 – 15	April 1 – June 30
3	June 1 – 15	July 1 – September 30
4	September 1 – 15	October 1 – December 31

- Eligible employees should look for enrollment information from Fidelity.
- You may elect to have 2% to 15% of your pay withheld and your contributions are used to purchase whole shares of company stock.
- Employees are limited to an ESPP investment of \$25,000 each calendar year.
- Once you select your desired contribution percentage, you may not change your contribution percentage until the next offering period during the enrollment period.
- Shares are purchased at a 5% discounted price at the end of each calendar month.
- The company transfers your shares into a brokerage account that is established in your name at Fidelity Investments as soon as possible after the purchase date.
- First-time participants will receive account activation information from Fidelity.
- You may access your Fidelity brokerage account directly at netbenefits.fidelity.com to keep track of your stock purchases.

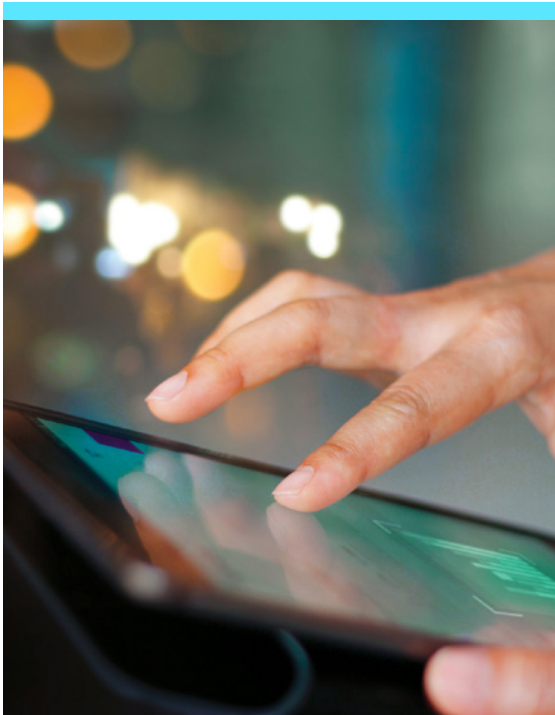
If you’re currently enrolled in the ESPP and want to continue, no action is necessary.

However, if you would like to enroll or make changes, you may do so during the quarterly enrollment period at netbenefits.fidelity.com.

Watch for more enrollment information from Fidelity. You may also contact Fidelity by phone at 1.800.544.9354.

For more information, refer to the Employee Stock Purchase Plan Document, Employee Stock Purchase Plan Prospectus and Jacobs Investors – Filings and Reports available on [Global People Services](#) or [JacobsConnect](#).

¹ Other eligibility requirements must be met. Refer to the Plan Prospectus for more details.



Participating in the ESPP

Your election to participate in the ESPP is irrevocable during the three-month offering period. However, you may opt out of the ESPP for the next offering period. Your plan participation will also end if you no longer meet the eligibility requirements or you terminate from the company. There are four offering periods per year.

Voluntary benefits

Jacobs offers a variety of voluntary, employee-paid benefits, provided at discounted rates, to complement our comprehensive benefits package. These plans offer either after-tax or pre-tax benefits. You can enroll in any of these benefits during the enrollment period. Except for the TRICARE Supplement and Legal Plan, you can also enroll and make changes to these benefits at any time throughout the year. Read on to learn more about the voluntary benefits available.

TRICARE Supplement plan

TRICARE Supplement is offered to employees under age 65 who are retired from military service (and their eligible dependents including their spouse or children under age 21 or 23 if a full-time student) or if you're a surviving spouse of a retired service member. TRICARE is designed to supplement coverage provided by the TRICARE Standard, Extra and Prime military medical plans. Therefore, you must be enrolled in or eligible for one of those plans before you can enroll yourself and your eligible dependents in the TRICARE Supplement plan.

Important

Keep in mind that you must meet the eligibility requirements to enroll in the TRICARE Supplement plan. For more information about the TRICARE Supplement plan or to enroll, go to selmanco.com/tricare-supplement or call 1.800.638.2610, ext. 255.

Critical Illness Insurance Plan

Designed to coordinate with your medical plan, the Critical Illness Insurance Plan may provide a lump-sum payment of \$15,000 or \$30,000 election amount, to be used as you see fit to help pay for costs not typically covered by other types of insurance. The payment amount depends on the illness you experience. Dependent coverage is available in the amount of half the elected employee benefit.

