



2021 Salaried

# Benefits at a Glance

Your health and financial wellbeing

## Welcome to 'Benefits at a Glance.'

This document is a comprehensive summary of the Lendlease benefits package. We hope you'll find this document useful as you review Lendlease's benefits package.

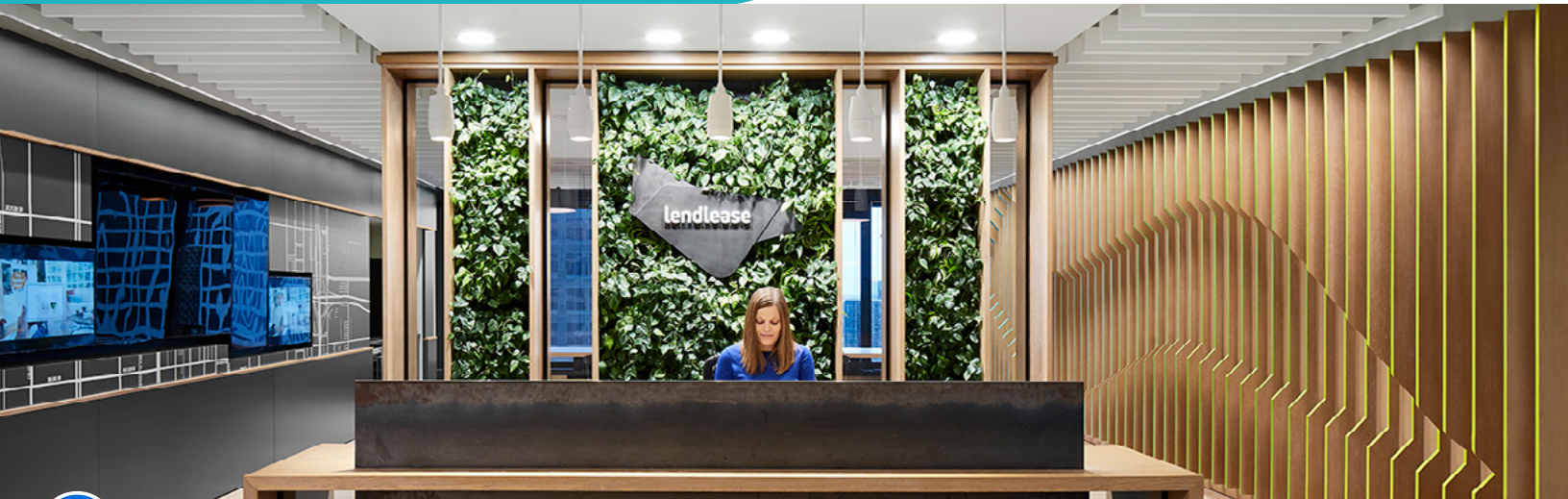
As a new hire, you have 31 days from your start date to elect your healthcare benefits. Beginning on your first day of work, you will have access to the **Benefits Center** ([www.Lendlease.hrntouch.com](http://www.Lendlease.hrntouch.com)) and are eligible to complete all benefit enrollments with the exception of our 401(k) plan. Per the Plan provisions, if you do not make an affirmative election to enroll in, or decline healthcare coverage, (i.e. fail to enroll) within 31 days from your start date, you will be deemed to have elected to waive coverage under all Plans, except the Plan's default benefits.

When enrolling an eligible dependent, such as a spouse, domestic partner or child(ren), please be prepared to supply verification documents, such as a birth certificate or marriage certificate. See the Eligible Dependents section.

If you miss the 31 day election window, your next opportunity to enroll will be during the next Open Enrollment period, in November. Benefits chosen during Open Enrollment periods begin the following calendar year. To make changes to your benefits due to a qualifying life event, visit the **Benefits Center** within 31 days following the life event.



Every attempt has been made to ensure that the information in the document accurately summarizes the Company's plans and policies. If there is a discrepancy between this document and the actual plan documents, precedence will be given to the plan documents. The Company reserves the right to change or terminate its employee benefit plans at any time. Participation in the employee benefit plan is not a guarantee of continued employment.



**UNITED HEALTHCARE CHOICE PLUS POS MAINLAND EMPLOYEES ONLY**

**IN-NETWORK**

- \$25 non-specialist office co-pay; \$45 specialist office co-pay.
- \$750 individual deductible; \$1,875 family deductible, 20% co-insurance.
- In-network out-of-pocket maximum: \$4,450 individual, \$8,900 family.
- **Virtual Visits** available, once enrolled. To access virtual providers login to myuhc.com > Physician & Facilities.

