



*Create
Your
Future*



2021 Benefits Summary Guide

Updated 1/2021

In this guide

<u>Your Total Rewards</u>	1
<u>Eligibility</u>	2
<u>U.S. employees participating in UnitedHealthcare plans</u> (Available in all states except Hawaii)	6
<u>U.S. employees participating in the Kaiser Permanente Plan</u> (California, Colorado, Georgia, Oregon, Washington and Mid-Atlantic Region, which includes Washington, DC, and the surrounding Virginia and Maryland area)	21
<u>Hawaii employees participating in the Kaiser Permanente plan or HMAA plan</u>	29
<u>Additional benefits information for all U.S. employees</u>	34
<u>Executive benefits</u>	81
<u>Additional information</u>	86
<u>Contact information</u>	92

Your Benefits

Benefits Summary Guide

You're in charge. Take time to learn about the programs and benefits that JLL offers. Then, **make your choices during your enrollment period.**

At JLL, we remain committed to providing you with comprehensive benefits at the most affordable cost possible and paying the majority of the cost for employee benefits. Controlling the ever-spiraling cost of health care continues to challenge businesses nationwide, including here at JLL. We take our responsibility to provide affordable health care seriously and look for ways to offer you the highest quality care at the most affordable price.

Using common sense health care strategies can help you save on out-of-pocket costs and can help hold down overall costs for JLL. Consider taking some of these actions: It's up to each of you to make smart lifestyle and personal health decisions. Some of your choices include:

- Save on your premium dollars by complying with the "Tobacco Free Pledge"
- Earn gift cards or HSA contributions in the Health Rewards program
- Receive company contributions and benefit from tax preferred treatment on your own contributions to a Health Savings Account (you must elect the "Plus" or "Basic" medical option)
- Pay the least by using "UnitedHealth Premium" providers (Tier 1) to access the best quality healthcare at the lowest possible price.

- Enroll in supplemental medical plans such as Critical Illness, Group Accident or Hospital Indemnity Insurance to provide additional healthcare protection
- Have your spouse/domestic partner enroll in benefits offered through their employer when possible to avoid the spousal surcharge
- Know where to go for care. You have options and you can save time and money by accessing the right place for care such as Virtual Visits, Convenience Care, Surgical Management Solutions and more

You may only make changes to your benefit elections once each year, during annual enrollment, unless you experience a qualifying life event, such as: marriage, divorce or the birth/adoption of a child.

Read this guide for information on how to enroll and for program changes, enhancements and tips to make you a better healthcare consumer.

Here's to your well-being in 2021, as we continue to put the power in your hands! If you have any questions about your benefits or the enrollment process, please contact the Benefits Solutions Group at +1 866 580 7421. Their hours of operation are 8:00 a.m. to 5:00 p.m. CST. You can also live chat with them directly at <https://hrdirect.jll.com>.

Important Notice

JLL reserves the right to modify or amend the benefits listed in the Benefits Summary Guide at any time in its sole discretion. The Benefits Summary Guide is not a substitute for the plan documents. In the event of a conflict between the plan documents and the Benefit Summary Guide, the plan documents will govern.

Visit the HR Direct portal at <https://hrdirect.jll.com> and click on the Benefits link for more information about dependent eligibility, status changes and to learn when coverage begins and ends.

Eligibility

All employees

You are eligible to participate in the JLL employee health and welfare benefit plans if:

- You are an employee of JLL who works at least 30 hours per week
- You are not covered by a collective bargaining agreement that provides alternative coverage
- You are not hired as a temporary employee
- You work between 20–29 hours per week as a Hawaii employee (Medical Only)

Part-time employees are only eligible for JLL 401(k) retirement savings and employee stock purchase plans if they are between 20 and 30 hours per week, and have at least one year of service.

Please note:

Qualified Real Estate Agents (QREA) should refer to the Qualified Real Estate Agents Benefit Summary Guide on the HR Direct portal at <https://hrdirect.jll.com> and click on the Benefits link.

Dependents

Eligible dependents include:

- **Your same or opposite sex spouse or domestic partner.** Please refer to the Dependent Affidavit for eligibility criteria surrounding domestic partners
- **Your children** who are under 26 years old
- **Disabled dependents.** Disabled dependents must be certified while covered under the medical plan for continuation of coverage

If you enroll a new dependent who is not currently enrolled, you will no longer be required to provide documentation to the Benefits Solutions Group. While proof of documentation is not required to add your dependent to coverage, you understand that any fraudulent statement, falsification or material omission of information is inconsistent with the JLL commitment to integrity and ethical conduct and may subject you to discipline up to and including termination of employment.

Eligibility

Visit the HR Direct portal at <https://hrdirect.jll.com> and click on the Benefits link for more information about dependent eligibility and family status changes and to learn when coverage begins and ends.

Imputed Income

Imputed Income is a taxation method used by the IRS to attach an economic value to employer-provided benefits, even if the ultimate benefit is tax-free. Since employees receive an economic benefit provided by the employer, they should be taxed on that value as they would be taxed on regular income. Domestic Partners and Domestic Children are not considered tax qualified dependents under the Internal Revenue Code (IRC). Unless the Domestic Partner and/or Domestic Child otherwise qualifies as a tax dependent under the IRC, he or she may not receive tax-free benefits from employer benefit plans. Imputed Income does not increase an individual's take home pay, it is purely an amount upon which an individual must be taxed. These amounts are added to an employee's gross pay, taxed, and then subtracted from pay before the net paycheck amount is calculated.

Certifying your Domestic Partner as a tax dependent

If you believe that your Domestic Partner qualifies as a tax dependent and is exempt from Imputed Income, you will need to complete the following steps. **NOTE: you will need to recertify dependent tax status every year:**

- Contact the Benefits Solutions Group to request a Tax Dependent Affidavit form to complete and submit to the BSG. The Affidavit can also be found in the "Quick Reference Documents" section on the "My Benefits" tab of the HR Direct portal at <https://hrdirect.jll.com>.
- Once submitted, JLL will remove the Imputed Income deduction from your account and any needed refunds will be applied to your paycheck.

Make your elections carefully. Unless you experience an IRS-qualified status change, you cannot change your elections until the Annual Enrollment period for 2022 benefits. If you experience an IRS-qualified status change during the year, you must notify the Benefits Solutions Group within 31 days after the event has occurred.

Medical Bill Saver™

It can be overwhelming to receive a large bill for medical or dental care. The Health Advocate

Medical Bill Saver service gives you access to skilled negotiators who can help lower your out-of-pocket costs on your medical bills not covered by insurance. You could save hundreds—even thousands—of dollars. Just send them your bill.

- Give Health Advocate your medical and dental bills of \$400 or more.
- They contact the provider on your behalf to negotiate a discount.
- Once an agreement is made, the provider signs off on payment terms and conditions.
- You get an easy-to-read, personal Savings Result Statement, summarizing the outcome and payment terms.

To save time and money on healthcare and insurance issues, just call +1 866 580 7421 or visit www.HealthAdvocate.com/members.

HealthAdvocate™

We know the healthcare system is complex. Trying to get a medical or insurance-related issue resolved can oftentimes be a confusing and frustrating process. That's why JLL offers Health Advocate—a free service for you and your eligible family members to help you get the answers and help you need. Health Advocate helps millions of Americans resolve complex issues and get the right care at the right time.

During your first call, you will be assigned your own Personal Health Advocate, typically a registered nurse, supported by medical directors, and benefits and claims specialists, who will stay with you until your issue is resolved. Personal Health Advocates are skilled at working with healthcare providers, insurance companies and other health-related organizations, and they know how to get to the heart of your issue.

Whether it's getting help after receiving a difficult diagnosis, finding eldercare services for your parents, or getting answers about a surprise medical bill, they advocate on your behalf and get complex issues resolved quickly and efficiently.

Did we mention they are free to use and available any time day or night? Your Health Advocate benefit is provided for free by JLL and can be accessed 24/7. Normal business hours are Monday through Friday, from 7:00 a.m. to 9:00 p.m. CST, but staff is available for assistance after hours and during weekends.

How to use and save with Health Advocate

Don't know where to turn? They point the way.

- Find the right doctors, dentists, specialists and other providers
- Schedule appointments; arrange for special treatments and tests
- Answer questions about test results, treatments and medications

(Continued on the next page)

HealthAdvocate™

(Continued)

Confused by health insurance? They cut through the red tape.

- Clarify benefits; uncover billing errors
- Get to the bottom of coverage denials
- Get appropriate approvals for covered services

Want to save on healthcare costs? They help find solutions.

- Find options for non-covered services
- Negotiate payment arrangements with providers
- Provide information about generic drug options
- Access to Medical Bill Saver service

Need eldercare services? They're there for you.

- Find in-home care, adult day care, assisted living and long-term care
- Clarify Medicare, Medicare Supplement plans and Medicaid
- Research transportation to appointments

Who is eligible for Health Advocate services?

- You, as a JLL employee, as well as your spouse, dependents, parents, and parents-in law are eligible to utilize Health Advocate benefits.

01

U.S. employees
participating in
UnitedHealthcare
plans

(Available in all states except Hawaii)

New Programs and Benefit Enhancements for 2021



Contributions are based on your base salary as of September 1, 2020.

2021 Contribution Band	Base Salary Range
1	\$200,000+
2	\$100,000–\$199,999
3	\$60,000–\$99,999
4	\$0–\$59,999

Note: Employee Brokers will align with Band 1, 2, or 4 based on the career map level they are in effective September 1, 2020.

- PR1, PR2 = Band 4
- PR 3 = Band 2
- PR4 and above = Band 1

At JLL we have a responsibility to keep health care costs down. Despite increased health care costs due to medical inflation and unpredictable high-cost claims, JLL continues to cover the majority of premiums while providing new and innovative resources and programs to help you keep your out-of-pocket costs down and maintain your health and well-being.



IRS limits for total Health Savings Account contributions (including personal and JLL contributions) have increased to \$3,600 for You Only coverage and \$7,200 for +1/Family coverage. Keep this in mind when evaluating your options.



Healthcare FSA carryover increased to \$550: 2020 Healthcare FSA participants can now carry over up to \$550 (previously \$500). Funds carry over automatically and never expire.

Is Your Doctor a Tier 1 Provider?

You can check NOW to see if your doctor is designated as a **Tier 1 provider**. Tier 1 providers will be designated by a blue dot on myuhc.com.

If premium providers are not available in your market, Tier 1 benefits will apply when you visit an in-network provider.

Medical

Your health matters. Staying well enhances your quality of life. Not just for you, but also for the important people in your life. Access to quality, affordable healthcare is an important part of staying well, getting healthy if you suffer from an acute illness or chronic condition, and protecting your family and yourself from unexpected events.

JLL supports your health in a number of ways, including the medical insurance plans we offer. These plans put you in charge of managing your health. We provide comprehensive and customizable programs; help you balance your physical, emotional, social and financial health; and reward you for taking an active role in improving your health.

Let's get started. Please refer to the medical comparison charts on pages 12 and 13 for the plan options available in your state, as your options may differ.

How the UnitedHealthcare (UHC) medical plans work

UHC's Preferred Provider Organization (PPO) plans use a network of preferred providers who agree to provide healthcare services to plan members at discounted fees. With PPO plans, you may receive care from any provider you wish. However, you receive the highest level of benefit when you visit a Tier 1 Premium provider that is part of the UHC network.

As a UnitedHealthcare member, you have access to more than 900,000 health care providers nationwide. To get the highest level of coverage at the lowest cost, make sure you're choosing Tier 1 providers. Tier 1 providers include Premium Care Physicians and other health care professionals. Tier 1 doctors cover a variety of specialties—including family practice, internal medicine, pediatrics, cardiology and orthopedics—so you're more likely to find the care you need. If Tier 1 doctors are not available in your area, Tier 1 benefits will apply as long as you visit an in-network provider. To get the best value and avoid unexpected financial surprises, it's important to know how your health care coverage works. Remember, if you don't use Tier 1 providers, you may end up paying more.

Spot the blue dot ●. If you're a current UnitedHealthcare member, look for the blue dot next to your doctor's name on www.myuhc.com to make sure you are getting quality care at the lowest possible cost.

Good news

In 2020, 81% of employees enrolled in JLL medical insurance chose a medical plan (Plus or Basic) with an associated Health Savings Account.

Why choose an HSA?

- Triple tax savings:
 - + Your contributions reduce your taxable income
 - + You earn tax-free interest
 - + Withdrawals are tax free when used for eligible medical expenses
- You decide when and how to spend HSA dollars
- You can use your HSA to pay for health, dental and vision care
- No use-it-or-lose-it. Money in your account rolls over each year
- The money in your HSA belongs to you, even if you change jobs or retire

Remember, if you do not use a Tier 1 provider, you will pay more

With these plans, you never need a referral from a primary care physician to visit a specialist.

JLL offers three options through UHC:

- **PPO Standard Plan** (traditional PPO plan with lower deductibles but substantially higher monthly payroll deductions)
- **PPO Plus Plan** (PPO plan with Health Savings Account)
- **PPO Basic Plan** (PPO plan with Health Savings Account)

Wondering if an HSA is right for you and your family?

Check out ALEX, your personal online benefits assistant, to find out if a high-deductible health plan with an HSA is right for you. Visit ALEX at www.myalex.com/jll/2021.

How can myBluePrint4Health help you?

JLL employees and dependents on the UHC plan are eligible for myBluePrint4Health, a concierge service available 24/7 for health and wellness needs of JLL employees and dependents on the UHC plan. With one simple phone call, you have access to registered nurses, dietitians, wellness coaches and nurses specializing in treatment, chronic conditions, maternity and more. To get started, call +1 800 996 2057 or visit www.myblueprint4health.com to learn more.

Skip the waiting room with Virtual Visits

When you don't feel well or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to. A Virtual Visit lets you see and talk to a doctor from the comfort of your home or office without an appointment, saving money on emergency room visits. Visits can take place by mobile device or computer. Most visits take 10 to 15 minutes. And doctors can write a prescription, if needed, that you can pick up at your local pharmacy. To access, visit myuhc.com, and click on the "Physicians & Facilities" tab at the top of the page.

Get the right care at the right place

You know to call 911 in an emergency, but that's not always the level of care you need. When it comes to getting care, you have options. And knowing where to go can save you time and money. Whenever possible, use the myHealthcare Cost Estimator on myuhc.com to compare costs for the care you need before you go to the doctor, convenience care, urgent care or the emergency room.

Get in shape with Real Appeal

Real Appeal is designed to help you lose weight, manage diabetes and get healthy, using proven science. The 52-week program uses a 24/7 online portal, interactive videos, live online group discussions, online tracking tools that sync with popular fitness technologies, and personalized coaching to support participants with all of the tools necessary for sustained behavior change.

Applied Behavior Analysis (ABA) therapy available with UnitedHealthcare

In addition to routine behavioral health services, benefits are available for intensive behavioral treatment of Autism Spectrum Disorder, most commonly referred to as Applied Behavior Analysis (ABA). Other services besides ABA services may also be rendered for the treatment of Autism Spectrum Disorder. Some services, such as Occupational, Speech, and Physical Therapy, are medical services administered per the medical plan. Other behavioral services, such as family therapy or medication management, are behavioral benefits authorized separately from the ABA authorization.

Centers of Excellence available for certain conditions

Your UnitedHealthcare benefits give you access to clinics and hospitals that specialize in certain types of medical care. These facilities develop the highest level of expertise needed to provide the best service and outcomes possible; you could

save an average of 20 to 40% when you choose to receive care from a Center of Excellence. COEs are available for the following healthcare situations: reproductive resource services, neonatal resource services, cancer resource services, spine and joint solution, bariatric resource services, kidney resource services, transplant resource services and congenital heart disease resource services.

Hinge Health

JLL has partnered with Hinge Health to help you get back to the activities you love. Hinge Health offers innovative digital programs for back, knee, hip, neck, and shoulder pain in easy-to-do 15-minute exercise therapy sessions. Join the thousands of people who have **cut their pain by over 60%**. [Click here to learn more and apply.](#)

Best of all, this program is available for free to you and your eligible family members* enrolled in a JLL medical plan. Once enrolled, you'll receive the Hinge Health Welcome Kit, which includes a tablet computer and wearable motion sensors that'll guide you through the exercises. You'll also be connected with your personal health coach who will tailor the program to your needs and be with you every step of the way. So if back or joint pain is stopping you from the things you love, [register today!](#)

If you have questions, call +1 855 902 2777 or email hello@hingehealth.com.

* Employees, COBRA, and dependents 18+ enrolled in a UHC medical plan through Jones Lang LaSalle (JLL) are eligible.

Spine and Joint COE

Spine and Joint Centers of Excellence (COEs) specialize in spine and joint surgeries and are comprised of nationally-accredited surgeons who have better surgical outcomes than others in the region. With the Spine and Joint COE you'll experience:

- Reliable, expert advice from qualified orthopedic nurses on options for your care
- Dedicated care navigators in the COE
- Higher likelihood of achieving a better quality of life in a shorter recovery period
- 30% lower readmission rates compared to other facilities in your region

For more information visit [myuhc.com](#) or call the UHC number on your medical ID card.

Diabetes Management Program

Virta Health is a physician-led program that allows members to work directly with their Virta coach and Virta physician who use real-time data to provide a care protocol for each patient. The goal is to reverse Type-2 diabetes by getting patients HbA1c levels below 6.5% and eliminating Type-2 medications by 50%.

For more information visit [Virta](#).

2nd.MD

Connect with nationally recognized medical doctors from the comfort of your home.

JLL employees and their family members enrolled in the UnitedHealthcare medical plan have access to 2nd.MD. With 2nd.MD, you can connect with board-certified doctors for an expert second opinion via phone or video all within a matter of days and at no cost to you!

Get expert advice when you or an eligible family member has questions about:

• A new or existing diagnosis	• Your medications
• Treatment plan	• A chronic condition
• Possible surgery	

Let 2nd.MD take on the burden of finding the right specialist, collecting medical records and navigating the healthcare system, so you can focus on getting the best care possible, as soon as possible.