To be eligible for plan benefits you, your spouse or domestic partner, and your dependent children^{1,2} must be diagnosed with one of the plan's covered medical conditions (as they're defined by the group Certificate) in the following three categories:

Covered conditions		
Category 1 incorporates certain cancer-related conditions <ul style="list-style-type: none">▪ Full benefit cancer▪ Partial benefit cancer³▪ Bone marrow treatment	Category 2 incorporates certain heart-related conditions <ul style="list-style-type: none">▪ Heart attack▪ Heart transplant▪ Stroke⁴▪ Coronary artery bypass graft³	Category 3 incorporates certain other-related conditions <ul style="list-style-type: none">▪ Major organ transplant (other than bone marrow and heart)▪ Kidney failure

¹ Dependent child coverage varies by the state. Please contact MetLife for more information.
² Dependent coverage can only be half of employee coverage, and employee coverage is required for dependent coverage.
³ For some types, you'll receive 25% of the category benefit amount. The remaining 75% is available within that category should that employee experience another one of the covered conditions in that category while the certificate is in force.
⁴ In certain instances, the covered condition is severe stroke.

The benefit is designed to help you support your family financially and adapt to a new lifestyle as a result of critical illness. For more information about the Critical Illness Plan, see the Critical Illness Insurance Plan information posted at benefits.jacobs.com.

For plan details, you can also go to MetLife's website at metlife.com/jacobs or call 1.800.438.6388.

Legal Plan

The MetLife Legal Plan offers a wide range of covered legal services at affordable prices. The legal plan offers a nationwide network of 14,000 Plan attorneys. You, your spouse or domestic partner and the dependent children of you and/or your domestic partner can access legal services through the plan.

With the MetLife Legal Plan, you receive convenient access to a wide variety of covered personal legal services at a lower cost than you could get on your own. Covered legal services include:

- Real-estate matters
- Financial and debt matters
- Document preparation and review
- Will preparation (including living wills) and estate planning
- Traffic matters
- Family law

You have the option to use network or out-of-network attorneys.

- When you use a network attorney, there are no copayments or deductibles to pay or claim forms to fill out, and you can use the plan as much as you need.
- When you use an out-of-network attorney, reimbursement is based on a set fee schedule.

For additional information about the plan, review the *MetLife Legal Plan Summary* posted on benefits.jacobs.com, and the MetLife Legal Plan's website at metlife.com/jacobs or call 1.800.821.6400.

Commuter Benefit Program

The company provides a Commuter Benefit Program to help employees save money on their eligible commuting and parking expenses. Each month, you may contribute, on a pre-tax basis, up to \$270¹ for parking and \$270¹ for transit.

The chart below illustrates some of the eligible and ineligible commuter expenses.

Eligible expenses	Ineligible expenses
<ul style="list-style-type: none">▪ Bus▪ Subway▪ Train▪ Ferry▪ Streetcar▪ Vanpool▪ Parking at or near work▪ Parking at or near public transportation to get to work	<ul style="list-style-type: none">▪ Toll road fees▪ Mileage▪ Gasoline▪ Traffic tickets▪ Taxi fares▪ Carpools▪ Parking at an airport, your personal residence, your spouse's place of work, or a mall

¹ Expenses above these limits are deducted on an after-tax basis. Please note that these limits are subject to change per IRS regulations.

Once you're enrolled, the amount you designated is deducted from your paycheck each pay period. You can also start automatic, monthly direct payments to your parking provider, or choose to be reimbursed. **Unlike other pre-tax savings programs, the Commuter Benefit Program allows you to sign up, make changes, or cancel at any time, as long as you do so by the first of the preceding month. For example, for a Jan. 1, 2021, effective date, you must enroll or make changes between Nov. 2 – Dec. 1, 2020, 11:59 EST.**

Because the Commuter Benefit Program is governed under the provisions of Internal Revenue Code Section 132(f), certain rules apply regarding unused contributions. In general, you can roll over your unused contributions to the next year as long as you're employed by a participating Jacobs U.S. entity. However, if you terminate employment or transfer to a non-participating entity, your unused contributions are forfeited within 90 days after your termination or transfer date. **Note:** Only your transit account can be used for 90 days following termination. Parking funds are forfeited immediately.

For more information or to enroll or make changes, go to the HealthEquity|WageWorks website at getwageworks.com/commuter or call 1.877.924.3967.