**OUT-OF-NETWORK**

- 40% reasonable and customary co-insurance after deductible of \$2,000 individual, \$4,000 family.
- Out of network out-of-pocket maximum: \$10,000 individual; \$20,000 family.

**IMPORTANT – Charges over reasonable and customary do not apply to the out-of-pocket maximums.**

**EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE (No deductible)**

	RETAIL	HOME DELIVERY
Generics	\$10	\$25
Preferred Brands	20% with \$25 Min and \$50 Max	20% with \$62.50 Min and \$125 Max
Non-Preferred Brands	30% with \$50 Min and \$100 Max	30% with \$125 Min and \$250 Max

**NOTE**

- If you or your physician choose a Brand Rx when a generic is available, you will pay brand co-pay plus the difference between the cost of the brand and generic.
- Your prescription co-payment and co-insurance expenses apply towards your out-of-pocket maximum, with the exception of any penalties incurred.

**NEW FOR 2021:** You will be required to fill your maintenance prescriptions for 90-days, in one of three (3) ways: 1) through Express Scripts Mail Order; 2) at a Walgreens or 3) at a CVS pharmacy. A 90-day supply can save you 28%! If you purchase your Rx elsewhere, after the first two courtesy fills you will be required to pay additional fees for your retail maintenance drugs. A new prescription may be necessary for the first fill of a 90-day supply.

**UHC  
CUSTOMER SERVICE**

CALL  
1 800 645 9402

GROUP NUMBER  
228599

**EXPRESS-SCRIPTS**

CALL  
1 866 563 9289



## UNITED HEALTHCARE HEALTHCARE SAVINGS ACCOUNT (HSA) MAINLAND EMPLOYEES ONLY

### COMPANY FUNDED CONTRIBUTION

The company contributes \$20 or \$40 each bi-weekly pay to your HSA account, depending on your coverage level (individual or family). Employees who enroll in the Health Savings Medical Plan (HSA) are also eligible to receive an annual company contribution of \$200 (individual) or \$400 (family) in January or soon after your election has been made.

### IN-NETWORK

20% coinsurance is your responsibility after the plan deductible of \$1,400 (for a single employee) and \$2,800 (for an employee with family coverage) is met. If covering family members the full family deductible must be met before the plan's coinsurance begins to pay. Out-of-pocket maximum (OOPM) \$5,250 individual (single coverage only) or \$10,500 family (full family OOPM must be met by one or more family members, however, no one member will pay more than \$7,150 out-of-pocket for their in-network expenses).

### OUT-OF-NETWORK

40% reasonable and customary co-insurance after deductible of \$3,250 individual; \$6,500 family.  
Out-of-pocket maximum \$9,750 individual; \$19,500 family.

**IMPORTANT – Charges over reasonable and customary do not apply to the out-of-pocket maximums.**

### YOUR HSA ACCOUNT

If you elect the medical plan with Health Savings Account, you will be able to set up an HSA bank account with Optum Bank. An HSA bank account may be used for out-of-pocket medical expenses. In addition to the Company contributions to your account, you can also contribute additional pretax funds from your paycheck, to be deposited to your HSA bank account. The annual contribution limits (which include the Company portion) are:

- \$3,600 for individual coverage; \$4,600 if age 55 or older.
- \$7,200 for family coverage; \$8,200 if age 55 or older

**Any contributions above the IRS limits are subject to income taxes and a penalty.**

### EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE

All prescriptions, other than preventive, are subject to the annual deductible. Preventive medications, per the Healthcare Savings Account Preventive Medications List are covered at **no cost** to the participant or member.

	RETAIL	HOME DELIVERY
Generics	\$10	\$25
Preferred Brands	20% with \$25 Min and \$50 Max	20% with \$62.50 Min and \$125 Max
Non-Preferred Brands	30% with \$50 Min and \$100 Max	30% with \$125 Min and \$250 Max

### NOTE

- If you or your physician choose a Brand Rx when a generic is available, you will pay brand co-pay plus the difference between the cost of the brand and generic.
- Your prescription co-payment and co-insurance expenses apply towards your out-of-pocket maximum, with the exception of any penalties incurred.

**NEW FOR 2021:** You will be required to fill your maintenance prescriptions for 90-days, in one of three (3) ways: 1) through Express Scripts Mail Order; 2) at a Walgreens or 3) at a CVS pharmacy. A 90-day supply can save you 28%! If you purchase your Rx elsewhere, after the first two courtesy fills you will be required to pay additional fees for your retail maintenance drugs. A new prescription may be necessary for the first fill of a 90-day supply.