Request a Consult with 2nd.MD

JLL extends 2nd.MD's services at no cost to employees and their dependents covered by the UnitedHealthcare medical plan. To activate your account and request a consult:

- Visit [2nd.MD/JLL](#)
- Call +1 866 269 3534
- Download the 2nd.MD app via App Store or Google Play

For the PPO Basic Plan, there is an embedded individual out-of-pocket maximum (OOPM) of \$7,900 for You +1 and You +2 or more coverage tiers. If an individual reaches this embedded out-of-pocket maximum (OOPM), then benefits will take effect at 100%. You do not have to hit the full family maximum.

Example

Skye Otto is a JLL Employee. She and her husband are enrolled in the PPO Basic Plan (You +1). Skye has a claim for \$50,000 on January 1. Her husband does not have any claims. Both Skye and her husband have a shared family in-network deductible of \$5,700. Skye's claim satisfied the total in-network deductible for the both of them. The first \$5,700 of Skye's claim satisfied the in-network family deductible. When in-network deductible + in-network coinsurance payments = \$7,900, then Skye's in-network OOP Max is satisfied and Skye will be covered at 100% by the plan. That's because an individual only needs to meet the OOPM amount of \$7,900, instead of the You +1 OOPM of \$10,000. Even though Skye is an individual member of a family, her embedded plan would cap her expenses at the "Individual" tier.

UHC Medical Comparison Chart

Feature	PPO Standard		PPO Plus		PPO Basic	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Who provides care	Network doctor or hospital	Network doctor or hospital	Network doctor or hospital	Network doctor or hospital	Network doctor or hospital	Network doctor or hospital
Preventive care Routine physical exam Well-child care Well-woman exam Immunizations Screenings	100% without having to meet deductible	50% of allowable amount without having to meet deductible	100% without having to meet deductible	50% of allowable amount without having to meet deductible	100% without having to meet deductible	40% of allowable amount without having to meet deductible
Annual deductible	Individual deductible based off employee deductible		No individual deductible		No individual deductible	
You Only	\$900	\$2,250	\$1,500	\$3,750	\$2,850	\$5,700
You +1	\$1,800	\$4,500	\$3,000	\$7,500	\$5,700	\$11,400
You +2 or more	\$2,250	\$5,625	\$3,750	\$9,375	\$7,125	\$14,250
Coinurance (company pays)	80%	50% of allowable amount after deductible	80%	50% of allowable amount after deductible	70%	40% of allowable amount after deductible
Individual annual out-of-pocket maximums	OOPM \$3,000	OOPM \$7,500	OOPM \$7,900	OOPM \$23,500	OOPM \$7,900	OOPM \$25,000
You Only	\$3,000	\$7,500	\$3,750	\$9,375	\$5,000	\$10,000
You +1	\$6,000	\$15,000	\$7,500	\$18,750	\$10,000	\$20,000
You +2 or more	\$7,500	\$18,750	\$7,900	\$23,500	\$12,500	\$25,000
HSA company contribution*	N/A	N/A	\$600 \$1,200 \$1,200		\$600 \$1,200 \$1,200	
You Only	N/A	N/A	\$600 \$1,200 \$1,200		\$600 \$1,200 \$1,200	
You +1	N/A	N/A	\$600 \$1,200 \$1,200		\$600 \$1,200 \$1,200	
You +2 or more	N/A	N/A	\$600 \$1,200 \$1,200		\$600 \$1,200 \$1,200	
Office visit	80% after deductible	50% of allowable amount after deductible	80% after deductible	50% of allowable amount after deductible	70% after deductible	40% of allowable amount after deductible

*HSA company contributions are prorated based off of your monthly coverage.

Note: Copays are not the cost of service, but are in addition to your deductible and any coinsurance you must pay.

(Continued on the next page)

***Services requiring pre-authorization when received out-of-network**

- Accidental dental
- Reconstructive procedures
- BRCA testing (breast cancer susceptibility)
- Inpatient maternity stays greater than 48 hours and again at 96 hours
- Durable medical equipment > \$1,000, including insulin pumps
- Rehab services (outpatient)—chiropractic
- Therapeutics (outpatient)—intensity modulated radiation therapy, MR-guided focused ultrasound
- Bariatric coverage is available in-network only
- Home healthcare services
- Mental health/substance abuse services
- Non-emergent ambulance
- Transplant services
- Pregnancy—Healthy Pregnancy Notification Program
- Surgery (outpatient)—diagnostic catheterization, electrophysiology implant, sleep apnea surgeries
- Hospice services
- Inpatient hospital stays
- Skilled nursing/inpatient rehab facilities
- Congenital heart disease resource services and surgeries
- Clinical trials
- ABA Therapy
- Arthroscopy
- Hysterectomy
- Sinuplasty
- Injectable medications

UHC Medical Comparison Chart

(Continued)

Feature	PPO Standard		PPO Plus		PPO Basic	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Medical necessity requirements	No pre-authorization is needed for services received in-network. Authorization is required for certain services received out-of-network.* If pre-authorization not obtained but determined medically necessary by UHC: \$250 penalty. If determined not medically necessary by UHC: No benefits will be paid.					
Inpatient hospital care	\$250 copay; 80% after copay Copays do not apply toward deductible	50% of allowable amount after deductible	80% after deductible	50% of allowable amount after deductible	70% after deductible	40% of allowable amount after deductible
Emergency room visits	\$150 copay; 80% after copay Copays do not apply toward deductible	80% of allowable amount after deductible	80% after deductible	80% of allowable amount after deductible	70% after deductible	70% of allowable amount after deductible
Maternity care Office visits Hospital charges	80% after deductible	50% of allowable amount after deductible	80% after deductible	50% of allowable amount after deductible	70% after deductible	40% of allowable amount after deductible
Infertility treatment* (\$25,000 lifetime max.)	80% after deductible	Not covered	80% after deductible	Not covered	70% after deductible	Not covered
Mental health treatment Outpatient Inpatient hospital charges	80% after deductible	50% of allowable amount after deductible	80% after deductible	50% of allowable amount after deductible	70% after deductible	40% of allowable amount after deductible
Vision exam	\$25 copay, one exam every calendar year					
Therapy, chiropractic care, private duty nursing	After deductible is met, coinsurance applies. Per calendar year maximum visits allowed: Physical, occupational and speech 25 visits; chiropractic 30 visits; private duty nursing 35 visits.					

*All fertility treatment must be authorized by Fertility Solutions at +1 800 996 2057 prior to receiving care.

Note: Copays are not the cost of service, but are in addition to your deductible and any coinsurance you must pay.

Note:

If premium providers are not available in your market, Tier 1 benefits will apply when you visit an in-network provider.

UHC Tiered-Provider Benefits Information

Tiered-Provider Benefits Structure

You will pay the least when you use Tier 1 “UnitedHealth Premium” providers. These providers are cost-effective and provide better quality outcomes.

Plan	Service	Tier 1	Tier 2	Out-of-Network
Standard	PCP Office Visit Specialist Office Visit PCP/Specialist Fees	80% after deductible 80% after deductible 80% after deductible	\$40 copay+70% after deductible \$80 copay+70% after deductible 70% after deductible Copays do not apply to the deductible	50% after deductible 50% after deductible 50% after deductible
Plus	PCP Office Visit Specialist Office Visit PCP/Specialist Fees	80% after deductible 80% after deductible 80% after deductible	\$40 copay+70% after deductible \$80 copay+70% after deductible 70% after deductible Copays do not apply to the deductible	50% after deductible 50% after deductible 50% after deductible
Basic	PCP Office Visit Specialist Office Visit PCP/Specialist Fees	70% after deductible 70% after deductible 70% after deductible	\$40 copay+60% after deductible \$80 copay+60% after deductible 60% after deductible Copays do not apply to the deductible	40% after deductible 40% after deductible 40% after deductible

Note: Copays are not the cost of service, but are in addition to your deductible and any coinsurance you must pay.

These examples show your savings when you use Tier 1 providers.

1. Matthew visits his Tier 1 primary care physician. The total charges for the visit are \$140. He has already met his yearly deductible for the year. **He pays 20% of the cost or \$28.**
2. Emily visits a Tier 2 primary care physician. The total charges for the visit are \$140. She has met her yearly deductible. She pays a \$40 copay plus 30% of the cost of the visit or \$42. **Her total out-of-pocket costs are \$82.**
3. Taylor’s PCP is out-of-network and charges \$185 for the same office visit. Taylor has also met his annual deductible. **He pays 50% of the total charges or \$92.50.**

Using a Tier 1 provider results in lower out-of-pocket costs for you!

Eligibility

Per the JLL Plan document, you must be active at the time of payout to receive a health reward. This is a legal document governing our plans, and exceptions are not permitted.

Health and Well-Being Programs

JLL has many grassroots health and well-being programs put on by local health champions. Follow the link for more information about the [JLL Health Champion Network](#).



myBluePrint4Health
www.myblueprint4health.com

Health Rewards Program

For employees enrolled in UHC medical plans, the Health Rewards program is a great way to reduce your healthcare spending by making smart choices. The idea is simple: you earn money when you visit a doctor for a preventive checkup, get a biometric screening, meet healthy biometric targets or complete missions on Rally or a personal health improvement goal with an Optum health coach. When you and your spouse or domestic partner enroll in a UHC medical plan, you will receive a personalized scorecard that identifies opportunities for you to earn up to \$500 for yourself and an additional \$500 for your spouse/domestic partner. Incentives are

also available for those eligible for diabetes management. There are many ways to earn points, but the maximum amount each member can earn is \$500. You get to choose how your Health Rewards support your life. If you have the Standard plan, you will receive a gift card of your choice from the Rally portal. If you have a Plus or Basic plan, you can elect during enrollment to receive your rewards via a gift card of your choice from the Rally portal or as a contribution to your Health Savings Account (up to the allowable limit). If you have any questions about the payout process for Health Rewards please call Rally Support at +1 877 818 5826.

2021 Health Rewards Opportunities

In order to make sure you get the most out of your Health Rewards JLL is offering more options than ever before. There are many different ways to earn Health Rewards but the maximum amount that can be earned is \$500.

Preventive visit (including prenatal care)	\$100
Complete a Biometric Screening	\$100
Engage in Orthopedic Support*	\$100
Achieve Target BMI or 2 point BMI improvement	\$25
Achieve Target Cholesterol	\$25
Achieve Target Glucose or A1c	\$25
Complete Find and Price Care tool	\$25
Complete a Personal Health Action with an Optum Health Coach	\$100
Complete 3 Rally Missions	\$100
Complete Real Appeal Program	\$100
Complete a Quarterly Team Battle	\$100
Complete 3 Rally quizzes	\$50
Complete a step or non step challenge on Rally	\$100
Diabetes screening (dilated eye exam, 2nd A1c screenings, Creatinine or Urine Protein screening)	\$25

*Only for those eligible.

Medical/Rx rates for UHC—contribution bands

The 2021 medical and dental premiums will be determined by your base salary as of September 1, 2020.

2021 Contribution Band	Base Salary Range
1	\$200,000+
2	\$100,000–\$199,999
3	\$60,000–\$99,999
4	\$0–\$59,999

Note: Employee Brokers will align with Band 1, 2, or 4 based on the career map level they are in effective September 1, 2020.

- PR1, PR2 = Band 4
- PR 3= Band 2
- PR4 and above = Band 1

Healthcare costs continue to rise due to unpredictable high-cost claims and medical inflation. We at JLL have a responsibility to keep healthcare costs down while balancing prior year performance. JLL will continue to cover the majority of premiums and provide new and innovative resources and programs to help you keep your costs down and maintain your health and well-being.

Spousal Surcharge

The spousal surcharge is \$150/month. This surcharge helps us to stay competitive with market trends and helps reduce overall costs for the entire JLL population.

In recent years, some companies have done away with health insurance coverage for spouses/partners. JLL has retained coverage, but has added a Spousal Surcharge for spouses/partners who are employed and eligible for health insurance at their place of work. This surcharge enables us to continue offering a healthcare option for your spouse/partner by spreading the costs between you and the company. By managing costs this way, everyone's premiums and cost-sharing will increase less rapidly without minimizing coverage.

You must take action to avoid this surcharge

If you enroll an employed spouse/domestic partner in a JLL medical plan, the \$1,800 annual surcharge will automatically be deducted beginning with your first 2021 paycheck, and the deduction will not be refunded. If you have a spouse or domestic partner on file, you will be defaulted to "Yes—I am eligible for the surcharge" unless you take action and recertify. The Spousal Surcharge does not apply if:

- You do not enroll your spouse/domestic partner in medical coverage
- Your spouse/domestic partner is not employed
- Your spouse/domestic partner is employed but is not eligible for medical coverage through his/her employer
- Your spouse/domestic partner is eligible for and/or is enrolled in Medicare/Medicaid
- You and your spouse/domestic partner both work at JLL

If you have a spouse or domestic partner on file and the Spousal Surcharge does not apply to you, you must actively complete your enrollment and select "Spousal Surcharge Does Not Apply for 2021." If you fail to do this, you will be charged the surcharge for 2021.

Example

If you enroll in the Plus Plan with You +1 coverage, Band Two:

- Premium: \$4,971
 - + “Tobacco Free Pledge” Dollars: \$994.20
 - + Health Rewards: \$1,000
 - + JLL HSA Contribution: \$1,200
- Cost Savings Opportunity: \$3,194.20

Premiums are based on your base salary as of September 1, 2020.

2021 Contribution Band	Base Salary Range
1	\$200,000+
2	\$100,000–\$199,999
3	\$60,000–\$99,999
4	\$0–\$59,999

Note: Employee Brokers will align with Band 1, 2, or 4 based on the career map level they are in effective September 1, 2020.

- PR1, PR2 = Band 4
- PR3 = Band 2
- PR4 and above = Band 1

“Tobacco Free Pledge” discount

The “Tobacco Free Pledge” discount is a healthy way to lower your monthly medical contributions significantly. To receive a significant reduction in medical coverage costs, you and your qualified spouse or domestic partner must actively pledge to not use tobacco, or if a tobacco user, to take a tobacco cessation class.

UnitedHealthcare rates for employees receiving the “Tobacco Free Pledge” discount

Plan/Tier	2021 Employee annual contribution rates			
	Band 1	Band 2	Band 3	Band 4
PPO Standard You Only You +1 You +2 or more	\$2,782.68	\$2,547.48	\$2,429.88	\$2,312.28
	\$5,936.88	\$5,420.64	\$5,162.52	\$4,904.40
	\$9,981.24	\$9,113.28	\$8,679.36	\$8,245.44
PPO Plus You Only You +1 You +2 or more	\$1,980.72	\$1,815.24	\$1,732.44	\$1,649.76
	\$4,355.52	\$3,976.80	\$3,787.32	\$3,597.96
	\$7,468.08	\$6,818.76	\$6,494.04	\$6,169.32
PPO Basic You Only You +1 You +2 or more	\$712.80	\$626.40	\$564.60	\$539.88
	\$2,070.84	\$1,792.08	\$1,593.00	\$1,513.32
	\$4,024.20	\$3,482.52	\$3,095.52	\$2,940.84

Your cost for medical coverage

Below are the employee contributions for 2021 medical/Rx plans based on whether you do or do not receive the “Tobacco Free Pledge” discount.

UnitedHealthcare rates for employees not receiving the “Tobacco Free Pledge” discount

Plan/Tier	2021 Employee annual contribution rates			
	Band 1	Band 2	Band 3	Band 4
PPO Standard You Only You +1 You +2 or more	\$3,478.32	\$3,184.32	\$3,037.32	\$2,890.32
	\$7,421.16	\$6,775.80	\$6,453.12	\$6,130.56
	\$12,476.52	\$11,391.60	\$10,849.20	\$10,306.80
PPO Plus You Only You +1 You +2 or more	\$2,475.96	\$2,269.08	\$2,165.52	\$2,062.20
	\$5,444.40	\$4,971.00	\$4,734.12	\$4,497.48
	\$9,335.16	\$8,523.48	\$8,117.52	\$7,711.68
PPO Basic You Only You +1 You +2 or more	\$891.00	\$783.00	\$705.72	\$674.88
	\$2,588.52	\$2,240.16	\$1,991.28	\$1,891.68
	\$5,030.28	\$4,353.12	\$3,869.40	\$3,676.08

Pay-the-difference policy when opting for brand-name prescriptions

Save money and choose generic! Under UHC's pay-the-difference policy, if two drugs are chemically equivalent (they contain the same active ingredient) and you choose to opt for the brand name, you will pay the difference, in addition to the brand-name drug's copayment or coinsurance. Remember, generic drugs are copies of brand-name drugs—they have exactly the same dosage, intended use, effects, and strength as the original drug. In other words, their pharmacological effects are exactly the same as those of their brand-name counterparts. For exception information, please contact UHC at +1 800 996 2057.

Example

Following the chart at right, if, for example, your 90-day mail order prescription drug falls into Tier 2, you have to pay 25 percent of the coinsurance, which would be a \$75 to \$200 payment.

Prescription drug coverage—UHC

Each medical plan option provides comprehensive prescription drug coverage as described below. For more information about prescription drugs, log in to www.myuhc.com for the prescription drug list. The same prescription drug benefit applies to all three plans. However, eligibility for benefit payment differs by plan.

Standard

- Benefits are paid for all prescription drugs before medical deductible is met.
- Your prescription drug coinsurance counts toward your out-of-pocket limit.

Plus and Basic

- Preventive: Benefits are paid before medical deductible is met. Prescription drug coinsurance applies to your out-of-pocket limit.
- Non-Preventive: Benefits are not paid until medical deductible is met. After the medical deductible is met, you start paying coinsurance, which also applies to your out-of-pocket limit.
- Check the preventive drug list by logging in to www.myuhc.com.