Home & renters insurance plan

To help you and your family feel a little more secure, Jacobs gives you the option to purchase home or renters insurance through Mercer Voluntary Benefits.¹ This insurance is part of your benefits program and offers special employee discounts. This program also offers the convenience of automatic payroll deductions. The home and renters insurance plan includes:

- **Coverage for the structure of your home:** This part of your policy pays to repair or rebuild your home if it is damaged or destroyed by a disaster listed in your policy.
- **Coverage for your personal belongings:** Your furniture, clothes, sports equipment and other personal items are covered if they're stolen or destroyed by an insured disaster.
- **Liability protection:** This covers you against lawsuits for bodily injury or property damage that you or family members cause to other people. It also pays for damage caused by your pets.
- **Additional living expenses:** This pays the additional costs of living away from home if you can't live there due to damage from an insured disaster. Floods, earthquakes and maintenance damage are not covered under the policy.

You can enroll for coverage anytime. There are no enrollment deadlines. For more information or to enroll, call 1.888.287.4822 or go to JacobsVoluntaryBenefits.com.

¹ Home insurance is not available in Florida. Home insurance may not be part of the Mercer Auto & Home's benefit offering in Florida and Massachusetts.

Auto insurance plan

You have the option to purchase auto insurance through Mercer Voluntary Benefits. This plan takes the guesswork out of finding affordable coverage, allowing you to receive quotes from multiple carriers. Your premiums are deducted through convenient payroll deductions.

You may also get insurance for the following:

- Motorcycles
- Recreational vehicles
- Campers
- Travel trailers
- All-terrain vehicles
- Boats

You can enroll for coverage anytime. There are no enrollment deadlines. For more information or to enroll, call 1.888.287.4822 or go to JacobsVoluntaryBenefits.com.

Identity theft plan

To help you protect yourself and your family against identity theft, Jacobs offers Allstate Identity Protection, a full-scale identity protection and restoration solution. Allstate Identity Protection provides a credit report, monthly credit score tracking, a credit score and ongoing credit file monitoring to help alert you to suspicious activity. In addition, Allstate Identity Protection provides financial wellness tools along with fully-managed digital identity protection to fight evolving fraud.

For more information, call 1.800.789.2720 or go to myaip.com.

Pet insurance program

You have the option to purchase insurance for your pets through Nationwide. This coverage helps with the cost of veterinary medicine and services. Most pets are eligible for coverage. Under this policy, you may visit any licensed veterinarian in the United States.

Your premiums are deducted through convenient payroll deductions. You can enroll for coverage anytime. For more information or to enroll, call 1.888.899.4874 or go to petinsurance.com/jacobs.



When your new coverage becomes effective

For most qualified life events, your new coverage based on your benefits change is effective the first of the month following receipt of your benefit election, as long as the election is made within 30 days of the qualified life event. **Note:** For the birth or adoption of a child, coverage is effective the day the child is born or date of placement for adoption.



Changing your benefits

The coverage you enroll in when you're first hired or become eligible for benefits stays in place until the end of that calendar year. The coverage you select during Benefits Open Enrollment stays in place until Dec. 31 of the following year.

When you enroll, you have the option to pay most of your health insurance premiums on a pre-tax basis, which lowers your taxable income. For this reason, the Internal Revenue Code places restrictions on when you can drop or add coverage or change contribution amounts to these plans. In many cases, you can't make changes to your benefit selections outside of Benefits Open Enrollment. For some voluntary benefits, you may elect to make changes throughout the year. See below and the chart on page 28 for more details.

Qualified life events

You can make coverage changes during the year or outside of Benefits Open Enrollment only when you experience a **qualified life event** (also known as a "QLE"), and the requested change is consistent with that life event.

Qualified life events include:

- Changing legal marital status due to marriage, death, divorce, legal separation or annulment with a spouse or qualified domestic partner.
- Addition or loss of a dependent due to a birth, adoption or placement for adoption, gain or loss of legal custody, or death.
- Changing employment status for you, your spouse or domestic partner, or a dependent that affects eligibility for benefit coverage, including:
 - Changing from part-time to full-time or vice versa;
 - Beginning or returning from an unpaid leave of absence; or
 - Terminating or gaining employment.

- Your child's eligibility for benefits because he or she reaches the maximum age for coverage.
- You, your spouse or domestic partner, or your dependent moves out of your health plan's coverage area.
- You, your spouse or domestic partner, or your dependent becomes eligible for Medicare or Medicaid.