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GROUP NUMBER  
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### EXPRESS-SCRIPTS

CALL  
1 866 563 9289

### HSA OPTUM BANK

CALL  
800 791 9361

### HEALTHCARE SAVINGS ACCOUNT



## UNITED HEALTHCARE OUT-OF-AREA PLAN (INDEMNITY PLAN) | MAINLAND EMPLOYEES ONLY

### FOR EMPLOYEES LIVING OUTSIDE OF THE UNITED HEALTHCARE NETWORK (OUT-OF-AREA)

- \$20% reasonable and customary co-insurance after deductible of \$750 individual; \$1,875 family.
- Out-of-pocket maximum: \$4,450 individual; \$8,900 family.

**IMPORTANT – Charges over reasonable and customary do not apply to the out-of-pocket maximums. All medical deductibles apply to out-of-pocket maximum.**

### EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE (No deductible)

	RETAIL	HOME DELIVERY
Generics	\$10	\$25
Preferred Brands	20% with \$25 Min and \$50 Max	20% with \$62.50 Min and \$125 Max
Non-Preferred Brands	30% with \$50 Min and \$100 Max	30% with \$125 Min and \$250 Max

### NOTE

- If you or your physician choose a Brand Rx when a generic is available, you will pay brand co-pay plus the difference between the cost of the brand and generic.
- Your prescription co-payment and co-insurance expenses apply towards your out-of-pocket maximum, with the exception of any penalties incurred.

**NEW FOR 2021:** You will be required to fill your maintenance prescriptions for 90-days, in one of three (3) ways: 1) through Express Scripts Mail Order; 2) at a Walgreens or 3) at a CVS pharmacy. A 90-day supply can save you 28%! If you purchase your Rx elsewhere, after the first two courtesy fills you will be required to pay additional fees for your retail maintenance drugs. A new prescription may be necessary for the first fill of a 90-day supply.

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GROUP NUMBER  
228599

### EXPRESS-SCRIPTS

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1 866 563 9289



## UNITED HEALTHCARE SAN FRANCISCO CHOICE PLAN | SAN FRAN CITY/COUNTY PROJECTS ONLY

Under the San Francisco Health Care Accountability Ordinance (HCAO), Lendlease offers the San Francisco Choice Plan to eligible employees who work a minimum of 20 hours per week on a San Francisco City or County Project.

### IN-NETWORK BENEFITS ONLY, NO OUT OF NETWORK COVERAGE

- \$45 Physician Office Visit
- \$2000 Individual Deductible; \$4000 Family

### EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE (\$200 Rx deductible per person)

	RETAIL	HOME DELIVERY
Generics	\$10 after Rx deductible	\$25 after Rx deductible
Preferred Brands	20% after Rx deductible	20% after Rx deductible
Non-Preferred Brands	20% after Rx deductible	20% after Rx deductible

### NOTE

- If you or your physician choose a Brand Rx when a generic is available, you will pay brand co-pay plus the difference between the cost of the brand and generic.
- Your prescription co-payment and co-insurance expenses apply towards your out-of-pocket maximum, with the exception of any penalties incurred.

**NEW FOR 2021:** You will be required to fill your maintenance prescriptions for 90-days, in one of three (3) ways: 1) through Express Scripts Mail Order; 2) at a Walgreens or 3) at a CVS pharmacy. A 90-day supply can save you 28%! If you purchase your Rx elsewhere, after the first two courtesy fills you will be required to pay additional fees for your retail maintenance drugs. A new prescription may be necessary for the first fill of a 90-day supply.

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GROUP NUMBER  
228599

### EXPRESS-SCRIPTS

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1 866 563 9289

## MEDICAL

- [UHC Out-of-Area](#)
- [UHC SF Choice](#)

## UHA MEDICAL PLAN | HAWAII EMPLOYEES ONLY

### ANNUAL DEDUCTIBLE

- \$200 individual; \$600 family

### ANNUAL CO-PAY

- Maximum \$2,200 individual; \$6,600 family

### PREVENTIVE CARE SERVICES\*

No co-pay

### PHYSICIAN OFFICE VISIT

- \$12 co-pay for Office, Hospital, Physical and Occupational Therapy Visits
- \$10 co-pay Chiropractic/Acupuncture Services (annual maximum \$500 for combined services)

### HOSPITAL SERVICES

- 20% of Eligible Charge, in-network

### PRESCRIPTION DRUGS (30-DAY SUPPLY) WITH PARTICIPATING PHARMACY

- \$10 co-pay generic
- \$20 co-pay preferred brand
- \$40 co-pay non-preferred brand

Out-of-pocket max for Drug Plan S – \$4,850/\$7,200 and the fourth tier of the drug coverage is 20% of Ingredient Cost for Rx over \$250.