Prescription drug benefits: PPO Standard, PPO Plus, PPO Basic plans		
	Retail (30-day supply)	Mail order (90-day supply)
Tier 1	You pay 10% coinsurance (\$7 minimum, \$50 maximum)	You pay 10% coinsurance (\$17.50 minimum, \$125 maximum)
Tier 2	You pay 25% coinsurance (\$30 minimum, \$85 maximum)	You pay 25% coinsurance (\$75 minimum, \$200 maximum)
Tier 3	You pay 50% coinsurance (\$75 minimum, \$125 maximum)	You pay 50% coinsurance (\$150 minimum, \$300 maximum)
Infertility drugs	\$15,000 lifetime maximum All fertility treatment must be authorized by Fertility Solutions at +1 800 996 2057 prior to receiving care.	

Step Therapy

Most medical conditions have multiple medication options. Although the options' clinical effectiveness may be similar, their prices vary widely. With the Step Therapy Program, you get the treatment you need, usually at a lower cost. With this program, you need to try a Step 1 medication first, before a Step 2 medication may be covered. If you bring a prescription for a Step 2 medication to the pharmacy, the system will automatically check your claims history for a Step 1 medication. If you have claims history for a Step 1 medication, the Step 2 medication may be processed. If not, the pharmacist will contact your doctor. The pharmacist will also get a message that explains the Step Therapy and the Step 1 medication options offered for drug coverage. However, only you and your doctor make decisions about your treatment and medication options.

OptumRx CVS90 Saver Program

Two ways to fill your maintenance medications. Your current pharmacy benefit covers two 30-day refills of a maintenance medication. Starting January 1, 2020, after those refills you must choose to use the new OptumRx CVS90 Saver Plan to fill your **maintenance medications** only or you will pay the full cost of your prescription. **This change does not apply to your regular non-maintenance medications.**

Using the OptumRx CVS90 Saver program is easy and you may pay less for a 90-day supply of maintenance medication. You have two options available to you with the OptumRx CVS90 Saver Plus program:

- Have a 90-day supply of medications delivered to your home
- Get a 90-day supply of your maintenance medications at nearly 9,700 CVS Pharmacy locations

Here's how to get started:

If you choose OptumRx Home Delivery

- Have your doctor send your prescription electronically or complete a home delivery form and mail it with your written prescription

- Register on www.myuhc.com to monitor your order progress and to make it simple to reorder
- Call the number on the back of your ID card for support or questions regarding the process

If you choose to use a CVS Pharmacy Location

- Bring your prescriptions or empty prescription bottles with you and the pharmacist will do the rest
- Call your local CVS Pharmacy and a pharmacy staff member will assist you
- Transfer your prescriptions online at www.cvs.com/transfer

If you have questions about the process, visit www.myuhc.com.

02

U.S. employees participating in the Kaiser Permanente Plan

(California, Colorado, Georgia, Oregon, Washington, and
Mid-Atlantic Region, which includes Washington, DC, and
the surrounding Virginia and Maryland area)

†What is a Health Savings Account (HSA)?

An HSA is a special interest-bearing savings account that's automatically set up for you when you enroll in the Plus or Basic medical plan. JLL funds your HSA quarterly on a go-forward, prorated basis, based on when you open your HSA. You may also make additional tax-free deposits into the account. It's a great way to save on taxes, get "free" company money and help pay for current and future healthcare expenses.

Medical

Your health matters. Staying well enhances your quality of life. Not just for you, but also for the important people in your life. Access to quality, affordable healthcare is an important part of staying well, getting healthy if you suffer from an acute illness or chronic condition, and protecting your family and yourself from unexpected events.

JLL supports your health in a number of ways, including the medical insurance plans we offer. These plans put you in charge of managing your health. We provide comprehensive and customizable programs; help you balance your physical, emotional, social and financial health; and reward you for taking an active role in improving your health.

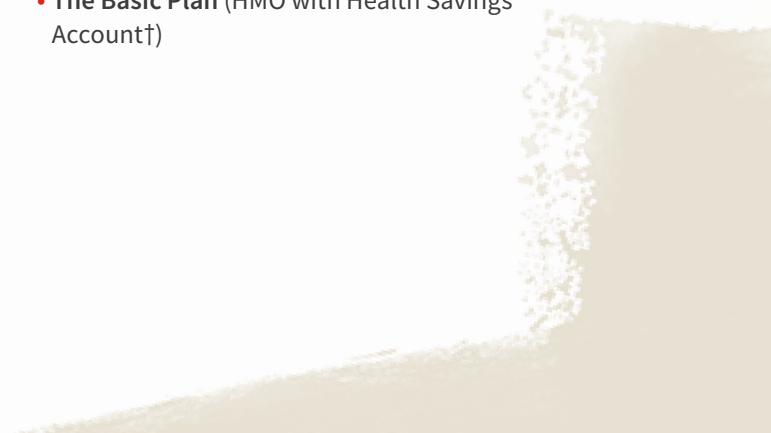
Let's get started. Please refer to the medical comparison charts on page 24 for the plan options available in your state, as your options may differ.

How Kaiser Permanente medical plans work

The Kaiser Permanente HMO plans use a network of preferred providers who have agreed to provide healthcare services to plan members at discounted fees. These choices are HMO options, which mean you must go only to Kaiser Permanente providers to receive benefits. There are no out-of-network benefits. Referrals from your primary care physician may be required to go to some types of specialists. In-network Preventive Care Services are covered by plan benefits prior to the individual or family deductible being reached for all three plans.

The firm offers three Kaiser Permanente options:

- **The Standard Plan** (HMO plan with lower deductibles but substantially higher monthly payroll deductions)
- **The Plus Plan** (HMO with Health Savings Account†)
- **The Basic Plan** (HMO with Health Savings Account†)



In 2020, 81 percent of employees enrolled in JLL medical insurance chose a medical plan (Plus or Basic) with a Health Savings Account.

Why choose an HSA?

- Triple tax savings:
 - + Your contributions reduce your taxable income
 - + You earn tax-free interest
 - + Withdrawals are tax free when used for eligible medical expenses
- You decide when and how to spend HSA dollars
- You can use your HSA to pay for health, dental and vision care
- No use-it-or-lose-it. Money in your account rolls over each year
- The money in your HSA belongs to you, even if you change jobs or retire

Wondering if an HSA is right for you and your family?

Check out ALEX, your personal online benefits assistant, to find out if a high-deductible health plan with an HSA is right for you. Visit ALEX at <http://www.myalex.com/jll/2021>.

Plan summary chart for California, Georgia, Colorado, Oregon, Washington, and Mid-Atlantic Region employees participating in the Kaiser Permanente plan

The comparison chart on page 24 provides you with an overview of our medical programs. Please review the information carefully, since you cannot change your medical option until the next open enrollment period unless you have a qualified family status change. For additional information, visit <https://my.kp.org/jll>.

Important note:

Kaiser Permanente plans are only available to employees based in California, Colorado, Georgia, Oregon, Washington, and Mid-Atlantic Region, which includes Washington, DC, and the surrounding Virginia and Maryland area

Kaiser Permanente Medical Comparison Chart

For the Standard and Basic plans, there is an embedded out-of-pocket maximum. If an individual reaches this embedded out-of-pocket maximum (OOPM), then benefits will take effect at 100 percent. You do not have to hit the full family maximum.

Example

Skye Otto is a JLL employee. She and her husband are enrolled in the KP Basic Plan (You +1). Skye has a claim for \$50,000 on January 1. Her husband does not have any claims. Both Skye and her husband have a shared family in-network deductible of \$7,125. Skye's claim satisfied the total in-network deductible for the both. The first \$7,125 of Skye's claim satisfied the INN family deductible. When in-network deductible + in-network coinsurance payments = \$5,000 then Skye's in-network OOP Max is satisfied and Skye will be covered at 100 percent by the plan. That's because an individual only needs to meet the OOPM amount of \$5,000, instead of the You +1 OOPM of \$12,500. Even though Skye is an individual member of a family, her embedded plan would cap her expenses at the "Individual" tier.

	KP Standard	KP Plus	KP Basic
Who provides care	There are no out-of-network benefits available. Only services provided by a Kaiser Permanente provider are considered covered benefits. Emergency care is covered for emergency medical conditions from non-Plan providers anywhere in the world. Health Plan coverage for out-of-Plan emergency care includes the services of a Mobile Crisis Unit and First Responders.		
Preventive care			
Routine physical exam	100%	100%	100%
Well-child care			
Well-woman exam			
Child immunizations			
Screenings			
Annual deductible	Embedded individual deductible \$900	Embedded individual deductible \$2,800	Embedded individual deductible \$2,850
You Only	\$900	\$1,500	\$2,850
You +1	\$2,250	\$3,750	\$7,125
You +2 or more	\$2,250	\$3,750	\$7,125
Coinsurance (company pays)	80%	80%	70%
Annual out-of-pocket maximum (includes deductible)	Embedded individual OOPM \$3,000	Embedded individual OOPM \$3,750	Embedded individual OOPM \$5,000
You Only	\$3,000	\$3,750	\$5,000
You +1	\$7,500	\$7,900	\$12,500
You +2 or more	\$7,500	\$7,900	\$12,500
HSA company contribution*			
You Only	N/A	\$600	\$600
You +1	N/A	\$1,200	\$1,200
You +2 or more	N/A	\$1,200	\$1,200
Office visit	80% after deductible	80% after deductible	70% after deductible
Surgery or hospital care			
Inpatient	80% after deductible	80% after deductible	70% after deductible
Outpatient			
Infertility treatment	50% Coinsurance after deductible (for diagnosis and treatment)	50% Coinsurance after deductible (for diagnosis and treatment)	50% Coinsurance after deductible (for diagnosis and treatment)
Mental health treatment	80% after deductible	80% after deductible	70% after deductible
Outpatient			
Inpatient hospital charges			
Vision exam	80% after deductible	80% after deductible	70% after deductible

*HSA company contributions are prorated based off of your monthly coverage.

Note: Copays are not the cost of service, but are in addition to your deductible and any coinsurance you must pay.

Eligibility

Per the JLL Plan document, you must be active at the time of payout to receive a health reward bonus. This is a legal document governing our plans, and exceptions are not permitted.

Health and Well-Being Programs

JLL has many grassroots health and well-being programs put on by local health champions. Follow the link for more information about the [JLL Health Champion Network](#).

Health Rewards Program*

In 2021, employees enrolled in any of the Kaiser Permanente medical plans can earn \$100 in Health Rewards for completing one of the four Rally Quarterly Challenges throughout the year.

You can participate in all four challenges throughout the year but you will only get rewarded for one of them. Health Rewards payouts will be paid out about 8 weeks after the completion of the challenge. The Health Rewards payouts will be paid out either as a gift card or into your HSA account, depending on what you chose during benefits enrollment. If you have the Standard plan, you

will receive your rewards as a gift card. If you have a Plus or Basic plan, during annual enrollment you can elect to receive your rewards as a gift card or as a contribution to your Health Savings Account (up to the allowable limit).

For more information on the Rally Quarterly Challenges and how to purchase a device go to [myBluePrint4Health](#).

Medical/Rx rates for KP—contribution bands (California, Colorado, Georgia, Oregon, Washington and Mid-Atlantic employees)

Annual premiums are based on your base salary as of September 1, 2020.

2021 Contribution Band	Base Salary Range
1	\$200,000+
2	\$100,000–\$199,999
3	\$60,000–\$99,999
4	\$0–\$59,999

Note: Employee Brokers will align with Band 1, 2, or 4 based on the career map level they are in effective September 1, 2020.

- PR1, PR2 = Band 4
- PR 3 = Band 2
- PR4 and above = Band 1

Spousal Surcharge

The spousal surcharge is \$150/ month. This surcharge helps us to stay competitive with market trends and helps reduce overall costs for the entire JLL population.

In recent years, some companies have done away with health insurance coverage for spouses/partners. JLL has retained coverage, but has added a Spousal Surcharge for spouses/partners who are employed and eligible for health insurance at their place of work. This surcharge

enables us to continue offering a healthcare option for your spouse/partner by spreading the costs between you and the firm. By managing costs this way, everyone's premiums and cost-sharing will increase less rapidly without minimizing coverage.

You must take action to avoid this surcharge

If you enroll an employed spouse/domestic partner in a JLL medical plan, the \$1,800 annual surcharge will automatically be deducted beginning with your first 2021 paycheck, and the deduction will not be refunded. If you have a spouse or domestic partner on file, you will be defaulted to “Yes—I am eligible for the surcharge” unless you take action and recertify.

The Spousal Surcharge does not apply if:

- You do not enroll your spouse/domestic partner in medical coverage
- Your spouse/domestic partner is not employed
- Your spouse/domestic partner is employed but is not eligible for medical coverage through his/her employer
- Your spouse/domestic partner is eligible for and/or is enrolled in Medicare/Medicaid
- You and your spouse/domestic partner both work at JLL

If you have a spouse or domestic partner on file and the Spousal Surcharge does not apply to you, you must actively complete your enrollment and select “Spousal Surcharge Does Not Apply for 2021.” If you fail to do this, you will be charged the surcharge for 2021.

Example

If you enroll in the Plus plan with employee-only coverage, Band Two, and do not receive the “Tobacco Free Pledge” discount, your annual premium will be \$543.36.

If you receive the “Tobacco Free Pledge” discount, you can significantly reduce your annual premium to \$388.20. That's about a 29 percent savings on your medical plan premiums just for steering clear of tobacco.

Premiums are based on your base salary as of September 1, 2020.

2021 Contribution Band	Base Salary Range
1	\$200,000+
2	\$100,000-\$199,999
3	\$60,000-\$99,999
4	\$0-\$59,999

Note: Employee Brokers will align with Band 1, 2, or 4 based on the career map level they are in effective September 1, 2020.

- PR1, PR2 = Band 4
- PR 3 = Band 2
- PR4 and above = Band 1

“Tobacco Free Pledge” discount

The “Tobacco Free Pledge” discount is a healthy way to lower your monthly medical contributions significantly. To receive a significant reduction in medical coverage costs, you and your qualified spouse or domestic partner must pledge not to smoke or use tobacco products, or to take a smoking cessation class.

Kaiser Permanente rates for employees receiving the “Tobacco Free Pledge” discount

Plan/Tier	2021 Employee annual contribution rates			
	Band 1	Band 2	Band 3	Band 4
KP Standard	\$1,336.32	\$1,139.88	\$1,041.60	\$992.52
	\$3,976.20	\$3,364.44	\$3,314.04	\$3,148.32
	\$7,209.60	\$6,304.20	\$6,101.64	\$5,796.60
KP Plus	\$509.64	\$388.20	\$357.84	\$321.48
	\$1,949.52	\$1,429.80	\$1,166.76	\$1,026.72
	\$2,853.36	\$2,092.56	\$1,555.44	\$1,368.84
KP Basic	\$307.44	\$236.64	\$219.00	\$197.76
	\$771.12	\$565.44	\$353.64	\$311.28
	\$1,091.04	\$800.04	\$589.68	\$518.88

Your cost for medical coverage:

Below are the employee contributions for 2021 medical/Rx plans based on whether you do or do not take the “Tobacco Free Pledge” discount.

Kaiser Permanente rates for employees not receiving the “Tobacco Free Pledge” discount

Plan/Tier	2021 Employee annual contribution rates			
	Band 1	Band 2	Band 3	Band 4
KP Standard	\$1,870.80	\$1,595.88	\$1,458.12	\$1,389.48
	\$5,566.80	\$4,710.24	\$4,639.68	\$4,407.60
	\$10,093.44	\$8,825.88	\$8,542.20	\$8,115.24
KP Plus	\$713.40	\$543.36	\$501.00	\$450.12
	\$2,729.40	\$2,001.60	\$1,633.44	\$1,437.36
	\$3,994.80	\$2,929.56	\$2,177.52	\$1,916.40
KP Basic	\$430.32	\$331.32	\$306.60	\$276.96
	\$1,079.52	\$791.64	\$495.12	\$435.84
	\$1,527.36	\$1,119.96	\$825.60	\$726.48

Kaiser Permanente prescription drug coverage—California, Colorado, Georgia, Oregon, Washington and Mid-Atlantic

Each medical option provides comprehensive prescription drug coverage as described below. All prescriptions must be filled through a Kaiser Permanente pharmacy.

Standard

- Benefits are paid for all prescription drugs before medical deductible is met.
- Prescription drug coinsurance counts toward your out-of-pocket maximum.

Plus and Basic

- Prescription drug benefits are not paid until you meet your medical deductible.
- Once you meet your deductible, coinsurance counts toward your out-of-pocket maximum.

	KP Standard	KP Plus and KP Basic
Pharmacy/Retail: Generic	\$10 copay	\$10 copay for 30-day supply (after deductible is met)
Pharmacy/Retail: Brand	\$45 copay	\$45 copay for 30-day supply (after deductible is met)
Day Supply	30-day supply	
Mail Order: Generic	\$20 copay	\$20 copay after deductible is met
Mail Order: Brand	\$90 copay	\$90 copay after deductible is met
Day Supply	90-day supply (for Colorado, Oregon, Washington, Mid-Atlantic, Georgia) 100-day supply for California employees	

03

Hawaii employees
participating
in the Kaiser
Permanente
plan or HMSA plan

Medical

Your health matters. Staying well enhances your quality of life. Not just for you, but also for the important people in your life. Access to quality, affordable healthcare is an important part of staying well, getting healthy if you suffer from an acute illness or chronic condition, and protecting your family and yourself from unexpected events.

JLL supports your health in a number of ways, including the medical insurance plans we offer. These plans put you in charge of managing your health. We provide comprehensive and customizable programs; help you balance your physical, emotional, social and financial health; and reward you for taking an active role in improving your health.

Let's get started. Please refer to the medical comparison chart on page 32 for the plan options available in your state as your options may differ.

How our Medical Plans in Hawaii work

The Kaiser Permanente HMO and HMSA PPO plans use a network of preferred providers who have agreed to provide healthcare services to plan members at discounted fees. If you choose the HMO, you may only go to providers in the network to receive benefits, and there are no out-of-network benefits. However, if you choose the PPO, you may be partially covered if you go to an out-of-network provider. Note that, in the HMO, referrals from your primary care physician may be required to go to some types of specialists.