If you have a question about benefit changes:

[Submit a Benefits Question](#) to Global People Services at jacobs.hr.servicenowservices.com/esc.

For detailed plan information and rate quotes for voluntary benefits, contact the carrier directly. See the Need Help box at benefits.jacobs.com for carrier details.

Employees must complete a *Benefits Enrollment/Change Form* and submit it per the instructions on the form so that it is received within 30 calendar days¹ from the date of the Qualified Life Event (QLE). All QLEs require third-party documentation of the event that includes the event date.

It is your responsibility to ensure that your *Benefits Enrollment/Change Form* is received as instructed on the form on or before 30 calendar days from date of hire or QLE and supporting documentation is submitted as required.

Failure to notify Jacobs within the 30-calendar-day deadline of the cancellation of coverage for dependents who are no longer eligible to participate in the plans (such as a result of divorce, legal separation, death or reaching the plan's maximum (limiting) age) may be considered fraud or an intentional misrepresentation of material facts and may result in the following actions:

¹ Pursuant to the Children's Health Insurance Program Reauthorization Act (SCHIP), the following events are considered QLEs as of April 1, 2009.

- Employee or dependent loses Medicaid/SCHIP coverage.
- Employee or dependent becomes eligible for Medicaid/SCHIP premium assistance.

Under provisions of the Act, employees have 60 days following the event to request enrollment in the benefit plans.

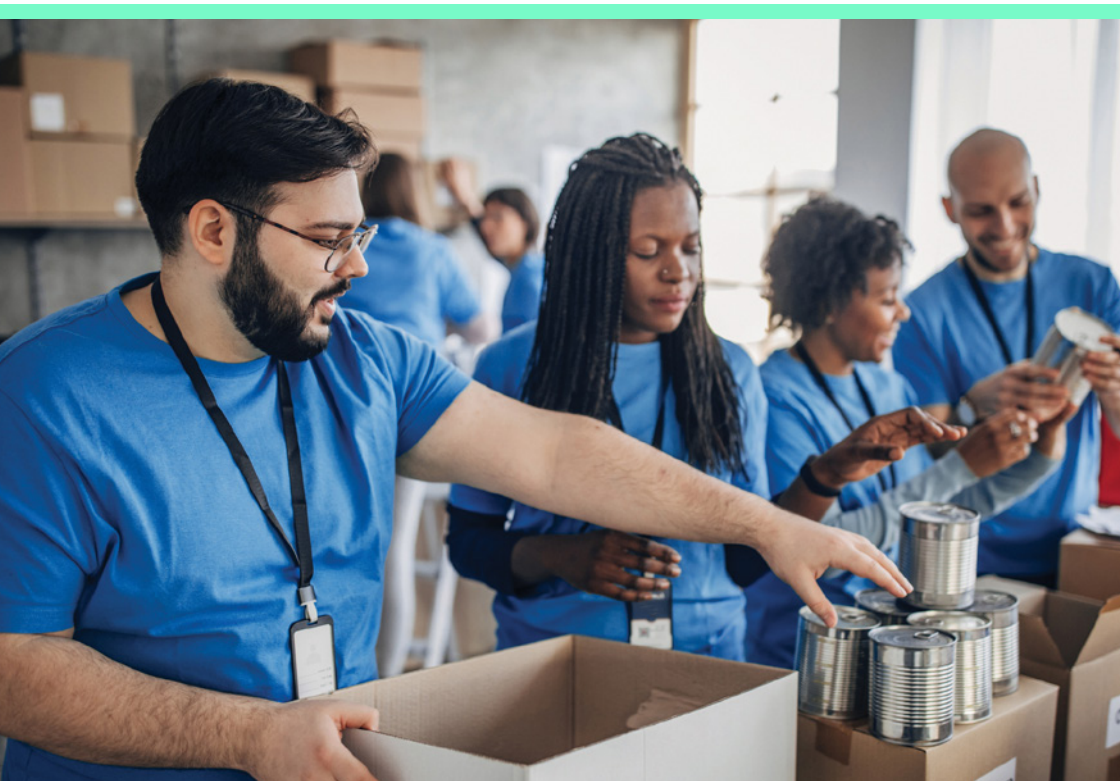
- Disciplinary action up to and including termination of employment;
- Retroactive cancellation of coverage to the date when the dependent coverage became effective;
- Recovery of any claims paid on behalf of the cancelled dependent; or
- Repayment of medical premiums paid by Jacobs on behalf of the cancelled dependent.