\* Additional costs will incur if services are coded other than preventive, or if you visit out-of-network providers.

### UHA CUSTOMER SERVICE

CALL  
1 800 458 4600

GROUP NUMBER  
9861-0001

When on the U.S. Mainland, find the nearest UnitedHealthcare providers

## VISION INSURANCE | VSP

### BASIC PLAN

RETAIL FRAME ALLOWANCE \$150  
Every *Other* Year

LENSES OR CONTACT LENSES \$150  
Every Year

### PLUS PLAN

RETAIL FRAME ALLOWANCE \$200  
Every Year

LENSES OR CONTACT LENSES \$200  
Every Year

### VISION SERVICE PLAN

CALL  
1 800 877 7195

GROUP POLICY  
12056767

**Note:** Out-of-network vision benefits are available; charges over the allowances are the members' responsibility.

## DENTAL INSURANCE | METLIFE

DENTAL DEDUCTIBLE \$50 individual; \$150 family per calendar year

MAXIMUM BENEFITS PER YEAR \$1,750 per person

PREVENTIVE CARE TYPE A 100%, no deductible, limited to two visits per year, 6 months apart

TYPE B BASIC RESTORATIVE (fillings, extractions, etc.) 80%

TYPE C MAJOR RESTORATIVE (bridges, dentures, TMJ) 60%

TYPE D ORTHODONTIA 50%, up to \$1,500 lifetime

**Note:** Out-of-network dental benefits are available; charges over the reasonable and customary amounts are the members' responsibility.

### METLIFE CUSTOMER SERVICE

CALL  
1 800 942 0854

POLICY NUMBER  
102776

## FLEXIBLE SPENDING ACCOUNTS | HEALTH CARE & DEPENDENT CARE

You may elect up to \$2,750 in pre-tax payroll deductions to pay for certain eligible expenses not covered by your healthcare plans. You may also elect up to \$5,000 (per household) in pre-tax payroll deductions to pay for approved child care expenses. You have thirty one (31) days to enroll from your start date, a qualifying life event, or you can enroll during open enrollment.

### QUESTIONS?

Participants may call Flores at 1 800 532 3327 / Group Number 1002080981 to inquire about account balances, how to file a claim, or the status of a claim. This information is also available at [www.flores247.com](http://www.flores247.com).

### FLORES

CALL  
1 800 532 3327

GROUP NUMBER  
1002080981

### MEDICAL

- Vision
- Dental
- FSA



**\$ 2021 RATE CHART**

2021 EMPLOYEE BI-WEEKLY DEDUCTIONS BY PLAN	UHC CHOICE PLUS (POS) AND OUT OF AREA	UHC HEALTH SAVINGS ACCOUNT (HSA)	UHC SAN FRANCISCO CHOICE*	UHA HAWAII ONLY	METLIFE DENTAL	VSP VISION BASIC PLAN	VSP VISION PLUS PLAN
Employee Only	\$83.26	\$51.94	No Cost to Employee	\$66.45	\$7.59	\$4.00	\$6.10
Employee plus Spouse/ Domestic Partner	\$187.12	\$111.62	\$341.22	\$169.86	\$18.42	\$7.99	\$12.20
Employee plus Child(ren)	\$167.47	\$103.81	\$303.46	\$133.43	\$20.59	\$8.40	\$12.83
Family (Spouse/Domestic Partner and Child(ren))	\$320.81	\$192.17	\$796.41	\$230.20	\$30.88	\$13.43	\$20.51

\*Under the San Francisco Health Care Accountability Ordinance (HCAO), Lendlease offers the San Francisco Choice Plan to eligible employees who work a minimum of 20 hours per week on a San Francisco City or County Project.

**☂ LIFE INSURANCE & DISABILITY | THE HARTFORD**

**EMPLOYEE BASIC LIFE INSURANCE**  
**EMPLOYEE AD&PL INSURANCE**  
(Accidental Death & Personal Loss)

Premiums are paid by the Company. Coverage is at two times the employee's annual base salary for Basic Life and Accident & Personal Loss (AD&PL). Maximum coverage for both Basic Life and Supplemental Life coverages, combined, is \$1,000,000. This maximum limit also applies to AD&PL.