The firm offers two options:

- Kaiser Permanente HMO—Hawaii
- HMSA PPO—Hawaii (Independent licensee of the Blue Cross and Blue Shield Association)

Spousal Surcharge

The spousal surcharge is \$150/ month. This surcharge helps us to stay competitive with market trends and helps reduce overall costs for the entire JLL population.

In recent years, some companies have done away with health insurance coverage for spouses/partners. JLL has retained coverage, but has added a Spousal Surcharge for spouses/partners who are employed and eligible for health insurance at their place of work. This surcharge enables us to continue offering a healthcare option for your spouse/partner by spreading the costs between you and the company. By managing costs this way, everyone's premiums and cost-sharing will increase less rapidly without minimizing coverage.

You must take action to avoid this surcharge

If you enroll an employed spouse/domestic partner in a JLL medical plan, the \$1,800 annual surcharge will automatically be deducted beginning with your first 2021 paycheck, and the deduction will not be refunded. If you have a spouse or domestic partner on file, you will be defaulted to "Yes—I am eligible for the surcharge" unless you take action and recertify.

The Spousal Surcharge does not apply if

- You do not enroll your spouse/domestic partner in medical coverage
- Your spouse/domestic partner is not employed
- Your spouse/domestic partner is employed, but is not eligible for medical coverage through his/her employer
- Your spouse/domestic partner is eligible for and/or is enrolled in Medicare/Medicaid
- You and your spouse/domestic partner both work at JLL

If you have a spouse or domestic partner on file and the Spousal Surcharge does not apply to you, you must actively complete your enrollment and select "Spousal Surcharge Does Not Apply for 2021." If you fail to do this, you will be charged the surcharge for 2021.

KP Hawaii and HMSA Hawaii Medical Comparison Chart

The comparison chart below provides you with an overview of our Kaiser Permanente and HMSA medical programs. Please review the information carefully, since you cannot change your medical option until the next open enrollment period, unless you have a qualified family status change.

Feature	Kaiser Permanente—Hawaii	HMSA—Hawaii
Who provides care	There are no out-of-network benefits available. Only services provided by a Kaiser Permanente provider are considered covered benefits.	There are no out-of-network benefits available. Only services provided by a HMSA provider are considered covered benefits.
Annual deductible	None	None
Maximum benefits while insured	Unlimited	Unlimited
Annual out-of-pocket maximum (includes deductible)		
You only	\$2,500	\$2,500
You +1	\$5,000	\$7,500
You +2 or more	\$7,500	\$7,500
Office visits	\$25 per office visit	\$14 per office visit
Preventive care (Routine physical exam, Well-child care, Well-woman care, Immunizations, Screenings)	100% covered	100% covered
Surgery or hospital care		
Inpatient	\$150 per day for inpatient care	80% after deductible
Outpatient surgery	\$25 per visit for outpatient surgery	
Mental health coverage		
Outpatient	\$25 copay per visit for outpatient	\$14 copay
Inpatient hospital	\$150 copay per day	80% after deductible

Note: Copays are not the cost of service, but are in addition to your deductible and any coinsurance you must pay.

2021 Employee annual contribution rates		
Coverage Level	Kaiser Permanente	HMSA
You only	\$473.88	\$473.88
You +1	\$3,222.12	\$4,025.64
You +2 or more	\$5,260.44	\$6,501.24

Note Kaiser Plan:

All prescriptions must be filled through a Kaiser Permanente pharmacy.

Note HMSA Plan:

When a prescribed brand name drug has a generic equivalent that is listed on the Hawaii Drug Formulary of Equivalent Drug Products, the member will be responsible for the appropriate copayment plus the difference between the generic and brand name cost. This procedure will apply regardless of whether the member chose not to use the generic equivalent or the particular generic equivalent was not available at the pharmacy.

Each medical option provides comprehensive prescription drug coverage as described below.

Kaiser Permanente Prescription drug coverage—Hawaii

Prescription drugs	Kaiser Permanente—Hawaii
Pharmacy/Retail: Generic Maintenance	\$3 copay per prescription
Pharmacy/Retail: Generic	\$10 copay per prescription
Pharmacy/Retail: Brand	\$35 copay per prescription
Pharmacy/Retail: Days Supply	Up to a 30 consecutive day supply or an amount determined by the Health Plan formulary.
Mail Order: Generic Maintenance	\$6 copay per prescription
Mail Order: Generic	\$20 copay per prescription
Mail Order: Brand	\$70 copay per prescription
Mail Order: Day Supply	90 consecutive day supply

HMSA Prescription drug coverage—Hawaii

Prescription drugs	HMSA—Hawaii
Pharmacy/retail: Generic	\$7 copay
Pharmacy/retail: Preferred brand	\$30 copay
Pharmacy/retail: Other brand	\$75 copay
Pharmacy/retail: Specialty Preferred	\$100 copay per prescription
Pharmacy/retail: Specialty Other	\$200 copay per prescription
Mail Order: Generic	\$11 copay
Mail Order: Preferred brand	\$65 copay
Mail Order: Other brand	\$200 copay

04

Additional
benefits
information
for all U.S.
employees

Find a dentist

To find a dentist, visit the Delta Dental website at www.deltadentalil.com.

Select either Delta Dental PPO or Delta Dental Premier to find a network dentist. You can also call +1 800 323 1743.

Dental

Great oral health is an essential part of a healthy lifestyle. Delta Dental offers significant discounts and is the largest dental benefits carrier in the United States.

JLL offers three benefit plan designs in the Basic, Standard and Plus options.

Delta Dental offers two dental coverage networks: Delta Dental PPO and Delta Dental premier.

With a Delta Dental plan, you have the flexibility to choose any dentist, but your out-of-pocket costs will vary.

All participating dentists have agreed to accept negotiated fees as payment in full for in-network services.

You have the flexibility to visit any licensed dentist and receive coverage under the plan. But with thousands of general dentists and specialists, there's a good chance that the dentist who meets your needs is in the network. Plus, all participating dentists have to go through a rigorous upfront and ongoing selection and review process. You also don't need any referrals.

JLL offers three different dental insurance options through Delta Dental.



For more information about the Dental Plan options, please visit the HR Direct website at <https://hrdirect.jll.com> and click on the Benefits link.

Plan type	Delta Dental		
	Basic	Standard	Plus
Annual deductible (Preventive services are not subject to deductible)	\$50 You Only \$150 Family	\$50 You Only \$150 Family	\$25 You Only \$75 Family
Annual maximum	\$1,000 per person	\$2,000 per person	\$2,500 per person
Lifetime Orthodontic Maximum	\$1,000 per person	\$2,000 per person	\$2,500 per person
Diagnostic & preventive services <ul style="list-style-type: none"> Routine exams (two per benefit year) Cleanings (two per benefit year) X-rays (bitewings-1 for adults and 2 for children) Panoramic X-rays (once every five years) Fluoride treatments (two per benefit year to age 19) Space maintainers (covered up to age 19, 1 per tooth per lifetime on posterior teeth only) Sealants—to age 19 Interim Caries Medicament (up to age 19, 1 per contract year) Periapical X-Rays (4 films per contract year) 	Delta Dental PPO Network Dentist 100%	Delta Dental PPO Network Dentist 100%	Delta Dental PPO Network Dentist 100%
Basic services <ul style="list-style-type: none"> Fillings (silver [amalgam] and tooth colored [composite] on front teeth only, covered every 2 years) X-rays not mentioned elsewhere Emergency exams & palliative (pain relief) treatment Simple extractions Antibiotic drugs Occlusal guard Prefab stainless steel & resin crowns 	Delta Dental PPO Network Dentist 70%	Delta Dental PPO Network Dentist 80%	Delta Dental PPO Network Dentist 80%
Major restorative services <ul style="list-style-type: none"> Implants Cone Beam CT (covered in conjunction with Implants, two per contract year) General anesthesia/IV sedation (in conjunction with oral surgery) Oral surgery Periodontal surgery Endodontics—Root Canal [premolar and molar] 1 per tooth plus 1 retreatment per lifetime frequency) Crowns, onlays and other ceramic restorations to permanent teeth Labial veneers Partial/full dentures Denture (repair, reline, rebase and adjustments) Fixed/removable bridges 	Delta Dental PPO Network Dentist 50%	Delta Dental PPO Network Dentist 50%	Delta Dental PPO Network Dentist 60%
Orthodontics (to age 26) and adults <ul style="list-style-type: none"> Treatment necessary for proper alignment of teeth 	Delta Dental PPO Network Dentist 50%	Delta Dental PPO Network Dentist 50%	Delta Dental PPO Network Dentist 50%

Find a dentist

To find a dentist, visit the Delta Dental website at www.deltadentalil.com. Select either Delta Dental PPO or Delta Dental Premier to find a network dentist. You can also call +1 800 323 1743.

Premiums are based on your base salary as of September 1, 2020.

2021 Contribution Band	Base Salary Range
1	\$200,000+
2	\$100,000–\$199,999
3	\$60,000–\$99,999
4	\$0–\$59,999

Note: Employee Brokers will align with Band 1, 2, or 4 based on the career map level they are in effective September 1, 2020.

- PR1, PR2 = Band 4
- PR 3 = Band 2
- PR4 and above = Band 1

Delta Dental

Annual premiums are based on your base salary as of September 1, 2020.

Understanding how the PPO and Premier Networks can lower your costs

Delta Dental PPO

- Lowest out-of-pocket expenses
- PPO dentists accept reduced fees (our PPO allowed fee) as payment in full. If Delta Dental's allowed PPO fee is lower than that dentist's usual charge, the dentist cannot "balance bill" you the difference between his/her usual fee and Delta Dental's allowed fee

Delta Dental Premier

- Higher out-of-pocket costs than Delta Dental PPO, but may be lower than non-network
- Delta Dental Premier dentists agree to accept our maximum plan allowance as payment-in-full. Premier dentists cannot bill the difference between their billed fee and our allowed Premier fee (maximum plan allowance)

Non-Network

- Highest out-of-pocket costs
- Non-network dentists have not agreed to no balance billing or to accept our PPO reduced fees or Premier maximum plan allowance as payment in full

Delta Dental Basic	Annual Employee Contributions			
	Band 1	Band 2	Band 3	Band 4
You Only	\$74.88	\$71.76	\$62.40	\$60.60
You +1	\$221.16	\$211.92	\$190.56	\$185.88
You + 2 or more	\$452.40	\$433.44	\$396.00	\$388.56

Delta Dental Standard	Annual Employee Contributions			
	Band 1	Band 2	Band 3	Band 4
You Only	\$202.20	\$184.56	\$175.80	\$170.52
You +1	\$493.92	\$450.96	\$429.48	\$416.64
You + 2 or more	\$890.04	\$812.64	\$773.88	\$750.72

Delta Dental Plus	Annual Employee Contributions			
	Band 1	Band 2	Band 3	Band 4
You Only	\$296.76	\$270.96	\$258.00	\$250.32
You +1	\$690.24	\$630.24	\$600.24	\$582.24
You + 2 or more	\$1,195.32	\$1,091.40	\$1,039.44	\$1,008.12

Vision Care Programs



For more information about your vision care options, please visit the HR Direct website at <https://hrdirect.jll.com> and click on the Benefits link.

There's a lot more to maintaining healthy eyesight than eating your carrots. Regular eye exams can help detect health conditions such as diabetes, high blood pressure and high cholesterol. That's why it's important to consider enrolling in one of the three vision care options JLL offers you. You won't just be taking care of your vision—you'll be taking care of your whole body.

Of course, vision insurance can also help save you money on eye exams, eyeglasses and contact lenses.

JLL offers vision care from VSP Vision and UHC Vision. Both have a vast national network of providers:

- VSP Vision—Basic
- VSP Vision—Premier
- UHC Vision

Feature	VSP Vision—Basic In-Network	UHC Vision In-Network
Your annual contribution You Only: You +1: You +2 or more:	\$92.16 \$131.04 \$234.96	\$130.08 \$185.28 \$332.16
How to obtain benefits	Schedule an appointment with a provider in the VSP covered network. You may have an exam every 12 months, lenses or contact lenses every 12 months and frames once every 24 months	Schedule an appointment with UnitedHealthcare Vision provider of your choice. You may have an exam every 12 months, lenses every 12 months, frames every 12 months or contact lenses every 12 months
Eye exam	\$10 copay or up to \$45 allowance out-of-network	\$10 copay or up to \$50 allowance out-of-network
Glasses	\$20 copay for lenses and frame up to \$180 value. For glasses over \$180 employee pays the difference less a 20% discount	\$20 copay for lenses and frame up to \$170 value. For glasses over \$170, you receive up to a 30% discount at select locations
Contact lenses	Plan provides a \$180 allowance towards full cost. Medically necessary contacts are covered in full after \$20 copay	Plan provides a \$175 allowance towards full cost. Medically necessary contacts are covered in full
Covered lens options	Single vision, bifocal, trifocal, lenticular, scratch resistant coating, tint	Premium, deluxe or standard progressive lenses, standard anti-reflective coating, polycarbonate lenses for both adults and children and standard scratch coating
Laser vision correction, mail order contacts and hearing aids	VSP provides access to laser vision correction discounts	UnitedHealthcare Vision provides access to additional discounts
Out-of-network coverage	VSP offers allowances for an exam, lenses, frames, contact lenses and laser vision correction. Payment is due to provider at time of service and a claim for reimbursement must be submitted by member	UnitedHealthcare Vision offers allowances for an exam, lenses, and frame and contacts lenses. Payment is due to provider at time of service and a claim for reimbursement must be submitted by member

(Continued on the next page)



For more information about your vision care options, please visit the HR Direct website at <https://hrdirect.jll.com> and click on the Benefits link.

Vision Care Programs

(Continued)

Feature	VSP Vision—Premier In-Network
Your annual contribution You Only: You +1: You +2 or more:	\$167.04 \$237.36 \$425.76
How to obtain benefits	Schedule an appointment with a provider in the VSP covered network. You may have an eye exam every 12 months, frames/lenses or contact lenses every 12 months
Eye exam	\$10 copay or up to \$45 allowance out-of-network
Glasses	\$20 copay for lenses and frame up to \$180 value. For glasses over \$180 employee pays the difference less a 20% discount
Contact lenses	Plan provides a \$180 allowance towards full cost. Medically necessary contacts are covered in full after \$20 copay
Covered lens options	Single vision, bifocal, trifocal, lenticular, scratch resistant coating, tint
Laser vision correction, mail order contacts and hearing aids	VSP provides access to laser vision correction discounts
Out-of-network coverage	VSP offers allowances for an exam, lenses, frames, contact lenses and laser vision correction. Payment is due to provider at time of service and a claim for reimbursement must be submitted by member
Other information about vision care benefits	EASY OPTIONS. Each covered family member can pick one of the following five custom upgrades at the time of service: \$250 Retail Frame Allowance OR \$250 Elective Contact Lens Allowance OR Progressive Lenses covered in full OR Anti-Reflective Coatings covered in full OR Photochromic Lenses covered in full

Health Savings Accounts (HSA)*

Eligibility

*HSA does not apply to employees in Hawaii.

A Health Savings Account is a tax-advantaged savings account that you use to pay for healthcare expenses. Employees who enroll in the Basic or Plus medical plans are eligible to open an HSA. Once opened, you can contribute pre-tax dollars to your HSA—lowering your tax bill—and also enjoy a quarterly contribution from JLL to your account.

Advantages of an HSA

HSAs are a great tool for smart healthcare consumers. Here are a few of the advantages:

	Employee	Employee +1/Family
JLL annual company contributions	\$600/year	\$1,200/year
Employee contributions	<ul style="list-style-type: none">You can contribute pre-tax money to your account.Your HSA savings are deposited into an interest bearing account and you don't pay taxes on interest earned.When you use your HSA funds for medical expenses, you won't pay taxes on them.	
Use the money for...	<ul style="list-style-type: none">Build your balance for future medical expenses during your retirement years.You can use your HSA to pay for eligible medical, dental, vision and certain healthcare premiums like COBRA.Once you've accumulated \$2,100 in your HSA, you can invest in a variety of highly rated mutual funds.	
Eligibility	Domestic partners are not eligible to use HSA funds if he/she does not qualify as a tax dependent. NOT ELIGIBLE if: enrolled in Medicare, spouse is enrolled in his/her employer's Flexible Spending Account plan, can be claimed as a tax dependent, or has coverage in another plan that has a lower deductible than Plus or Basic.	
Portability	There is no use-it-or-lose-it rule. If you have money in your HSA account at the end of the year, it rolls-over in your account for the next year. If you leave JLL for any reason, you take it with you.	
IRS annual limits	Annual contribution limits for 2021 are \$3,600 for individuals and \$7,200 for families. IRS regulations permit a one-time roll over into an HSA.	

HSA contribution limits

The total amount you can contribute to an HSA is based on your coverage level and the amount JLL contributes. The chart below shows how much you and the company can contribute in 2021.

HSA catch-up contributions

If you are age 55 or older, the IRS allows you to contribute an additional amount to your HSA. For 2021, you may contribute an additional \$1,000.

Plus Plan	JLL Contribution	Your Maximum Contribution	Total Allowable Contribution
You Only	\$600	\$3,000	\$3,600
You +1	\$1,200	\$6,000	\$7,200
You +2 or more	\$1,200	\$6,000	\$7,200

Basic Plan	JLL Contribution	Your Maximum Contribution	Total Allowable Contribution
You Only	\$600	\$3,000	\$3,600
You +1	\$1,200	\$6,000	\$7,200
You +2 or more	\$1,200	\$6,000	\$7,200



Optum Bank™

UHC: +1 800 791 9361

Kaiser Permanente: +1 866 234 8913

Group Numbers

UnitedHealthcare: 712525

Kaiser Permanente: 585

www.optumbank.com

Eligibility

You are not eligible for an HSA if one of the following circumstances applies:

- You have coverage in another plan that has a lower deductible than our Plus or Basic plans.
- You can be claimed as a tax dependent (as defined by the IRS) on someone else's tax return.
- You are enrolled in Medicare.
- Your spouse is enrolled in his or her employer's FSA plan. The IRS limits FSA only to dental and vision expenses when enrolled in an HSA plan.