Other benefit election changes received after the 30-calendar-day deadline may be rejected and may result in other actions including but not limited to the following: Loss of coverage for the employee and/or eligible dependent(s), loss of COBRA rights for the employee's dependent(s) and other negative impacts to the employee and/or dependent(s).

All requested changes are effective the first of the month following the receipt of the benefit election change with the exception of births, adoptions, placements for adoption, legal custodianship or death of a dependent (for which the benefits changes would be effective on the date of the QLE, even if retroactive).



Benefit	Pre-tax or after-tax deductions	Making changes
Health and welfare plans		
Medical, dental and vision	Pre-tax	You can make a change only within 30 calendar days of when you experience a qualified life event (see page 26 for examples).
Tax savings options		
Health savings account (HSA)	Pre-tax	You can begin contributions in the HSA and make changes anytime (up to once a month).
Health Care FSA, Limited Purpose FSA and Dependent Care FSA	Pre-tax	You can make a change only within 30 calendar days of when you experience a qualified life event (see page 26 for examples).
Life, accident & disability		
Company-paid life insurance	N/A	Coverage is automatic; you can add or change your beneficiary at any time.
Supplemental life insurance plan	After-tax	Enroll in this plan within 30 calendar days of your date of hire or qualified life event, or you can enroll or make changes anytime (subject to evidence of insurability approval).
Supplemental AD&D insurance plan	After-tax	You can enroll in this plan and make changes anytime.
Short-term salary continuation	N/A	Coverage is automatic.
Short-term salary continuation buy up	After-tax	You can enroll in this plan within 30 calendar days of your date of hire or enroll anytime (subject to evidence of insurability approval).
Long-term disability (LTD)	After-tax	You can enroll in this plan within 30 calendar days of your date of hire or enroll anytime (subject to evidence of insurability approval).
Financial plans		
401(k) Plus Savings Plan	Pre-tax, Roth after-tax or traditional after-tax	You can enroll in this plan and make changes anytime (subject to certain limitations).
Employee Stock Purchase Plan (ESPP)	After-tax	You can enroll or make changes only during the enrollment periods.
Voluntary benefits		
TRICARE Supplement plan (for active/retired military personnel)	Pre-tax	You can make a change only within 30 calendar days of when you experience a qualified life event (see page 26 for examples).
Critical Illness Insurance	After-tax	You can enroll in this plan and make changes anytime (subject to evidence of insurability approval).
Legal Plan	After-tax	You can't make changes — your legal election must remain in effect for the full plan year even if you experience a qualified life event.
Commuter Benefit Program	Pre-tax	You can enroll in this program and make changes anytime.
Home/renters/auto insurance, Identity theft plan	After-tax	You can enroll in these plans and make changes anytime.
Pet insurance	After-tax	You can enroll in this program and make changes anytime.



Employee giving program

The CollectivelySM program is Jacobs' Global Giving and Volunteering program. Through the Collectively program we unite our 55,000 visionaries, dreamers and doers in a single platform for charitable giving and volunteering — allowing us to amplify the positive impact we make in our communities every day.

Through the Collectively program, you can support more than 2 million charities around the globe. Giving can be one-time or recurring through payroll, credit/debit card or PayPal.

To log in to the Collectively program, go to: jacobs.benevity.org/user/login. If you use Single-Sign On (SSO), use your network user name and password to log in. If you don't use SSO, please submit a ticket to [IT Global Service Desk](#).

Donating and volunteering are voluntary. You have the right to refuse to contribute or volunteer without reprisal. Jacobs won't favor or disadvantage you by reason of the amount of your contribution or a decision not to contribute or volunteer.