**BENEFITS CENTER**  
**CALL**  
**1 844 549 6210**

**SUPPLEMENTAL LIFE INSURANCE**

After tax premiums for optional supplemental life insurance is 100% paid by the employee through payroll deductions. Proof of health is not required if optional life insurance is elected within 31 days of hire or rehire. Any Spouse/Domestic Partner Life over \$40,000 requires proof of good health.

**Employee Supplemental Life** – one (1) to five (5) times annual salary  
Maximum combined coverage for Basic Life and Supplemental Life is \$1,000,000.

**Spouse/Domestic Partner Supplemental Life**  
\$10,000 to \$100,000 in \$10,000 increments.

**Child Supplemental Life** – \$5,000 or \$10,000.

**SHORT-TERM DISABILITY INSURANCE (STD)**  
To file a Short-Term Disability (STD) or Family and Medical Leave (FML) claim

Premiums are paid by the Company. The benefit is available at 60% (if less than five years of service) or 100% (if five or more years of service) for up to twenty-six weeks of approved disability. There is a seven consecutive calendar day elimination period requiring employee to use PTO, if accrued PTO is available; otherwise the Elimination Period is unpaid. The portion you receive is based on the amount of time you have been unable to work and your length of service with the Company as of the start of your disability. Disability, due to childbirth, will run concurrent with the Company's Parental Leave.

**DISABILITY INSURANCE**

**THE HARTFORD CUSTOMER SERVICE CENTER**

**CALL**  
**1 888 301 5615**

**LONG TERM DISABILITY INSURANCE (LTD)**

**LTD Employer Paid Option (non-contributory)** – By default you will be provided this option; premiums paid by the Company. After 26 weeks of short-term disability, 60% of monthly salary, (up to maximum annual salary \$430,000/year), less "Other Income Benefits" as defined in the LTD Summary Plan Description (SPD). Maximum LTD benefit is \$21,500/month. Monthly LTD checks are issued by The Hartford and are taxable income.

**LTD Employee Paid Option (contributory)** – After-tax premiums paid 100% by the Employee through payroll deductions. After 26 weeks of short-term disability, 60% of monthly salary (up to maximum annual salary \$430,000/year), less "Other Income Benefits" as defined in the LTD Summary Plan Description (SPD). Maximum LTD benefit is \$21,500/month. Monthly LTD checks are issued by The Hartford and are tax-free income. Estimated bi-weekly premium is annual salary x .00352 / 26.

**MEDICAL**

- [Rate Chart](#)
- [Life & Disability](#)



## ELIGIBLE DEPENDENTS

Members of your family may also be eligible for coverage under the Medical/Prescription Drug, Dental, Vision, EAP, Wellness, and Spouse/Domestic Partner or Child Supplemental Life Insurance Benefit Programs. Verification of Dependent Eligibility is required to cover eligible family members.

**FOR THE MEDICAL, PRESCRIPTION DRUG, DENTAL, EAP AND VISION BENEFIT PROGRAMS AN ELIGIBLE DEPENDENT IS:**

- Your Spouse or Domestic Partner
- Your Child who is under 26 years of age
- Your unmarried Child who is 26 years of age or older who resides with you and who meets the following requirements:
- The Child was totally disabled before age 26
  - The Child was covered under the Plan or another Group Health Plan and you notify the Benefits Center in writing of the disability within 31 days of the date your Child turns age 26
  - The Child’s mental or physical disability prevents the Child from being self-supporting
  - The Child is dependent on you for his or her support, and you report the Child as a dependent on your federal income tax returns
  - You provide proof of these facts to the Benefits Center and you provide continuing proof as requested by the Benefits Center or the Claims Administrator
- A Child who must be provided health coverage under the Plan as required by a Qualified Medical Child Support Order or other approved court decree

Your Eligible Dependent must reside in the United States in order to be eligible for coverage.

“**CHILD**” includes your natural child, legally adopted child, child placed with you in anticipation of the child being adopted, stepchild, your Domestic Partner’s child or other child for whom the employee has permanent legal guardianship.

“**SPOUSE**” means that one person who resides with you, to whom you are legally married under state or foreign law.

“**DOMESTIC PARTNER**” means a person who has a single, dedicated relationship with the Employee that contains the following elements:

- Both the Employee and Domestic Partner are at least eighteen (18) years of age and mentally competent to consent to contract.
- The relationship is intended to last indefinitely.
- Domestic Partners are same-sex and opposite-sex couples who have registered with any state or local domestic partner registry and meet the other elements above. Registry certificates will be recognized as fully as marriage certificates.