Domestic partners are not eligible to use HSA funds if:

- He/She does not qualify as a tax dependent. There is no additional funding to the employee's HSA for the domestic partner if this is the case.

Funding your HSA

The total amount you can contribute to an HSA is based on your coverage level and the amount JLL contributes. If you elect to contribute to this account, your funds are deducted each pay period and deposited into your account shortly after your pay date on a prorated basis.

The company contributions are funded to the HSA on a quarterly basis, typically in the first month of the quarter, dependent upon payroll processing timelines and restrictions. If you do not open your HSA prior to the funding period, you will be made whole the following month. If you are a new hire and missed the quarterly funding, you will receive funding on a go-forward basis, beginning the month following your hire date.

If any one of the eligibility circumstances applies to you, and you enroll in the Plus or Basic plans, you may be in violation of IRS rules that govern HSA eligibility. Because an HSA is a tax-advantaged savings account, you may incur IRS penalties if you violate eligibility rules. To learn more, consult with a tax advisor or visit <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>. JLL is not responsible for verifying your eligibility.

Getting your HSA started

Optum Bank™ takes the hassle out of opening your HSA. Once you enroll in the Plus or Basic plan, your HSA automatically opens. You'll receive a welcome letter with information about accessing your account online or over the phone along with general information about using your HSA. You will also receive a debit card that can be used to pay for eligible expenses.

Convenient reimbursement options

You have several reimbursement options for eligible healthcare expenses that you pay out-of-pocket.

1. Online bill pay allows you to designate yourself as a payee and have a reimbursement check sent to you from your HSA. You can also use online bill pay to reimburse providers and pharmacies for eligible medical expenses. There is no charge for this payment option.
2. Write a check to yourself from your HSA checkbook. To take advantage of this option you must order an HSA checkbook. Optum Bank charges \$10 for a book of 25 checks.
3. Use your Optum Bank debit MasterCard to withdraw the funds from your account. Optum Bank charges a fee for each transaction. Depending upon the ATM you use, other fees may apply.
4. Complete and mail in an Optum Bank withdrawal/disbursement form. There is a \$10 processing fee for this option.

When requesting reimbursement for HSA expenses, keep in mind that the company's contributions are made quarterly and that if you are contributing, your contributions are funded shortly after each pay period.

IRS annual limits are subject to change. 2021 contribution maximums will be released later in the year.

Flexible Spending Accounts (FSA)

JLL offers employees an opportunity to pay for expenses such as childcare and healthcare expenses on a pre-tax basis through an FSA.

Child/elder (dependent) care FSA

The Dependent Care FSA reimburses you for expenses incurred in the form of wages paid to a licensed babysitter, licensed day care center, nursery school, adult day care center or housekeeper caring for an eligible dependent. You will also receive a debit card for eligible expenses.

If you live in the states of Massachusetts, Maine or New Hampshire you will not receive a Consumer Account MasterCard from UnitedHealthcare. You will need to submit claims for reimbursement through UnitedHealthcare.

Healthcare FSA

The healthcare FSA works differently depending on which medical plan option you select. This is due to changes in the healthcare reform laws.

If you enroll in the Standard Plan option, you may use your FSA to reimburse all eligible out-of-pocket medical, dental and vision care expenses.

If you enroll in the Plus or Basic Plan, your healthcare FSA is considered a limited purpose FSA by the IRS and may only be used to reimburse dental and vision expenses.

Healthcare FSA participants can carryover up to \$550 in unused FSA contributions to the following year.

	Healthcare FSA	Dependent (child) care FSA
Use the money for...	Reimbursement for medical, dental and/or vision expenses. NOTE: you can no longer use for over the counter medication without a prescription.	Reimbursement for expenses incurred in the form of wages paid to a babysitter, licensed day care center, and adult day care center up to age 13.
Contributions	Contributions to both FSA accounts are on a pre-tax basis. This is solely an employee funded account and JLL makes no funding contributions.	
Participation	You must enroll each year if you wish to participate in an FSA plan.	
Carryover	Up to \$550 can be rolled over to the following year	N/A
IRS annual contribution limits	\$2,750	\$5,000



For more information on HSAs and FSAs visit the HR Direct website at <https://hrdirect.jll.com> and click on the Benefits link.

Note

If you enroll in the Basic or Plus plans, the IRS allows you to enroll in both an HSA and an FSA. However, if you do enroll in both, only dental and vision expenses are eligible for reimbursement from the FSA. Enrolling in both may be a good option for participants who may have high dental and vision expenses, and for medical expenses after you meet your deductible.

HSAs and FSAs—How Do They Stack Up?

Both HSAs and FSAs provide the opportunity for significant tax savings, but there are important differences. Examine the chart below to see which option would be the best for you.

HSA vs healthcare FSA: Eligibility		
Medical option	Account eligibility	Can be used for:
Standard plan	Regular FSA No HSA	Medical/Dental/Vision expenses N/A
Plus and Basic plans	HSA Limited Purpose FSA	Medical/Dental/Vision expenses Dental/Vision expenses only

HSA vs FSA: Benefit comparison		
Benefit	FSA	HSA
Tax savings	Yes	Yes
Your maximum contributions	\$2,750	You Only: \$3,000 You +1/You +2 or more: \$6,000 Employees over age 55 can make an additional contribution up to \$1,000
Company contribution	\$0	You Only: \$600 You +1/You +2 or more: \$1,200 (funded at the beginning of each quarter)
Automatic enrollment	No	Company contributions: Yes Your contributions: No
Use-it-or-lose-it rule	Up to \$550 can be rolled over to the following year	No
You keep the money in your account if you terminate employment	No	Yes
Interest earned	No	Yes
Additional investment options (money markets, stocks)	No	Yes

Group Critical Illness Insurance

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances. While a major medical plan may pay for a good portion of the costs associated with a critical illness, many expenses may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

With Group Critical Illness Insurance from Aflac, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

To apply for Group Critical Illness Insurance, you must have medical insurance. You are not required

to use the coverage provided by JLL; you may be covered under your spouse or domestic partner's employer.

Your **Initial Diagnosis Benefit** provides a lump-sum payment upon the initial diagnosis of a covered condition. The **Additional Diagnosis Benefit** provides a benefit for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months, or 12 months treatment-free for cancer. **Recurrence Benefit** is paid when a covered person is diagnosed with another occurrence of the same covered condition for which an initial benefit was previously paid. The two dates of diagnoses must be separated by at least 6 consecutive months, or 12 months treatment-free for cancer.

Eligible individual	Group Critical Illness Insurance	
	Benefit Amount	Requirements
You only (employee)	Benefit Amount of Basic Plan (\$15,000) or Plus Plan (\$30,000)	Coverage is guaranteed issue, which means you may qualify for coverage without answering health questions, provided you are actively at work.
You + spouse/domestic partner and/or dependent children	100% of the employee's benefit amount	Coverage is guaranteed issue, which means you may qualify for coverage without answering health questions, provided you are actively at work and your spouse/domestic partner meets the eligibility requirements set forth on the application. Children-only coverage is not available.

Covered critical illnesses	Percentage of Face Amount Payable
Cancer (internal or invasive)	100%
Heart attack (myocardial infarction)	100%
Stroke (ischemic or hemorrhagic)	100%
Major organ transplant	100%
Placed on major organ transplant list	25%
Kidney failure (end-stage renal failure)	100%
Bone marrow transplant (stem cell transplant)	100%
Sudden cardiac arrest	100%
Non-invasive cancer	25%
Coronary artery bypass surgery	25%

A \$250 skin cancer benefit for the diagnosis of skin cancer is also included. We will pay this benefit once per calendar year.



For more information about Critical Illness Insurance visit the HR Direct website at <https://hrdirect.jll.com> and click on the Benefits link.

Additional covered conditions Progressive Diseases Rider	Percentage of Face Amount Payable
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)	100%
Sustained Multiple Sclerosis	100%

This benefit is paid based on your selected progressive disease benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

Optional Benefits Rider	Percentage of Face Amount Payable
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	50%
Advanced Parkinson's Disease	50%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

Specified Diseases Rider Illnesses Covered Under Plan: Addison's Disease • Cerebrospinal Meningitis • Diphtheria • Huntington's Chorea • Legionnaire's Disease • Malaria • Muscular Dystrophy • Myasthenia Gravis • Necrotizing Fasciitis • Osteomyelitis • Poliomyelitis (Polio) • Rabies • Sickle Cell Anemia • Systemic Lupus • Systemic Sclerosis (Scleroderma) • Tetanus • Tuberculosis.

Benefits are payable at 100% of the employee's benefit amount if an insured is diagnosed with one of the diseases listed while the rider is in force.

Limitations and Exclusions

Cancer Diagnosis Limitation Benefits are payable for cancer and/or noninvasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological and biochemical proof of the presence of the cancer.

Note: The plan is age-banded. This means that your rates may increase on the policy anniversary date.

Exclusions

We will not pay for loss due to:

- Self-Inflicted Injuries— injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- Suicide— committing or attempting to commit suicide, while sane or insane
- Illegal Acts— participating or attempting to participate in an illegal activity, or working at an illegal job
- Participation in Aggressive Conflict:
 - + War (declared or undeclared) or military conflicts; this does not include terrorism
 - + Insurrection or riot
 - + Civil commotion or civil state of belligerence
- Illegal Substance Abuse:
 - + Abuse of legally-obtained prescription medication
 - + Illegal use of non-prescription drugs

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

Group Critical Illness Insurance Rates

Attained age	Low: Annual premium for \$15,000 of coverage			Attained age	High: Annual premium for \$30,000 of coverage		
	You Only	You +1	You +2 or more		You Only	You +1	You +2 or more
<25	\$19.68	\$44.40	\$75.60	<25	\$39.36	\$88.68	\$151.20
25–29	\$21.36	\$49.32	\$80.40	25–29	\$42.60	\$98.64	\$160.80
30–34	\$37.80	\$72.24	\$108.36	30–34	\$75.60	\$144.48	\$216.84
35–39	\$57.00	\$103.08	\$144.72	35–39	\$114.00	\$206.16	\$289.44
40–44	\$94.44	\$161.52	\$213.36	40–44	\$188.88	\$323.04	\$426.72
45–49	\$138.12	\$231.72	\$294.48	45–49	\$276.24	\$463.32	\$588.96
50–54	\$201.12	\$329.16	\$408.48	50–54	\$404.64	\$658.20	\$816.96
55–59	\$309.72	\$498.12	\$608.40	55–59	\$619.56	\$996.24	\$1,216.80
60–64	\$465.84	\$742.20	\$896.16	60–64	\$931.68	\$1,481.04	\$1,792.32
65+	\$807.36	\$1,270.32	\$1,520.16	65+	\$1,614.60	\$2,540.64	\$3,040.32



For more information about Group Accident Insurance visit the HR Direct website at <https://hrdirect.jll.com> and click on the Benefits link.

Group Accident Insurance

Introducing added protection for life's unexpected moments

If you're like most people, you don't budget for life's surprises. But at some point, you may make an unexpected trip to your local emergency room. And that could add a set of unforeseen bills into the mix.

In the event of a covered accident, the plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including:

- Ambulance rides
- Wheelchairs, crutches and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches and casts

In addition to your medical insurance, you have the

added layer of protection an accident insurance plan can provide. Aflac's Group Accident Insurance will help you get through the many stages of care, from the initial emergency treatment or hospitalization, to follow-up treatments or physical therapy.

Group Accident Insurance is easy to enroll in and features:

- Benefits paid directly to you, unless otherwise assigned, to be used as you see fit. You can use it to cover your insurance deductibles, copayments, household bills and more
- Competitive group rates
- Convenient payroll deduction helps ensure continuous, worry-free coverage
- Coverage is portable (with certain stipulations) if your employer status changes

Group Accident Insurance

Injuries	High	Low	Medical Services and Treatment	High	Low
Fracture Benefit—varies by type and number of broken bones Chip fractures paid at 25% of fracture benefit	\$120–\$4,000	\$60–\$2,000	Ground Ambulance Benefit	\$400	\$250
Dislocation Benefit—varies by type and number of dislocations Partial dislocations paid at 25% of dislocation benefit	\$320–\$4,000	\$160–\$2,000	Air Ambulance Benefit	\$1,250	\$1,000
Burn Benefit (2nd and 3rd degree)—varies by type and severity of burn	\$100–\$20,000	\$50–\$10,000	Emergency Room Treatment—within 72 hours after covered accident	\$125	\$50
Concussion Benefit	\$500	\$250	Medical Fees	\$75	\$50
Coma Benefit	\$10,000	\$5,000	Major Diagnostic Testing—covers four types of medical tests	\$250	\$150
Ruptured Disc with Surgical Repair Benefit	\$250/first year \$1,000/after first year	\$125/first year \$500/after first year	Accident Follow-up Treatment	\$40	\$35
Torn Knee Cartilage	\$188/first year \$750/after first year	\$125/first year \$500/after first year	Physical Therapy—will pay up to six treatments (one per day)	\$50	\$30
Laceration (Cut) Benefit—varies by length of laceration	\$63–\$800	\$25–\$400	Prosthetic Device Benefit—varies by type and number of devices	\$1,500	\$500
Torn/Ruptured/Severed Tendon/Ligament Benefit—varies by type of medical or surgical treatments and number of injuries	\$750–\$1,125	\$500–\$750	Medical Appliance Benefit—varies by type and number of devices	Up to \$250	Up to \$150
Emergency Dental Work—varies by repair type	\$67/extraction \$200/crown	\$50/extraction \$150/crown	Blood/Plasma/Platelets Benefit	\$400	\$300
Eye Injury Benefit—varies by type of treatment	\$60–\$300	\$40–\$200	Exploratory Surgery Without Repair	\$200	\$100
			Internal Injuries	\$2,000	\$1,000
			Transportation Benefit—travel more than 50 miles for follow-up treatment	\$200–\$400	\$100–\$200

Limitations and Exclusions

If the coverage outlined in this summary will replace any existing coverage, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

We will not pay benefits for injury, total disability, or death caused by, or resulting from:

- War—participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
- Suicide—committing or attempting to commit suicide, while sane or insane.
- Sickness—having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- Self-Inflicted Injuries— injuring or attempting to injure yourself intentionally.
- Racing—riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Intoxication—being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a doctor. Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.
- Illegal Occupation—committing or attempting to commit a felony or being engaged in an illegal occupation.
- Sports—participating in any organized sport, professional or semiprofessional.
- Cosmetic Surgery—having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

Hospital Coverage	High	Low
Hospital Admission Benefit (once per calendar year)	\$1,750	\$1,250
Hospital Confinement Benefit (up to 365 days)	\$250 per day	\$125 per day
Hospital Intensive Care Benefit (up to 30 days)	\$400 per day	\$200 per day
Rehabilitation Unit Benefit (up to 30 days per confinement; maximum of 60 days per calendar year)	\$200 per day	\$100 per day

Other Benefits	High	Low
Family Lodging Benefit (per night)—for each night's lodging, up to 30 days, for an adult immediate family member if required to travel more than 100 miles due to insured's hospitalization for treatment of an injury from a covered accident.	\$200 per day	\$100 per day

2021 Group Accident annual premium rates

Coverage Level	High	Low
You Only	\$107.16	\$57.72
You +1	\$168.48	\$90.72
You +2 or more	\$214.56	\$115.44

Limitations and Exclusions

Exclusions: We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- Suicide–committing or attempting to commit suicide, while sane or insane.
- Self-Inflicted Injuries–injuring or attempting to injure oneself intentionally.
- Racing–riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semiprofessional capacity.
- Illegal Occupation–voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- Sports–participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care–this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass and any related procedures, including any resulting complications.
- Services performed by a family member.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion–an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - + Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - + Congenital defects in newborns.

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.

Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement, Hospital Intensive Care and Intermediate Intensive Care Step-Down Unit Benefits only.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina
The certificate to which this sales material pertains is written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract. Benefits, terms and conditions may vary by state.

This brochure is subject to the terms, conditions and limitations of Policy Series C80000.

Group Hospital Indemnity

The plan that can help with expenses and protect your savings

Does your major medical insurance cover all of your bills? Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help

It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance

was never intended to cover. This includes transportation and meals for family members, help with childcare or time away from work, for instance. The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit



2021 Hospital Indemnity annual premium rates

Coverage Level	High	Low
You Only	\$165.24	\$84.96
You +1	\$319.32	\$162.84
You +2 or more	\$416.52	\$212.16

Hospital Coverage	High	Low
Hospital Admission Benefit (once per covered sickness or accident per calendar year for each insured)	Hospital Admission \$1,250	Hospital Admission \$625
Hospital Confinement Benefit per day (up to 31 days)	\$250 per day	\$125 per day
Hospital Intensive Care Benefit per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)	\$2,500/1st day \$500/for each day after 1st day	\$1,250/1st day \$250/per day for each day after 1st day
Inpatient Rehabilitation Unit Benefit Step-down Unit per day	\$125 per day	\$75 per day

Critical Illness, Accident and Hospital Indemnity Insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. The plan has limitations and exclusions that may affect benefits payable. This booklet is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions. AGC1602032 R3 IV (8/19)

Eligibility for Participant Contributions

For purposes of making pre-tax, catch-up, Roth after-tax and regular after-tax contributions, you are eligible to participate in the Plan on the first date you meet the following requirements:

- You have reached 21 years of age;
- You are an eligible employee; and
- If you are a part-time employee, you must work 20-30 hours per week and complete at least one year of service for participation.

Please Note

- Employees covered by the Service Contract Act are not eligible to participate in the 401(k) plan
- Collectively-bargained employees are not eligible for a 401(k) plan match unless the CBA provides for it

Compensation

Your compensation is your total annual compensation (salary/bonus/commissions) paid or otherwise included in your gross income during a plan year. If you have been contributing to a 401(k) account during this plan year through another employer, you cannot exceed the \$19,500 IRS limit.