Plan carrier contact information

Benefit plan	Carrier	Group number	Website	Phone
Health & welfare benefits				
UHC Choice Plus Value HDHP UHC Choice Plus Enhanced HDHP UHC Out-of-Area Value HDHP UHC Out-of-Area Enhanced HDHP UHC Choice Plus PPO UHC Out-of-Area Choice Plus PPO UHC Virtual Visits (telemedicine)	UnitedHealthcare (UHC)	702778	whyuhc.com/jacobs	1.866.365.7157
HMSA	N/A	N/A	hmsa.com	1.808.948.6111
Express Scripts — pharmacy for UHC plans	Express Scripts	Group ID: JACOBS1	Prior to Benefits Open Enrollment: express-scripts.com/jacobs After Benefits Open Enrollment and ongoing: express-scripts.com	1.844.863.5323
High deductible health plan health maintenance organizations (HDHP HMOs)	CA – Kaiser Permanente CO – Kaiser Permanente GA – Kaiser Permanente Mid-Atlantic – Kaiser Permanente Northwest – Kaiser Permanente WA – Kaiser Permanente	Northern – 8444 Southern – 103272 1545 9848 18823 1139 Employee only – 6563500 Employee and dependents – 6563600	kaiserpermanente.org kaiserpermanente.org kaiserpermanente.org kaiserpermanente.org kaiserpermanente.org kaiserpermanente.org	1.800.464.4000 Denver/Boulder service area: 1.800.632.9700 Southern Colorado service area: 1.888.681.7878 1.800.611.1811 1.800.777.7902 1.800.813.2000 1.888.901.4636
Dental Enhanced & Value plans	Delta Dental	19765	deltadentalins.com	1.800.521.2651
Vision Service Plan (VSP)	VSP (Signature)	12265479	vsp.com	1.800.877.7195
Tax savings options				
Health savings account (HSA)	Optum Bank	UHC – 702778 Kaiser – 702778K	optumbank.com	1.800.791.9361
Health Care FSA Limited Purpose FSA Dependent Care FSA	UnitedHealthcare (UHC)	702780	whyuhc.com/jacobs	1.877.311.7849

(continued)

Benefit plan	Carrier	Group number	Website	Phone
Life, accident & disability				
Supplemental life insurance	Prudential	52012	prudential.com/EZLifeNeeds (Life Insurance Coverage Calculator)	1.800.778.3827, Option 2
Accidental death and dismemberment (AD&D)	Prudential	52012	prudential.com/EZLifeNeeds (Life Insurance Coverage Calculator)	1.800.778.3827, Option 2
Short-term salary continuation and leaves of absence	Sedgwick	6237	mysedgwick.com/jacobs	1.855.336.0982
Long-term disability (LTD)	Lincoln Financial	08-467729	MyLincolnPortal.com Company code: jacobs	1.800.213.1523 For EOI questions, call 1.888.287.8494, option 3
Wellness benefits				
HealthConnection	UnitedHealthcare (UHC)	702778	whyuhc.com/jacobs	1.866.365.7157
Best Doctors by Teladoc	Best Doctors by Teladoc	N/A	bestdoctors.com/jacobs	1.866.904.0910
Maven	Maven	N/A	MavenClinic.com/join/JacobsBenefits	N/A
Employee Assistance Program (EAP)	United Behavioral Health	1750	liveandworkwell.com Access code: jacobs	1.866.319.4473
Financial benefits				
401(k) Plus Savings Plan	Vanguard	Jacobs Staff – 090383 Union Plan – 094554	vanguard.com	1.800.523.1188
Employee Stock Purchase Plan (ESPP)	Fidelity	N/A	netbenefits.fidelity.com	1.800.544.9354
Voluntary benefits				
TRICARE Supplement plan (for active/retired military personnel)	TRICARE Military Plan	C609	selmanco.com/tricare-supplement	1.800.638.2610, ext. 255
Critical Illness Insurance Plan	MetLife	0141916 – Critical Illness Simplified Issue; 0119081 – Critical Illness Fully Unwritten	metlife.com/jacobs	1.800.438.6388
Legal Plan	MetLife	150/0259	metlife.com/jacobs	1.800.821.6400
Commuter Benefit Program	Health Equity WageWorks	N/A	getwageworks.com/commuter	1.877.924.3967
Home & renters insurance plan Auto insurance plan	Mercer Voluntary Benefits	N/A	JacobsVoluntaryBenefits.com	1.888.287.4822
Identity theft plan	Allstate Identity Protection	N/A	myaip.com	1.800.789.2720
Pet insurance program	Nationwide	N/A	petinsurance.com/jacobs	1.888.899.4874

Need help with a benefits or enrollment question?

[Submit a Benefits Question](#) to [Global People Services](#).

For detailed plan information and rate quotes for voluntary benefits, contact the carrier directly.
See the Need Help box at benefits.jacobs.com for carrier details.

This summary is a general explanation of benefits and doesn't modify or supersede any of the policies, plans or insurance contracts that govern all participants' rights in all respects.

In the event of any conflict between this guide and the plan documents, policies or contracts, the plan documents, policies, or contracts will govern. Jacobs reserves the right to modify, amend or terminate any benefit or plan at any time and for any reason.

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