## LENDLEASE 401(k) PLAN

<b>AUTOMATIC 401(k) ENROLLMENT</b>	There’s no need to sign up to contribute to your 401(k) retirement plan. <b>If you do nothing, you will be automatically enrolled in the Lendlease 401(k) Plan at a default savings rate of 6% of your eligible pay.</b> The first deduction will be approximately 90 days from the date of your automatic enrollment notice. Call Vanguard to opt out or change the contribution percentage.
<b>AUTO INCREASE</b>	To help better prepare for retirement, the Plan has an auto savings feature. Your contribution rate will increase 1% annually each January, to a maximum of 12%. Call Vanguard to opt out, change or increase the percentage.
<b>YOUR CONTRIBUTION</b>	<b>Before-tax and Roth 401(k)</b> You may contribute up to 50% of your annual compensation subject to the allowable IRS maximum, \$19,500 in 2021. If age 50 or above, the allowable maximum in 2021 is \$26,000 <b>After-Tax</b> You may contribute up to 10% of your annual compensation subject to the allowable IRS maximum, \$29,000 in 2021. The combination of before-tax, Roth and after-tax contributions cannot be more than 60% of your annual salary.
<b>COMPANY MATCHING CONTRIBUTION</b>	50% of the employee’s before-tax or Roth contribution, up to the first 6%, is subject to IRS limitations. You are eligible for company matching contributions after one (1) year of service.
<b>VESTING</b>	You are 100% vested in the Plan as of your date of hire as a salaried employee.
<b>PLAN RECORD KEEPER THE VANGUARD GROUP</b>	All plan transactions are made directly with Vanguard. Log in to <a href="http://www.Vanguard.com/retirementplans">www.Vanguard.com/retirementplans</a> or call a representative at 800 523 1188, Monday through Friday, 8:30 AM to 9:00 PM EST. The Plan group number, if needed, is 091686.

**VANGUARD**

CALL  
**1 800 523 1188**

**GROUP NUMBER**  
**091686**

**As a new starter, you may want to be mindful of any 401(k) contributions you’ve made in the calendar year to avoid exceeding the annual limit.**



## HEALTH ADVOCATE

Health Advocate is a third-party service provided at no charge to salaried employees, designed to help with health benefits questions, coverage, locating providers and clinical/administrative issues. This innovative service is also available to your dependents (whether covered by Lendlease benefit plans or not), as well as your parents and parents-in-law.

### A PERSONAL HEALTH ADVOCATE

CALL  
1 866 695 8622



## EMPLOYEE ASSISTANCE PROGRAM

At no cost to you, Optum EAP and worklife services are available to you and your dependents by phone 1 866 248 4096, 24 hours a day, 7 days a week. You will be able to speak to master's level counselors confidentially when you have concerns about personal, or family life issues, legal/financial matters, child and eldercare referrals, worklife balance and convenience services.

### OPTUM EAP

CALL  
1 866 248 4096

### ACCESS CODE

**Lendlease**  
24 hours a day, 7 days a week



## RETHINK

Rethink is a teleconsultation program that helps parents and caregivers raising children with learning and developmental, social, or behavioral challenges, including Autism. Rethink provides support via live, virtual consultations with learning and behavioral experts who can answer questions and provide customized guidance.

The program is offered at no cost to employees, has no age restriction, requires no diagnosis, and is completely confidential. When you enroll, you get instant access to:

- Virtual consultations for parents/caregivers to discuss specific concerns with skilled behavior experts
- Unlimited access to the Rethink website and mobile app with how-to videos and resources to teach crucial skills, including lessons categorized for parents/caregivers and children/teens
- Exclusive content developed to assist you and your child/teen in navigating common areas of concern, categorized by age and ability from pre-kindergarten to grade 12.

It's free to enroll and only takes about two minutes. Learn more and get started

CALL  
800 714 9285

EMAIL  
**support@  
rethinkbenefits.com.**

CODE  
**lendlease**

### MEDICAL

- Health Advocate
- Employee Assistant Program
- Rethink





## LIVONGO

Livongo makes it easier to manage diabetes, high blood pressure, prediabetes, weight, and nutrition. These programs empower you with the tools, insights, and expert support to help you reach your health goals.

The program is offered, at no cost, to eligible employees and their covered dependents who qualify for Livongo through the United Healthcare plan.