401(k) Savings and Retirement Plan

401(k) savings and retirement plans are a critical part of achieving financial independence in your retirement. But you don't have to save for retirement just on your own. JLL provides a company matching contribution to your 401(k) account each pay period depending on the level of your personal contribution.

There are many great reasons to contribute to your 401(k) account:

- Contributions are conveniently deducted from your pay
- Contributing can help lower your current income taxes
- You get "free" money. JLL matches a portion of your personal 401(k) contribution
- You can choose from a variety of investment options to grow your retirement account even more
- You can take your savings with you if you leave JLL

You may enroll in the plan at any time after you receive your first full paycheck. Managed through Fidelity Investments, the plan allows you to contribute a portion of your eligible earnings to the plan. Your investment choices include numerous Fidelity funds and a

self-directed brokerage option. You enroll directly through Fidelity.

Your contributions

You may contribute a percentage (1 percent or more) of your paycheck per payroll cycle. Your maximum contributions (pre-tax and Roth after-tax contributions) for a plan year may not exceed 50 percent of your compensation. 401(k) contributions from your base salary and annual bonus/commission payments are made through separate elections. Bonus deferrals will only be applied to the annual bonus payout. All other bonuses will be treated as regular wages and the base salary elections will be applied. Federal law limits the amount of pre-tax and Roth contributions you may contribute each year, which is adjusted from time to time for inflation. The maximum is \$19,500.

You may contribute an additional 25 percent to a non-Roth, after-tax account. However, the maximum amount that can be contributed to your account—from your pre-tax, Roth after-tax, regular after-tax contributions and the company match—cannot exceed \$58,000 (indexed). If you hit this level, all contributions stop, including the company match.

Your contribution	Company match contribution
1%	1%
2%	2%
3%	3%
4%	3.5%
5%	4%
6–50%	4%

Company matching contributions

If you are eligible, the Company will make a “Company Matching Contribution” to your account for each pay period. The Company matches 100 percent of each dollar you contribute to the plan, up to the first three percent of your compensation. The Company then matches 50 percent of each dollar you contribute to the plan on the next two percent of your compensation. Pre-tax, Roth and catch-up contributions are taken into account in determining the amount of Company matching contributions. In calculating the Company matching contribution, only compensation earned while you are eligible to make contributions under the plan will be taken into account. The Company will match contributions based on compensation up to the federal contribution limit (\$290,000).

Pre-tax contributions

As a plan participant, you may also elect to make pre-tax contributions to the plan. You receive an immediate advantage from making pre-tax contributions. Each pre-tax dollar you contribute lowers your current taxable income, so you end up reducing the current federal income taxes you pay. In most cases, you will also pay lower state and local income taxes. (However, you will still have to pay Social Security taxes on your pre-tax contributions.) These contributions, and any earnings, will be taxed at withdrawal from the plan. Pre-tax contributions are eligible for a Company match. The Company match on your contributions, and associated earnings, will be taxed at distribution.

Roth after-tax contributions

You may designate a portion of your contributions and catch-up contributions as “Roth after-tax contributions.” Any amount you designate as a Roth contribution will be included in your taxable income for the year. However, the earnings on Roth contributions accumulate tax-free. Assuming certain conditions are met, distributions of your contributions and associated earnings, are tax-free. Roth contributions are eligible for a Company match. The Company match on your contributions and associated earnings will be taxed at distribution. Any election to designate contributions or catch-up contributions as Roth contributions is irrevocable. These contributions, along with pre-tax contributions, are subject to the federal annual contribution limit (\$19,500). Your total pre-tax and Roth after-tax contributions cannot exceed 50 percent of your compensation.

Non-Roth after-tax contributions

You also may make contributions to the plan on a non-Roth after-tax basis (after-tax contributions). You may contribute a percentage (one percent or more) of your paycheck per payroll cycle. The Company does not match your non-Roth after-tax contributions. While earnings accumulate tax-free, they will be taxed at distribution. These contributions are not subject to the annual contribution limit (\$19,500). Your regular after-tax contributions cannot exceed 25 percent of your contributions.

Catch-up contributions

To allow greater savings flexibility for participants who are nearing retirement age, participants age 50 or over can continue to make additional catch-up contributions. This feature is available to any participant who will be at least 50 years old by the end of the plan year in which they wish to make the election and who has contributed the pre-tax or Roth after-tax contribution limit. Federal law limits the amount of catch-up contributions a participant may make. The maximum catch-up contribution is \$6,500. Catch-up contributions are eligible for Company match.

Enrolling/changing your contributions

You may increase or decrease the amount of your contributions to the plan at any time by calling Fidelity at +1 800 890 4015 or visiting the Fidelity website at www.401k.com. Your change will take effect as soon as administratively feasible after you submit your request.

Eligibility for employer matching contributions

If you are a full-time or part-time employee, you are eligible to receive Company matching contributions on the first day of the month coincident with or following the date you meet the following requirements:

- You have reached 21 years of age
- You are an eligible employee
- You complete at least one year of service

- Employees covered by the Service Contract Act are not eligible to participate in the 401(k) plan
- Collectively-bargained employees are not eligible for a 401(k) plan match unless the CBA provides for it

The Company may make an additional “true-up” matching contribution after the end of the plan year to take into account any missed Company matching contributions due to reaching your contribution limit prior to the end of the year.

If you hit the IRS 415(c) contribution limit, currently \$58,000 (combination of pre-tax, Roth after-tax, non-Roth after-tax and company match), prior to the end of the year, a portion of your non-Roth after-tax contributions may be refunded in order to ensure the IRS 415(c) contribution limit is not exceeded when the “true-up” matching contribution is made.

Can I take a loan from my account?

Although your plan account is intended for the future, you may borrow from your account subject to conditions included in the JLL Savings and Retirement Plan Document. Generally, the plan allows you to borrow up to 50 percent of your vested account balance. The minimum loan amount is \$1,000 and a loan must not exceed \$50,000. There is a 15-day waiting period from the date an existing loan is paid off until you can request a new loan. There are no exceptions, conditions, situations or alternative payment methods to override this requirement.



Morgan Stanley
+1 888 609 3534
www.stockplanconnect.com

Employee Stock Purchase Plan

The Employee Stock Purchase Plan (ESPP) allows you to have an ownership stake in JLL. You are eligible for the ESPP if you are a full-time or part-time employee working 20 hours or more a week and are at least 21 years old.

To participate, elect after-tax payroll deductions in whole percentages between one percent and 10 percent of your gross pay or in a dollar amount. At the end of each month, the funds held in your payroll deduction account will be used to purchase as many whole shares of JLL stock (NYSE: JLL) as possible. Contributions are limited to a maximum of \$25,000 annually. There is no employee discount.

Eligible employees may enroll in the ESPP four times a year in advance of four quarterly offering periods. You will be notified when the enrollment period will be held and you must be an active employee on the first day of that month in order to qualify for that enrollment.

- Q1: January–March
- Q2: April–June
- Q3: July–September
- Q4: October–December

Your shares are deposited in a Morgan Stanley account in your name within seven business days after the end of each month. You may access your account online at www.stockplanconnect.com or toll-free at +1 888 609 3534. You may also move your shares to another broker or sell your shares at any time.

In general, the amount of tax liability you incur when you sell your shares depends on the length of time you held them, as well as other factors. You should obtain tax advice before making the decision to sell. JLL cannot provide employees with tax advice.

If you leave the company and have made contributions to the ESPP, but have not purchased stock yet, your contributions will be used to purchase stock at the end of the month in which you leave.

Life and Accidental Death and Dismemberment Insurance

Life insurance and Accidental Death and Dismemberment (AD&D) are all about peace of mind, knowing you've helped protect your loved ones.

In the event of your passing, life insurance is a guaranteed promise to pay money directly to your beneficiaries. In addition to covering your family's daily expenses, life insurance can help your beneficiaries:

- Maintain their standard of living
- Pay off any household debt

- Secure your children's education
- Supplement retirement savings

Accidental Death and Dismemberment coverage generally pays for accidental loss of life, limbs, speech, hearing or sight, paralysis and more.

To help you create a secure financial future for you and your dependents, JLL provides Basic Life and AD&D insurance at no cost to you at two times your annual salary up to a max of \$300,000 (commission-eligible employees receive a flat rate).

Plan type	Eligibility	Coverage level	Amount of coverage	Cost of coverage
Standard (Not Employee Broker/ Producers)	All employees except those who fall into one of the following career mapping levels: CEO, L4, L3, L2, L1, M5, M4, PR4, PR5, PR6, PR7, PR8, I4, I5	Basic	2x pay; maximum benefit is \$300,000	Company-paid
Employee Broker/Producer	Commission-eligible except if fall into one of the following career mapping levels: CEO, L4, L3, L2, L1, M5, M4, PR4, PR5, PR6, PR7, PR8, I4, I5	Basic	<ul style="list-style-type: none"> • PR2, PR1 = \$180,000 • PR3 = \$230,000 	Company-paid

Basic Life

An EOI is not necessary.

Supplemental life insurance options for employees, spouse/domestic partner and children		
Employee supplemental	\$50,000 – \$1,000,000	You pay 100% (see chart below)
Spouse/domestic partner	\$10,000 – \$150,000 up to 100% of your total insurance	You pay 100% (see chart below)
Child(ren)	\$5,000 – \$25,000	You pay 100%; premium is the same regardless of the number of children covered

2021 Supplemental life insurance annual rates (cost per \$1,000 of coverage)		
Age	Employee	Spouse/Domestic Partner
<30	\$0.48	\$0.43
30–34	\$0.65	\$0.58
35–39	\$0.72	\$0.65
40–44	\$0.97	\$0.86
45–49	\$1.61	\$1.44
50–54	\$2.47	\$2.21
55–59	\$4.51	\$4.03
60–64	\$6.37	\$5.69
65–70	\$10.49	\$9.36
70+	\$16.61	\$14.83

2021 Supplemental life insurance annual rates	
Coverage Amount	Children
\$5,000	\$3.95
\$10,000	\$7.90
\$15,000	\$11.58
\$20,000	\$15.80
\$25,000	\$19.75

Evidence of insurability (EOI)

Under certain circumstances, you are required to provide an EOI for yourself, your spouse or your domestic partner when enrolling in life insurance under the Life Insurance Plans (see below for specific requirements). The EOI is a statement of health required by MetLife before coverage is granted. If an EOI is required, you will be prompted at the end of your enrollment to fill out an EOI or you will be mailed a form if you choose not to submit online. You must complete and return the EOI to MetLife for approval. The new coverage amount is not effective until it is approved by MetLife. MetLife will notify you by mail when the coverage is approved.

Supplemental Life

New Hires—if you elect coverage for more than \$500,000, you must complete an EOI (Statement of Health).

Spouse/domestic partner

New Hires—if you elect coverage for more than \$30,000, you must complete an EOI (Statement of Health).

Accidental Death and Dismemberment insurance

JLL automatically provides you with protection in the event of an accidental death, loss of limbs or loss of sight.

If you lose one hand, one foot or one eye as the result of an accident, the plan pays you 50 percent of your benefit. If you lose more than one part of your body as a result of an accident, the plan pays you 100 percent. If you die as the result of an accident, the plan pays your beneficiary 100 percent of your benefit.

Basic company provided AD&D

For all employees, except Employee Broker/Producers, the JLL provided benefit is two times your annual base salary to a max of \$300,000.

Those who fall into one of the following career mapping levels

CEO, L4, L3, L2, L1, M5, M4, PR4, PR5, PR6, PR7, PR8, I4, I5

If you are in one of the career mapping levels above, your coverage is \$300,000.



For more information on Life, AD&D and EOI rules visit <https://hrdirect.jll.com> and click on the Benefits link.

Employee supplemental AD&D

All employees are eligible. No EOI is required for this plan.

Plan	Eligibility	Coverage Level	Amount of Coverage		Cost of Coverage
Supplemental AD&D	All employees including Employee Broker/Producers and if you fall into one of the following career mapping levels: CEO, L4, L3, L2, L1, M5, M4, PR4, PR5, PR6, PR7, PR8, I4, I5	Supplemental	\$50,000 \$100,000 \$150,000 \$200,000 \$300,000 \$400,000 \$500,000	\$600,000 \$700,000 \$800,000 \$900,000 \$1,000,000	You pay 100% \$0.17 per \$1,000 of coverage



Auto/Home Insurance
MetLife
+1 877 638 7515

†Subject to underwriting guidelines, applicable law and local availability, if you move out of state upon your termination.

JLL is not a sponsor of this program and is in no way responsible for MetLife Auto & Home, Gallagher Bassett, Safeco, Unitrin Direct, or the insurance provided through this program. MetLife Auto & Home, Gallagher Bassett, Safeco, Unitrin Direct, operate independently and are not responsible for each other's financial obligations.

Auto and Home Insurance Discount

You deserve a newer, better model—of auto and home insurance!

As a JLL employee, you're eligible for a special insurance opportunity that brings you more choice, more economy and more convenience—all with a single phone call! We've done the legwork for you and negotiated with some of the nation's leading providers to cut significant dollars from your insurance bill. And you can enroll directly with MetLife at any time during the year.

Big discounts at every turn

- Payroll Deduction Discount—It's economical, fast and easy.
- Auto-Deduct Discount—Use any bank account or credit card.
- Superior Driver Discount—It's your reward for maintaining an outstanding driver record.
- Multi-Policy Discount—Insure your autos and home, apartment or boat.

This way to the best deal

All you have to do is call one number—+1 877 638 7515—and you'll speak with a licensed insurance consultant who can answer your questions, compare quotes and give you the lowest rate. You'll get an immediate quote right on the phone. And the preferred rates† from among the identified carriers on these policies are yours to keep—even if you change jobs.

Discounts may not be available from all carriers and are only available to those who qualify. Coverages, discounts and billing options are subject to state availability, individual qualification and/or the insuring company's underwriting guidelines.

Call today

Make sure you have your current policy in hand for comparison when you call.



Pet Insurance by MetLife

+1 800 638 5433

Pet Insurance by MetLife

You want the best for your pet. While it's hard to anticipate accidents and illnesses, Veterinary Pet Insurance (VPI) makes it a little easier to be prepared for them. From wellness care to significant medical incidents, veterinary pet insurance is the smart way to protect your pet's health — and your pocketbook.

VPI provides benefits for veterinary treatments related to accidents and illnesses, including cancer. A VPI policy covers diagnostic tests, X-rays, prescriptions, hospitalization, and more. Optional CareGuard® wellness coverage is also available for dogs and cats, providing reimbursement for the preventive care necessary to keep pets healthy year after year.

With VPI, you have the freedom to choose a vet you know and trust. You may visit any licensed veterinarian worldwide.

Call +1 800 638 5433 to protect your pet and enroll today.

Veterinary pet insurance is underwritten by National Casualty Company, Madison, Wisconsin, in all states except California. In California, policies are underwritten by Veterinary Pet Insurance Company, Inc., Brea, California. These companies are not affiliated with Metropolitan Property and Casualty Insurance Company nor its affiliates.

The companies referenced in this communication operate independently and are not responsible for each other's financial obligations.

Flexible Work Arrangements

JLL offers a variety of flexible work arrangements aimed at helping you achieve a reasonable work/life balance, including flextime, telecommuting, job sharing, part-time employment and leaves of absence. If you feel you would benefit from any of these arrangements, please talk with your manager or HR Business Partner.

Purchased Time Off

You have the opportunity to purchase up to three days of additional time off through quarterly enrollment. Each purchased day will cost one day of your base salary (as of the first day of the quarter) and will be after-tax. The full cost of a purchased personal day will be deducted from the first paycheck of each month. For example, if you purchase three days during enrollment for the third quarter, the payroll deduction for the first day will come entirely from your first paycheck in July, the payroll deduction for the second day will come entirely from your first paycheck in August, and the payroll deduction for the third day will come entirely from your first paycheck in September.

All additional days purchased must be used during the quarter elected, or they will be forfeited. The annual maximum number of days allowable for purchase is three. Only employees who are currently eligible for regular paid time off can purchase additional days. Please refer to the company's PTO Policy for details. If you are a non-exempt employee, you must follow the existing time recording process and report your time as PTO. Union employees are not eligible to participate in this program.

Please note

Client requirements may require a slightly altered schedule. Please check with your manager if you have any questions.

Paid Time Off

To foster work/life balance, JLL provides paid time off (PTO), which combines time off for vacation, sick leave and personal time. You begin accruing PTO on your first day of employment. PTO is accrued at the end of each month, based on length of service and subject to the limits below. You begin accruing days at a higher rate on your 3- and 10-year anniversaries.

All regular full-time employees are eligible to accrue PTO, with the exception of employees in the following Global Career Framework Levels: P4, P5, P6, I1-I5, M1-M5, L1-L4, PR1-PR8, CEO. Employees in these levels do not earn or accrue PTO. These employees are eligible for Flexible Time Off (FTO) and will not have their pay reduced for reasonable absences. Please refer to the PTO/FTO Policy on HR Direct for specific details.

PTO/FTO does not include jury duty, bereavement leave, military service, company holidays, short-term disability or long-term disability. Carry over of PTO one calendar year to the next is permitted in specific geographic regions. Please refer to the company's PTO/FTO policy for details. There are specific local laws regarding sick leave for employees in many locations. For more information, refer to the Americas Human Resources policies.

Observed holidays

Throughout the year, our 10 paid holidays give you an additional 10 paid days off.

- New Year's Holiday
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Thanksgiving Holiday
- Christmas Eve Holiday
- Christmas Holiday
- New Year's Eve Holiday

Years of Service	Accrual Rate	Days
Less than 3 years	1.5 days/month	18 days
3-9 years	1.9 days/month	23 days
10+ years	2.3 days/month	28 days

Your short-term disability period begins:

On the first day you are medically unable to work (your date of disability).

Your short-term disability pay begins:

On the sixth calendar day after your date of disability.

Leave of Absence and Disability

Lincoln Financial Group administers both Family & Medical Leave (FMLA) and disability leave (short-term and long-term). Experienced case managers at Lincoln Financial Group will help you determine which leave programs apply to you.

Family and Medical Leave Act (FMLA)

If you qualify for a leave of absence, Lincoln Financial Group will help you:

- Request a leave
- Check eligibility for a leave
- Determine the amount of FMLA leave available (12 weeks within a “rolling” 12-month period, measured backwards from the date you use any FMLA leave)
- Determine if the leave qualifies for short-term disability or any other type of leave (Personal, Workers Comp)
- Download medical certifications
- Inform your manager of the duration of your leave
- Check the status of your leave request
- Learn about federal FMLA regulations

Short-term disability

JLL provides short-term disability coverage at no cost to you if you become temporarily unable to work due to a non-occupational disability. You do not have to enroll in this benefit or make any contributions in order to receive benefits. The short-term disability coverage is 70 percent of your base salary. Lincoln Financial Group must receive the necessary documentation and approve the claim before your disability period or disability benefit pay can begin.

Important information about short-term disability

- Short-term disability benefit payments are subject to tax withholding.
- This benefit pays 70 percent of your base salary up to 26 weeks.
- There is a waiting period of five consecutive calendar days before you begin receiving benefits.
- You must use accrued paid time off to cover the initial five day waiting period (calendar days).
- Paid time off cannot be substituted for a short-term disability payment.



Lincoln Financial Group
+1 888 526 5768

Please note

Regardless of the nature of the disability, there is a five-day (calendar days) waiting period before paid benefits begin. Any accrued paid time off will be applied to this five-day waiting period. If you are entitled to receive state disability benefits, such as benefits through NJ TDB or others that may apply, your short-term disability benefit through JLL may be offset or reduced by the benefit you receive from the state. For those employees in the state of California, JLL will automatically offset your benefit whether the employee applies with the State or not.

Short-term disability coverage for commission eligible employees earning a base salary less than or equal to \$75,000 is determined by comparing the total of an employee's average last two years' commissions and/or bonus, plus 70 percent of the annual non-recourse draw salary to the flat amounts listed below (specific to employee career map level). The greater amount will be used to calculate the weekly salary for STD benefits, up to a maximum monthly benefit of \$12,500.

- PR4 – PR8: \$125,000
- PR3 – \$87,500
- PR1 – PR2: \$55,000

Long-term disability (LTD)

JLL provides long-term disability coverage at no cost to you if you are unable to work due to a prolonged non-occupational disability. The plan pays 60 percent of your monthly base salary plus the average of your last two years' annual bonus and/or commissions (up to a monthly maximum benefit of \$12,500). JLL pays your long-term disability premiums on your behalf.

- **Duration of long-term disability payments:** Up to age 65, then reduced benefit duration dependent upon disability date as defined by the terms of the plan document.
- **Approval:** Your LTD application will be reviewed, approved and managed by Lincoln Financial Group. Approval for short-term disability benefits does not automatically transfer to approval for long-term disability.
- **Waiting period before benefit begins:** You must be disabled for 26 consecutive weeks before long-term disability benefits begin.
- **Taxes on long-term disability:** During your initial benefit enrollment period or during annual enrollment, you have a choice as to whether long-term disability benefits you might receive later are subject to taxes.

You can choose to

- Have the premium that JLL pays for your long-term disability added to your W-2 and pay any imputed income tax each pay period. If you choose this option, any disability payments subsequently made to you would not have income tax withheld.
- Exclude the premium that JLL pays for your long-term disability from your W-2, pay no imputed taxes now and have any disability payments be taxable.

Workers' compensation

The safety of our people, our subcontractors and our clients is of paramount importance to us as we conduct our business around the world. However, if you are injured at work, it is critical that you report your injury immediately to your manager or supervisor. Your manager will submit your workers' compensation claim to a Gallagher Bassett customer service representative (except for North Dakota, Ohio, Wyoming and Washington which have different reporting requirements).

Your manager or supervisor will receive a claim number that will be forwarded to you along with all correspondence concerning your claim. If your injury requires you to lose time from work, your manager or supervisor will contact HR Direct and advise them of your last day worked. When you

return to work, the employee should again submit an HR Direct ticket to notify them of the return to work date.

You will need to coordinate medical care and costs with Gallagher Bassett. If your injury requires time off from work, Gallagher Bassett will request that your physician provide a disability note stating the start date of your disability and the approximate return to work date.

Once your claim is approved, your regular paychecks will stop and you will receive lost time benefits from Gallagher Bassett until you return to work.

Benefit levels and waiting periods vary from state to state. Please contact your manager and ask for a workers' compensation temporary total disability income benefits and waiting period table found in the workers' compensation packet, to determine the typical benefit levels and waiting periods for your state.

When you are approved to return to work, contact your manager and your Gallagher Bassett claims adjuster and provide both with copies of your medical release from your physician. Your manager will notify HR, and your regular paychecks will resume once you return to work.

The JLL Parent Experience

Getting ready to add to your family? JLL is here to help.

JLL is committed to supporting the well-being of employees and their families, including when adding a new child to the family. That's why, working hand in hand with our partners in the Business Resource Groups, we designed the JLL Parent Experience. JLL wants you to get the most benefits from our wide range of parenting resources and enjoy this special time with your family.

The dedicated Parent Experience website describes the benefits, process, and resources available to you describes the benefits, process and resources available to you whether you're considering taking maternity, paternity/partner, adoption or surrogacy time.

For much more information, including detailed time lines, checklists, contact information and other resources, visit <https://welcome.jll/united-states/parents/>.

Note: If you plan on adding a child to your family this year through birth, adoption or surrogacy, be sure to review the JLL Parent Experience Guide. We recommend you enroll in the Maternity Support Program if you have UHC medical insurance, or utilize the resources from our Employee Assistance Program which consists of daycare referrals, health tips for new parents and a wide range of childcare advice.

Adoption and Surrogacy Assistance

JLL provides assistance to employees who are building families through adoption or surrogacy by reimbursing related expenses (up to a maximum of \$10,000 per child), resource and referral services.

Most expenses directly related to an adoption or surrogacy are reimbursable, including:

- Agency and placement fees
- Legal fees and court costs
- Medical expenses of the birth mother or surrogate
- Medical expenses of the child that are not covered by insurance
- Temporary foster care costs
- Immigration, immunization and translation fees
- Transportation and lodging

Full-time employees with a minimum of one year of service are eligible for the benefit with proof of final adoption or surrogate birth. To take advantage of this benefit, you must complete the application form found on the [JLL Parent Experience Website](#).



Bright Horizons Back-up Care

+1 877 242 2737

[www.backup.
brighthorizons.com](http://www.backup.brighthorizons.com)

(username: JLL

User ID: Backup1)

Back-Up Care Program

What do you do when your regular caregiver is ill and can't come to your home to watch your child? What if your daycare center closes for a week over the holidays? The Back-Up Care program (run by Bright Horizons Family Solutions) provides you with center-based back-up childcare, adult/eldercare and/or in-home childcare when your regular caregiver is unavailable or if you need care for yourself. This is a nationwide program designed to help you balance the competing demands of work and home life.

Features of the program include:

- 15 days per dependent, per calendar year
- Low copayment
 - Center-based care—\$15.00 per child/visit (\$25 per family maximum)
 - In-home care—\$6.00 per hour (Four-hour minimum)
- Available nationwide

You must be registered with Bright Horizons Family Solutions before using the service. For easier access, you may want to register a week in advance before using this service. Reservations for care are required. You can make a reservation for care from the daycare as needed up to one month in advance of when the care is needed. Program benefits are subject to change. Additional benefits are not available beyond the allowed 15-day maximum.



GuidanceResources

+1 800 272 7255

www.guidanceresources.com

Web ID: JLL101

Employee Assistance Program

JLL offers Employee Assistance Plan (EAP) services through GuidanceResources at no cost to you. The EAP offers:

- Professional assessment, short-term counseling and/or referral services
- Childcare and/or eldercare and other work/life referrals
- GuidanceResources online portal

JLL also offers two additional EAP services you can purchase:

- FinancialPoint to help you improve your financial health
- EstateGuidance, which provides professional legal assistance for wills or an estate plan via online tools and services

FinancialPoint®

Helping employees improve their financial health

The financial health of many Americans has suffered in the last several years. A recent study of U.S. households revealed 44 percent have not started saving for college education for their child(ren). Likewise, economists and financial experts frequently cite multiple studies that indicate that while the majority of individuals have high expectations for their retirement, they haven't adequately planned for their financial future. The GuidanceResources FinancialPoint® program helps you achieve your financial goals by providing confidential financial planning information and consultation.



GuidanceResources
+1 800 272 7255
www.guidanceresources.com
Web ID: JLL101

Easy access to expert tools, resources and guidance

FinancialPoint provides valuable financial information and expert consultation to ensure that you have the tools necessary to effectively manage your finances. Accessible through GuidanceResources® Online, FinancialPoint's online planning service includes informational HelpSheets and access to financial specialists who can help with:

- Budgeting
- Credit and debt management
- Analyzing net worth
- Retirement planning
- College cost assessment and funding strategies
- Mortgage obligations
- Understanding inheritance taxes and estate settlement processes
- Investment strategies

Step-by-step directions

FinancialPoint's simple-to-follow online process makes it easy for you to create a financial plan. You are given step-by-step instructions to complete the data-gathering and personal investment viewpoint questionnaires online. A FinancialPoint expert reviews your responses; corresponds directly with you with additional information or questions, and provides a detailed, customized personal financial plan.

2021 FinancialPoint Plus rates	
Benefit	Rate
FinancialPoint Plus	\$250.00 per case

Expert objective guidance

GuidanceResources employs an in-house staff of expert financial specialists, including CPAs, CFPs and other financial experts. In-house staff experts are not affiliated with any outside financial companies, which allows them to provide truly impartial information. Additionally, they are trained to be sensitive to the emotional needs that accompany financial issues and offer appropriate assistance from the suite of GuidanceResources services.



GuidanceResources
+1 800 272 7255
www.guidanceresources.com
Web ID: JLL101

EstateGuidance®

Professional legal assistance via online tools and services

You face more complex financial decisions than ever before. And while preparing for the future through a will or an estate plan is important, too often you and your family members postpone or avoid altogether these seemingly daunting tasks.

GuidanceResources developed EstateGuidance® to help you secure your future by overcoming the legal, financial and emotional barriers to writing a will. EstateGuidance walks you and your family members through the documentation process and breaks down each step into easy-to-understand terms.

A user-friendly tool for creating legally binding wills

As the cornerstone of an estate plan, a will addresses some of the most important decisions in life: who should care for children and how assets should be divided in the event of death. Because of these difficult questions, as well as the time and cost required to research options and hire a lawyer, many people avoid writing a will. EstateGuidance eliminates these common barriers by providing a simple, economical online tool for will preparation. By using the online tool and answering a series of questions, you can conveniently create a simple will, as well as access additional documents and information that might be required.

2021 EstateGuidance Premium rates

Benefit	Rate
EstateGuidance	\$14.99 per will



Allstate Identity
Protection
(formerly InfoArmor®)
+1 800 789 2720
www.myaip.com

Identity Protection

Allstate Identity Protection, formerly known as InfoArmor®, has been a leader in the employee benefits space for over 13 years. They offer the most advanced identity and privacy protection available—depended on by more than 30% of the Fortune 500. Now, with the launch of new channel partnerships

and the introduction of the privacy tool, Allstate Digital Footprint, more people are empowered to live their best lives online. Backed by a trusted name in protection, with the passion and agility of a startup, Allstate Identity Protection is committed to delivering peace of mind when people need it most.

Annual Employee Contributions

Coverage Level	Plan
You only	\$95.40
You +1	\$167.40
You +2 or more	\$167.40

Qualified Transportation Benefit

JLL offers a qualified transportation benefit through HealthEquity|WageWorks that can help you save tax dollars each year. You are eligible to participate if you pay for mass transit or parking expenses as part of your daily commute. You may elect up to:

- \$270 a month to the Parking Account
- \$270 a month to the Mass Transportation Account

Employees can also make monthly after-tax elections up to \$1,000 for parking and \$1,000 mass transit.

How does the program work?

With a HealthEquity|WageWorks Commuter Account, you set aside pre-tax dollars each month to pay for work-related transit and parking expenses. You simply decide how much to contribute and pre-tax contributions are made each pay period. You can easily access your funds to pay for eligible commuting expenses or automatically refill your order for transit or parking passes each month. Your HealthEquity|WageWorks Commuter Account delivers real tax savings. Funds are moved from your paycheck to your account before taxes are deducted, which reduces your overall tax burden.

Do I qualify and how much can I contribute?

You may contribute as little or as much as you'd like to your HealthEquity|WageWorks Commuter Account, up to the legal limit. The IRS determines maximum pre-tax annual contribution limits.

There's no use-it-or-lose-it policy with your HealthEquity|WageWorks Account. Available balances can be rolled over year to year. However, if you stop working for JLL, you will lose access to the funds in your account.

What expenses are covered?

Your HealthEquity|WageWorks Commuter Account covers transit costs that you incur while traveling to and from work. Examples of eligible expenses include:

- Public transit fares, including tickets, passes, tokens, vouchers, or other fares for riding buses, trains, ferries, subways or other public transportation
- Official vanpool fees
- Parking passes and payment at parking meters, parking garages, or other parking locations near your place of work or at a location from which you commute to work by public transit, vanpool, or carpool



Please contact
HealthEquity|WageWorks
at +1 877 924 3967 or at
www.wageworks.com.

Visit the HR Direct portal at
<https://hrdirect.jll.com> and
click on the Benefits link to
enroll today.

In August 2019, HealthEquity acquired WageWorks to bring the best possible benefits experience to help more people connect health and wealth. We are excited to announce that HealthEquity is the new administrator for our Commuter benefits. HealthEquity offers online access to a member portal and year round education. For a period of time, you will see co-branding, with the HealthEquity and WageWorks logos, as the two companies combine into one.

Ineligible expenses include tolls, traffic tickets, fuel, taxis, mileage or payments to fellow participants in a carpool.

How do I pay for expenses?

It's easy to access and use funds in your HealthEquity|WageWorks Commuter Account. HealthEquity|WageWorks provides four easy, hassle-free payment and reimbursement options.

- 1. Buy My Pass.** HealthEquity|WageWorks will purchase your transit and/or parking pass with your tax-free dollars and mail the pass directly to your home or office each month. You can order your passes each month or schedule a recurring order.
- 2. HealthEquity|WageWorks Commuter Card.** Use this handy card to purchase transit passes, SmartCards, and pay for parking. It works just like a debit card—just swipe and go!
- 3. Pay My Provider.** Schedule automated payments right from your account to participating parking providers at the start of each month.
- 4. Pay Me Back.** Get reimbursed for parking expenses that you've paid for out-of-pocket. Set aside an amount you pay for monthly parking expenses and pay yourself back. You can have your reimbursement check mailed to you or your reimbursement can be direct deposited into your bank account.

About the HealthEquity|WageWorks commuter transit program

If you currently take public transportation to work or pay for parking only a few days a week, a HealthEquity|WageWorks Commuter Account can put extra money in your pocket by paying transit and parking expenses with pre-tax dollars. It's a great way to save money on your commute.



MetLife Legal Plans
+1 800 821 6400
legalplans.com

MetLife Legal Plans

Now you have a resource at your fingertips for important everyday legal services. The legal services covered by the plan are fully covered when you see a Plan Attorney. You can use the plan as often as you need legal representation, and there are no dollar limits on your use of a Plan Attorney. Also, if you wish to use an attorney that does not participate in the MetLife Legal Plans, MetLife Legal Plans will reimburse you according to a set fee schedule. Some of the services provided include:

- Purchase or sale of a residence
- Wills and estate planning
- Document preparation
- Debt matters/identity theft
- Telephone and office consultations for an unlimited number of matters
- And many more

The MetLife Legal Plans provides members with access to a national network of more than 18,000 attorneys that can be used anywhere in the U.S. The Client Service Center is available Monday through Friday from 8:00 a.m. to 8:00 p.m. (Eastern Time). Call +1 800 821 6400 and a Client Service Representative will help you understand coverage, find a plan attorney in the location most convenient to you, offer information about using an out-of-network attorney and answer any other questions. Or you can access the website at legalplans.com.

2021 MetLife Legal Plans	
Benefit	Rate
MetLife Legal Plans	\$231.00



International SOS
+1 215 942 8226
www.internationalsos.com
(JLL ID: 11BCPA000146).

International SOS Travel Resource

JLL provides you with travel and security aid from International SOS, the world's largest medical and emergency assistance company. Your International SOS membership offers a variety of healthcare, personal, security and legal support services that you may need while traveling outside the country.

The www.internationalsos.com website offers a printable wallet card with the telephone numbers of three major worldwide International SOS alarm centers that you can call for assistance. (JLL ID: 11BCPA000146).

One phone call to +1 215 942 8226 connects you or your family members to multilingual specialists around the world. They are available 24 hours a day, seven days a week.

International SOS can address a variety of needs that may arise while traveling, including:

- You need to talk with a doctor or dentist who speaks your language
- You need a dispatch of prescription medication
- You are robbed and lose your travel documents
- You encounter a natural disaster or political riot
- You want more information about the country to which you're traveling
- You have a serious injury and need evacuation or repatriation assistance



Community Connections
CommunityConnections@am.jll.com

Community Connections

JLL supports the United Nations' Sustainable Development Goals through Building a Better Tomorrow, our sustainability leadership agenda. One of the four pillars of Building a Better tomorrow is *Communities* which is supported by JLL's Community Connections portal.

The Community Connections portal allows for employees to:

- Donate to charities
- Request JLL to match up to \$500 in charitable donations per year
- Set up and promote JLL volunteer events
- Log volunteer hours

Volunteering: JLL hosts a wide range of volunteer activities throughout the country and employees graciously donate their time and energy to improving our communities. However, without a centralized location to set up, promote and log our volunteer hours we can't get a full understanding of the impact we are having. Using the Community Connections portal for all volunteer events is crucial for efficiently promoting volunteer events and measuring our impact.