### A FEW HIGHLIGHTS

#### Livongo for Diabetes

- Unlimited strips
- Connected blood glucose meter
- Personalized insights & more

#### Livongo for Hypertension

- One-on-one coaching
- Connected blood pressure monitor
- Real-time tips & more

#### Livongo Diabetes Prevention, Weight Management & Nutrition

- One-on-one coaching
- Connected scale
- Community support & more

#### The benefits you get with these programs include:

- Top technology: All programs offer advanced technology that enables you to track and manage your health on the go by automatically logging your data in a private dashboard and easy-to-use app.
- Personalized insights: Get real-time tips and personalized feedback to help you learn and improve — or keep up the good work!
- Trusted coaching: Talk to a Livongo expert coach for advice on nutrition, weight loss, and more, whenever you need extra support.

### LIVONGO MEMBER SUPPORT

CALL  
1 800 945 4355

CODE  
LENLEASE



## TRANSIT & PARKING

You may elect transit and/or parking to assist with your monthly travel needs to and from work. Amounts over the \$270 monthly pre-tax IRS limit are taxable. Elections are taken through payroll deductions on the last paycheck of the month for the following month's election. (i.e. last paycheck of January for February's election amount.)

This is a monthly election that can begin or end at any time during your employment at Lendlease. Elections must be made at [www.wageworks.com](http://www.wageworks.com) by the 10th of the month for the following month, unless you set up a recurring election (i.e. make your February transit or parking pass elections by January 10). Visit People Portal on the Pulse for more details on this program.

### WAGeworks

CALL  
1 877 924 3967



## TUITION ASSISTANCE

Tuition Assistance is available for eligible US based employees if they are an active full-time salaried employee scheduled to work 30 hours or more per week, with one year of service prior to the start of the course for which reimbursement is to be provided. Expenses to the company may be a concern, so after receiving manager approval, employees must apply in Workday (Benefits).

The annual calendar year reimbursement limit towards a qualifying graduate degree course(s) is \$10,000. \$5,250 is the pre-tax reimbursement limit for undergraduate degree courses. Amounts reimbursed above \$5,250 are reimbursed through the payroll department for tax purposes. Refer to the Tuition Reimbursement policy on the Pulse for more details.



## VITALITY WELLNESS PROGRAM

Check out the Vitality Wellness Program! All employees are eligible and welcome to register, as well as any spouses or domestic partners covered on a Lendlease medical plan. The Vitality wellness program is a comprehensive, interactive and personalized wellness program that make it easy for you to make healthy choices. When you are healthy, you look better, feel better and enjoy a better quality of life.

Register now and begin earning Vitality points, which turn into Vitality Bucks, and then spend your Bucks in the online Vitality Mall. And don't forget to download the mobile app, Vitality Today!

CALL  
877 224 7117



## SOFI – STUDENT LOAN REFINANCING

Lendlease has partnered with SoFi to offer employees and their families a refinancing option for their student loans. SoFi is the market leader for student loan refinancing. Checking your rate takes 2 minutes and has zero impact on your credit score since SoFi only does a soft credit inquiry. You may receive a \$100 WELCOME BONUS upon refinancing your student or Parent PLUS loans through SoFi.com/Lendlease.

CALL  
855 456 7634



## IDENTITY THEFT PROTECTION – ID WATCHDOG

ID Watchdog offers identity theft protection services with proactive identity monitoring and a 100% resolution guarantee to fully restore your identity to its pre-incident state. It also offers real-time credit alerts provided within minutes of detected activity change, bank and credit card monitoring, dark web monitoring, and sex offender notifications.

CALL  
866 513 1518



## LEGAL INSURANCE

A national concierge legal referral service for advice and consultation to assist with your legal issues. Calls may be related to any personal legal matter, civil or criminal, except those specifically excluded. It covers any legal services needed by the Member or Covered Family Member for review or preparation of documents, or any other service required on any legal matters not listed as a covered benefit or exclusion under the policy.

CALL  
866 513 1518

### MEDICAL

- Wellness Program
- Student Loan (SOFI)
- ID Watchdog
- Legal Insurance

- Tuition Assistance



## PAID TIME OFF

Paid Time Off (PTO) provides you with the flexibility to use your time off to meet your personal needs, while recognizing your individual responsibility to manage your paid time off. PTO can be used for vacations, illness, caring for others, medical/dental appointments, personal business or emergencies. Review the policy on People Portal>Leave and Time Off for further details. As a reminder you need to enter the PTO absence into Workday, as well as your time entry into E1.