Charitable Giving: The Community Connections portal allows employees to easily donate to any charity of their choice and at the same time request JLL to match that gift up to \$500. Employees can also give to charities without going through the portal and still request that JLL match their donation. The Community Connections portal makes donating easy and has tools that can track your donations and provide tax receipts.

If you have any questions about the JLL Community Connections platform, please email CommunityConnections@am.jll.com.

05

Executive Benefits



Prudential
+1 844 777 4690
<https://retirementnq.prudential.com>

You are eligible for three additional benefit programs, if you fall into one of the following career mapping levels: CEO, L4, L3, L2, L1, M5, M4, PR4, PR5, PR6, PR7, PR8, I4, I5

The programs are:
Deferred compensation
Enhanced Life Insurance (GVUL)
Supplemental Disability Insurance (IDI)

Deferred Compensation

The JLL Deferred Compensation Plan (the “Plan”) offers you a tax-favored way to save for retirement. Through the Plan, you may design an individual investment strategy based on your financial goals.

With the Plan you can:

- Reduce your current income taxes by deferring tax on your contributions and returns
- Voluntarily defer up to 100% of performance-based commissions through automatic payroll deductions

In addition:

- Eligible participants are notified by Prudential when enrollment opportunities occur. Typically, enrollment for base salary and performance-based commissions is held each fall
- Your deferrals and investment returns are always fully vested

Your deferrals can be invested in a wide range of asset classes and you have the option to change your allocation as often as on a daily basis. Your Deferred Compensation Plan balance is available online 24/7 and offers a variety of online financial tools.

Retirement distributions are payable in either a lump sum or in up to 15 annual installments. Deferrals and investment returns are not subject to income tax until distributed.

A relationship manager from Lenox advisors is available during annual enrollment to review your financial portfolio and help you understand your GVUL needs. Contact Lenox Advisors MetLife GVUL at +1 800 962 7734.

Enrollment information

- Review GVUL information packet sent to your home from MetLife
- Enroll online at MetLife within 31 days of hire date
- Annual enrollment opportunities occur each September

Employer-paid premiums will be taxable to you.

The current crediting rate on the interest-bearing account is subject to change. All guarantees are subject to the financial strength and claims-paying ability of Metropolitan Life Insurance Company.

As a reminder, like most group insurance policies, MetLife group policies contain certain exclusions, limitations, exceptions, reductions, waiting periods and terms for keeping them in force. Please contact MetLife for details about the GVUL benefit.

Prospectuses for Group Variable Universal Life insurance and its underlying portfolios can be obtained by calling +1 800 756 0124. You should carefully consider the information in the prospectuses about the contract's features, risks, charges and expenses, and the investment objectives, risks and policies of the underlying portfolios, as well as other information about the underlying funding choices. Please read the prospectuses and consider this information carefully before investing. Product availability and features may vary by state. All product guarantees are subject to the financial strength and claims-paying ability of Metropolitan Life Insurance Company.

Enhanced Life Insurance (GVUL)

JLL provides \$300,000 of Basic GVUL insurance coverage to executives. Executives also have the option to purchase supplemental life insurance coverage for themselves.

JLL offers two options for Supplemental Group Variable Universal Life Insurance for employees and producers/brokers

Universal Life (GVUL) Insurance for Producers/ Brokers (Career Map levels of PR4—PR8)

- You can purchase minimum coverage of \$100,000—available in \$100,000 increments
- Maximum supplemental coverage is \$2,000,000 (less basic coverage)

Universal Life (GVUL) Insurance for Non Producers/Brokers (Career Map levels of M4—M5; L1—L4; I4—I5; CEO)

- You can purchase minimum coverage of one times your annual base salary
- Maximum supplemental coverage is seven times your annual salary up to \$2,000,000 (less basic coverage)

JLL also offers Supplemental GVUL insurance for dependents

Spouse/domestic partner coverage

- Minimum coverage is \$30,000
- Additional coverage available in \$10,000 increments
- Maximum coverage is \$150,000

Dependent child coverage

- Minimum coverage is \$10,000
- Maximum coverage is \$25,000
- Dependent child(ren) coverage is available on a guaranteed issue basis

(Continued on the next page)

Enhanced Life Insurance (GVUL)

(Continued)

Tax-deferred Investment Opportunity

Within the MetLife GVUL insurance certificate, there is a tax-deferred investment feature that allows you, subject to tax law limits, to contribute an additional premium, above the cost of insurance, to various investment options. As long as your GVUL insurance certificate is in force, you may contribute to these investment options, which invest in a variety of variable funds managed by DWS, Fidelity®, Met Investors, Metropolitan Series, MFS®, Putnam, T Rowe Price and to an interest-bearing account with a current crediting rate of four percent and a guaranteed minimum of four percent. Potential investment earnings accumulate on a tax-deferred basis.

JLL Supplemental Individual Disability Income (IDI) insurance

Guaranteed Standard Issue (GSI) Program

This is a voluntary benefit to JLL employees and employee broker/producers.

Who is eligible for the MetLife Supplemental Disability Insurance offering of up to a maximum of \$15,000/month?

- All executives with career map level of M4 and above and employee broker/producers earning an annual total compensation of \$250,000 and above.

When is an employee or broker able to enroll for the supplemental offering?

- This benefit is offered during the annual enrollment in September through Lenox Advisors, Inc.

Your individual coverage under the IDI plan is supplemental to your coverage under the JLL group Long Term Disability plan. Your IDI replacement percentage is based on the taxation election you selected for the premium JLL pays for your group LTD election.

(Continued on the next page)

Additional features

Residual disability benefit—allows you to receive a partial disability benefit, under certain conditions, if a partial disability causes a loss of earnings of at least 20 percent. Residual with recovery is only available for issue ages 18–59. The Residual with Recovery Benefit allows you to continue receiving benefits for up to 36 months after returning to work full-time, if you continue to have at least a 20 percent earnings loss due to the condition that caused that disability.

Cost of living adjustment—helps benefits keep pace with inflation in the event of a disability lasting longer than 12 months.

Catastrophic disability benefit—pays you an additional monthly benefit on top of the monthly benefit for total disability, if the medical condition meets the criteria required. Examples of catastrophic disability are the complete and irreparable loss of the use of both hands or feet, speech, hearing in both ears or sight in both eyes. You could also meet the definition of catastrophic disability if you are totally disabled and also have irreversible senility, paraplegia or quadriplegia.

JLL Supplemental Individual Disability Income (IDI) insurance

(Continued)

If you chose a Taxable Group LTD Election, you pay no imputed income tax now and future group LTD benefits are taxed upon receipt.

The Individual Disability Insurance plan through MetLife will provide you with up to 75 percent replacement of your total income up to a maximum monthly benefit of \$15,000 less your current Group Long Term Disability (LTD) benefit through Lincoln Financial Group. Your group LTD provides you with coverage up to 60 percent of your base salary plus the average of your last two years' annual bonus and/or commissions up to a maximum monthly benefit of \$12,500. Between the Lincoln Financial Group Group LTD plan and the MetLife Individual plan, you could have a total disability benefit up to a maximum of \$27,500 per month (if income eligible).

If you chose a Tax-Free Group LTD Election, you pay imputed income tax now and future group LTD benefits are not taxed upon receipt.

This MetLife Individual Disability Insurance plan will provide you with up to 65 percent replacement of your total income, less your Group Long Term Disability (LTD) benefit, up to a maximum monthly

benefit of \$15,000. Your current Group LTD benefit provides coverage up to 60 percent of your base salary to a maximum monthly benefit of \$12,500.

Benefits of the MetLife Supplemental Disability Insurance Program

- You can purchase a supplementary benefit based on your total JLL compensation—including incentive compensation.
- Since you pay the premium for this voluntary coverage with post-tax dollars, benefits are tax-free under current tax laws.
- Coverage is offered at a 20 percent discounted rate, because you're buying it at work.
- During this enrollment, no medical exam is required for eligible employees who are actively at work.
- Continue coverage at the same discounted rates even if you were to leave JLL.
- Receive 65 percent total income replacement, up to \$15,000 per month.

06

Additional information



For more information, visit www.insurekidsnow.gov or call +1 877 KIDS NOW or visit the HR Direct website at <https://hrdirect.jll.com> and click on the Benefits link for more details.

For additional information, contact Lincoln Financial Group at +1 888 526 5768 or www.mylincolnportal.com (company code: JLL101).

CHIPRA

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) extends and expands the state Children's Health Insurance Program (CHIP). States are permitted to offer a premium assistance subsidy for coverage under certain employer-sponsored health plans to all low-income children who are eligible for the CHIP program.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires continuation coverage to be offered to you and your covered dependents when group health coverage would otherwise be lost due to specific events. Those events include the death of a covered employee, termination, reduction in the hours of a covered employee's employment for reasons other than gross misconduct, divorce or legal separation from a covered employee, a covered employee's becoming entitled to Medicare, and a child's loss of dependent status (and therefore coverage) under the plan.

You may continue your coverage for up to 18 months (in certain situations up to 36 months) as long as you continue to pay the full cost of coverage, plus a two percent administrative charge due to JLL's COBRA administrator, each month. Plans that you may elect to continue include Medical, Dental, Vision, FSA and the Employee Assistance Program, as long as you were enrolled in these plans prior to the loss of coverage event date.

FMLA

In order to be eligible for leave under the federal Family and Medical Leave Act (FMLA), you must have worked for JLL for at least 12 months and have worked at least 1,250 hours as a JLL employee in the 12 months preceding the leave. If you are a transitioning employee and your prior service credit was carried over, it will be counted toward your FMLA credit.

An employee may be eligible for up to 12 weeks of unpaid family and/or medical leave within a 12-month period and must be restored to the same or an equivalent position upon return from leave, provided the employee meets certain conditional requirements (referred to as "FMLA protected leave"). Where state and local family and medical leave laws offer more protections or benefits to employees, the protections or benefits provided by such laws will apply.

Eligible employees with a spouse, son, daughter or parent on active duty or called to active duty status in the National Guard or Reserve in support of a contingency operation may use up to 12 weeks of unpaid leave entitlement under this policy to address certain qualified exigencies. In addition, eligible employees may also take up to 26 weeks of leave to care for a covered service member during a single 12-month period.



A paper copy of these notices is also available, free of charge, by calling the Benefits Solutions Group at +1 866 580 7421.

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations restrict JLL's ability to use and disclose protected health information. Protected health information (PHI) includes: Information that is created or received by the plan and relates to the past, present or future physical or mental health or condition of a participant; the provision of healthcare to a participant; the past, present or future payment for the provision of healthcare to a participant; information that identifies the participant, or for which there is a reasonable basis to believe the information can be used to identify the participant.

It is JLL's policy to comply fully with HIPAA's requirements. To that end, all members of JLL's workforce who have access to PHI must comply with this privacy policy. This policy does not address requirements under other federal laws or under state laws. JLL will use and disclose PHI only as permitted under HIPAA.

WHCRA

The Women's Health and Cancer Rights Act (WHCRA) provides coverage for certain services relating to a mastectomy in a manner determined in consultation with you and your attending physician. This required coverage includes all stages of reconstruction, surgery, prostheses and treatment of physical complications from the mastectomy, including lymphedema.

Medicare Part D Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with JLL and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. There are important things you need to know about your current coverage and Medicare's prescription drug coverage. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. JLL has determined that JLL's prescription drug coverage options are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are therefore considered Creditable Coverage. Please visit the Plan Documents section on the HR Direct website at <https://hrdirect.jll.com> and click on the Benefits link to read the entire notice.

Availability of summary health information— Summary of Benefits and Coverage (SBC)

As an employee, the health benefits available to you provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBCs can be obtained by visiting the [HR Direct portal](#).

Summary plan documents

Summary plan documents, which provide complete information about the Health and Welfare plans and the 401(k) and Retirement Savings plan which are provided by JLL, can be obtained by visiting the HR Direct website at <https://hrdirect.jll.com> and then clicking on the Benefits link.

Benefits glossary

Annual enrollment: The annual period during which employees re-enroll or have the option to change their benefit selections.

Beneficiary: An individual designated by the employee to receive proceeds or benefits from the employee's life insurance or retirement plans.

COBRA (Consolidated Omnibus Budget Reconciliation Act): A Federal Law that allows employees and their dependents to continue insurance coverage after a Qualifying Event, such as reduction in hours or termination of employment. Cost is at the total premium rate, plus an administration fee.

Coinsurance: The percentage of cost sharing between the employee and the plan for services received, also called "copays."

Deductible: The annual out-of-pocket payment that you make before your plan begins to pay for your healthcare—typically hospitalization or procedures, NOT preventive care.

Dependent: An individual such as a child, domestic partner or spouse that is eligible for coverage under the employee's insurance plans.

Flexible Spending Account: A Flexible Spending Account (FSA) allows an employee to set aside a portion of his or her earnings to pay for qualified medical and/or dependent care expenses. Money deducted from an employee's pay for an FSA is not subject to payroll taxes and up to \$550 can be rolled over to the following year.

Health Savings Account: A Health Savings Account (HSA) is a tax-advantaged medical savings account available to employees who are enrolled in the Plus or Basic medical plan options. The funds contributed to the account are not subject to federal income tax at the time of deposit, and the funds roll over and accumulate year to year if not spent. You can also take the money with you when you leave to save for future medical expenses.

Network: Hospitals and providers having a contracted agreement with a health plan company to make covered services available to members at a significantly lower rate than those you would receive by going out-of-network.

Out-of-network: Services received from a non-participating provider. These services require deductible and coinsurance payments. Does not apply to Kaiser Permanente.

Out-of-pocket maximums: The most an employee would be expected to pay for services. This is the deductible amount plus your coinsurance maximum. Once the out-of-pocket maximum is met, covered services are paid at 100 percent of the allowed charge for the rest of the calendar year.

Premium: Payment made on an insurance policy on a regular, periodic basis.

Preventive care: Healthcare services that are covered at 100 percent by the plan if you use an in-network provider. They are not subject to copay, deductible or coinsurance. If services are received out-of-network, you will be subject to the plan coinsurance at the out-of-network allowable amounts, not subject to the deductible.

Status change/qualifying mid-year event: A qualifying life event such as marital status change, birth or death of a dependent, eligibility change or job status change, that allows an employee to change benefit elections at a time other than Annual Enrollment.

Contact information

General benefits / enrollment questions	Benefits Solutions Group	+1 866 580 7421	
Health well-being			
Benefit	Vendor	Phone	Website
Medical & Prescription Drug Coverage	UnitedHealthcare	+1 800 996 2057	www.myuhc.com
	Kaiser Permanente—California	+1 800 464 4000	www.kp.org
	Kaiser Permanente—Colorado	+1 800 632 9700	www.kp.org
	Kaiser Permanente—Georgia	+1 888 865 5813	www.kp.org
	Kaiser Permanente—Hawaii	+1 808 432 5955 (Oahu) +1 800 966 5955 (from neighboring islands)	www.kp.org
	Kaiser Permanente—Mid Atlantic	+1 800 777 7902	www.kp.org
	Kaiser Permanente—Oregon	+1 800 813 2000	www.kp.org
	Kaiser Permanente—Washington	+1 888 901 4636	www.kp.org
	HMSA—Hawaii	+1 808 948 6372	www.hmsa.com
Vision	VSP	+1 800 877 7195	www.vsp.com
	UnitedHealthcare	+1 800 638 3120	www.myuhc.com (enrolled in UHC medical) www.myuhcvision.com (Not enrolled in UHC medical)
Dental	Delta Dental	+1 800 323 1743	www.deltadentalil.com
Group Accident, Critical Illness and Hospital Indemnity	Aflac	+1 800 433 3036	www.aflac.com

Contact information (continued)

Financial well-being			
Benefit	Vendor	Phone	Website
Flexible Spending Account Healthcare FSA and Dependent Childcare FSA	UnitedHealthcare	+1 800 996 2057	www.myuhc.com
Life Insurance: Standard	Benefits Solutions Group	+1 866 580 7421	
Health Savings Account (HSA)	Optum Bank™	+1 800 791 9361	www.optumbank.com
Employee Stock Purchase Plan	Morgan Stanley	+1 888 609 3534	www.stockplanconnect.com
401(k)	Fidelity Investments	+1 800 890 4015	www.401k.com
Transportation Accounts	HealthEquity WageWorks	+1 877 924 3967	www.wageworks.com
Stock Ownership Program	Morgan Stanley	+1 888 609 3534	www.stockplanconnect.com
Deferred Compensation Plan	Prudential Financial Company	+1 844 777 4690	https://retirementnq.prudential.com
FMLA/Disability/Leave of Absence	Lincoln Financial Group	+1 888 526 5768	www.mylincolncorporate.com (Company code: JLL101)
Auto and Home Insurance	MetLife	+1 877 638 7515	www.myautohome.metlife.com
Life Insurance: Enhanced (GVUL) Long-Term Disability: Supplemental		Lenox Advisors: +1 800 962 7734 MetLife GVUL: +1 800 846 0124 (new enrollees) +1 800 756 0124 (current policy holders)	
Pet Insurance	MetLife VPI	+1 800 438 6388	www.metlife.com/mybenefits
Personal well-being			
Paid-time Off/Purchased-time Off	HR Direct		https://hrdirect.jll.com Click on the Benefits link.
Workers' Compensation	Gallagher Bassett	+1 833 230 6692	JLLClaims@tnwinc.com
Adoption Assistance Program	HR Direct		https://hrdirect.jll.com Click on the Benefits link.
Legal Plans	MetLife Legal Plans	+1 800 821 6400	www.legalplans.com (Non-members should select: Thinking about enrollment Password: GetLaw)
Employee Assistance Program (FinancialPoint Plus and EstateGuidance)	GuidanceResources	+1 800 272 7255	www.guidanceresources.com (Web ID: JLL101)
Back-Up Care Advantage Program	Bright Horizons	+1 877 242 2737	http://backup.brighthorizons.com (Username: JLL / Password: Backup1)
Health Advocacy	Health Advocate	+1 866 580 7421	www.healthadvocate.com/JLL
Identity Theft	Allstate Identity Protection	+1 800 789 2720	www.myaipt.com



Come Back Soon