YEARS OF SERVICE	ANNUAL PTO ACCRUAL RATE	BI-WEEKLY ACCRUAL RATE
0 – 10 Years	20 days	6.15 hours
Tenth Anniversary +	25 days	7.69 hours



## HOLIDAYS

The Company will be closed in observance of the following ten (10) holidays. Holidays falling on a Saturday will be observed on Friday. Holidays falling on a Sunday will be observed on Monday. If Christmas falls on a Tuesday or a Thursday, you'll receive an additional paid day off – the Monday before or the Friday after the holiday.

- New Year's Day
- Martin Luther King's Birthday
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Friday After Thanksgiving
- Christmas Day



## BEREAVEMENT

If there is a death in your immediate family, please notify your manager as soon as possible. Immediate family includes your spouse, domestic partner, child, parent (in-laws), sibling (in-laws) & grandparent (in-laws). Authorized Time Off (ATO) is available for bereavement needs, up to a maximum of five (5) days for immediate family members.



## PARENTAL & PARTNER LEAVE

**Parental Leave**, for the "Primary" parent provides paid leave for up to 12 weeks, and an additional unpaid leave of up to 8 weeks following the birth or adoption/foster care placement. Parental Leave is administered by The Hartford. Review the policy on People Portal>Leave and Time Off for further details.

**Partner Leave** provides two weeks paid leave for "Non-Primary" parent within the first 8 weeks of the birth or adoption/foster care placement. State or City paid leaves are offset by the Lendlease time off benefits. Review the policy on People Portal>Leave and Time Off for further details.

**Per the City of San Francisco**, employees working in San Francisco are eligible for up to eight weeks of paid leave for either parent during the twelve months following a birth or adoption/placement. Six months of continuous service is required to be eligible. The benefit is calculated on the employee's base wages by the City of San Francisco. Please review the requirements at **San Francisco Paid Parental Leave**. This leave may run concurrently with Primary Parental Leave and Partner Leave.

**THE HARTFORD  
CUSTOMER SERVICE  
CENTER**

CALL  
888 301 5615



## WELLBEING DAYS

**Three** Wellbeing days are available **each calendar year** for eligible employees. (i.e. one each Jan – Apr; May – Aug; Sept – Dec). Enter the request for your Wellbeing Day absence into Workday, then when taken in your time entry in E1. Some examples of how you may use your Wellbeing days are: dental, healthcare, or other appointments, wellbeing education, health coaching, yoga or meditation, addiction help programs, counseling, or nutrition coaching.



## METLIFE AUTO & HOME GROUP INSURANCE PROGRAM

Purchase auto, home, and other types of personal property insurance through MetLife at discounted group rates. Call the telephone number to the right for more information. For more information visit MetLife Auto & Home, found on the People Portal >Benefits > Employee Deals page.

CALL  
1 800 GET MET 8  
(1 800 438 6388)



## METLIFE ACCIDENT | METLIFE HOSPITAL

MetLife Accident and Hospital Insurance policies are voluntary benefits to compliment, but not replace your current medical coverage available at competitive group rates. When a claim is approved, the benefits are paid directly to you.

For more information, visit the Voluntary Benefits portal page.

CALL  
1 800 GET MET 8  
(1 800 438 6388)



## METLIFE CRITICAL ILLNESS

MetLife's Critical Illness Insurance is a voluntary benefit to compliment, but not replace your current medical coverage. Critical illness coverage provides you with a lump-sum benefit payment of \$15,000 in the event that you or your covered dependent experience a covered condition.

For more information, visit the Voluntary Benefits portal page.

CALL  
1 800 GET MET 8  
(1 800 438 6388)



## QUESTIONS ABOUT YOUR BENEFIT PROGRAMS?

ON OR AFTER  
YOUR START DATE

This document serves as a summary of our Company benefit offerings. Click on the Pulse > People Portal > Benefits for more details and information on our benefits.

Please refer to the appropriate plan document and summary plan description for each benefit plan or to the relevant policy document for additional information.

*DISCLAIMER*  
Every attempt has been made to ensure that the information in the document accurately summarizes the Company's plans and policies. If there is a discrepancy between this document and the actual plan documents, precedence will be given to the plan documents. The Company reserves the right to change or terminate its employee benefit plans at any time. Participation in the employee benefit plan is not a guarantee of continued employment.

or enroll via the  
mobile app Benefitplace;  
code – lendlease

FOR GENERAL  
QUESTIONS

CALL  
PEOPLE CONNECT  
866 848 1200,  
option 2