



2022 BENEFITS FOR LENNAR ASSOCIATES

We recognize that Lennar Associates are at the heart of our company's success. For that and many other reasons, we make it a priority to offer industry-leading, comprehensive benefits packages available to help Associates thrive at work and at home.

Be.All.In. is Lennar's way of showing our dedication to the health and wellness of our Associates, and our commitment to helping you choose and use your benefits wisely. Lennar's comprehensive benefits offerings are designed to give you the most value for your health care dollar, and also to help you proactively manage your health and wellness.

The following pages will give you an overview of the benefits available to you, as well as instructions on how to enroll, if you are a full-time regular Associate.

Once you log in to the [Benefits Enrollment Website](#), you will see your cost for each benefit as well as your effective date.

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Qualified Family Status Changes

The enrollment selections you make now are binding for the 2022 calendar year. Your next opportunity to change your benefits is during annual enrollment and annual enrollment changes take effect January 1 in the next year. However, if a Qualified Family Status Change occurs, you may be able to change some of your elections.

In all cases, you are required to report your event within 31 days of the event date, and your proof of your event is due within 45 days of your event date. If you miss either of these deadlines, your event will be denied and you will not be offered the opportunity to make changes midyear.

[Click here](#)
to learn more about
Qualified Family
Status Changes.





What Is New For 2022?



First—watch a short video discussing the changes for 2022:

- [Video](#)
- [Accompanying Slide Deck](#)

Want more information? Watch our full summary video for 2022 benefits plans:

- [Video](#)
- [Accompanying Slide Deck](#)



NOT MAKING CHANGES FOR 2022? Great news! Even though we have new partners for medical and pharmacy, your 2021 elections will still roll to 2022. If you're not making any changes for 2022, you are not required to do anything UNLESS you wish to elect a Health and/or Day Care Flexible Spending Account and/or Health Savings Account. Spending account elections do not roll over from 2021 to 2022 and must be re-elected.

We know you have many questions that are not covered in this “What’s New” section. We crafted a full list of Frequently Asked Questions based on questions we’re sure you’ll have. [Click here](#) to review the Frequently Asked Questions (FAQs) for medical, pharmacy, Health Savings, Health Reimbursement and a variety of other related questions. If your question is not addressed in the FAQs, you have choices:

- Email BenefitsHelpDesk@Lennar.com with your specific question.
- Call 1.800.353.8100 and select “benefits” followed by “all other questions.”
- Contact the partner directly — [click here for contact information](#).



MEDICAL

- Our medical plan partner is changing FROM Cigna TO Blue Cross Blue Shield (BCBS).
- Plan designs, deductibles, coinsurance and out-of-pocket maximums are not changing for 2022; however, we did add three new enhancements to the medical and Rx coverage. Should you wish to explore support for any of these new enhancements, please wait until 2022 and work with your doctor to obtain the necessary pre-authorizations and approvals. Additionally, you will find more information on this once we go live in January 2022. In summary, we have added coverage for:
 - » Surgical weight loss
 - » Fertility treatment
 - » Gender affirmation procedures
- The former Cigna OAP/500 plan has been renamed PPO 500.
- New medical ID cards will be mailed and will be effective January 1, 2022.
- Medical ID cards will have only the Associate's name listed; they will not list spouse or dependent child(ren) names.
- Review the [medical section](#) of this newsletter for more information.





What Is New For 2022? Continued

HEALTH SAVINGS ACCOUNT (HSA)

- HSA administration is moving to AccrueHealth / Wealth Care Saver. Be sure to review the [FAQs](#) for more information about the HSA—and watch your mail for a welcome kit if you elect an HSA for 2022.
- The HSA minimum annual election is \$100.
- The individual maximum is increasing to \$3,650 annually (formerly \$3,600).
- The family maximum is increasing to \$7,300 annually (formerly \$7,200).
- Individuals age 55–65 can elect an additional \$1,000 catch-up contribution for each category above.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

- If you elect a CDHP/HRA medical plan, your HRA will be administered through BCBS's partner AccrueHealth / Wealth Care Saver. Additionally, if you have any HRA dollars left in your account at the end of 2021, you will want to review the [FAQs](#) linked on the previous page for more information about rolling over HRA dollars to 2022.

PHARMACY

- The prescription drug plan partner is changing from Express Scripts to OptumRx.
- Plan options and design are remaining the same.
- New pharmacy ID cards will be mailed and will be effective January 1, 2022. Pharmacy ID cards will have only the Associate's name on it; they will not list spouse or dependent child(ren) names.
- Review the [pharmacy section](#) of this newsletter for more information.

ASSOCIATE ASSISTANCE PLAN (AAP)

- Our AAP provider is switching to New Directions.
- With this new partner, we have also enhanced the AAP to offer 6 free counseling sessions per family member, per issue, per year.
- Review the [AAP section](#) of this newsletter for more information.

DAY CARE FLEXIBLE SPENDING ACCOUNT

- The annual maximum is \$5,000 (formerly \$10,500).



BASIC LIFE INSURANCE

- The minimum coverage is \$150,000 (formerly \$30,000). This enhanced minimum became effective October 1, 2021. However, if you are on leave of absence, and your leave began before October 1, then your Basic Life minimum will become effective when you return to work.

WELL-BEING MAX PROGRAM

- Introducing ShareCare, our new Well-Being Max partner. ShareCare offers a full suite of Well-Being opportunities. More to come regarding this partnership as we move into January 2022.
- Review the [Well-Being Max section](#) of this newsletter for more information



REMINDERS

- **Annual Enrollment Dates:** November 3 – November 17
- **Effective Date:** Any changes you make during Annual Enrollment are effective January 1, 2022.
- **Spending Accounts:** Elections do NOT roll over year to year. New elections are required for the Health FSA, Day Care FSA and HSA.
- **Dependents and Beneficiaries:** Review your dependents and beneficiaries for accuracy and make edits, if necessary. [Click here](#) to review the Dependent Verification Kit for the definition of eligible dependent.
- **Tobacco and Working Spouse Certification:** Review and update if your status has changed from the last time you certified.



WELL-BEING MAX 2021 AND 2022

As we transition from 2021 to 2022, and to a new Well-Being Administrator, ShareCare, we provide the following direction:

You will fall into one of the following four categories. Depending on your circumstances, will determine your action item(s), if any.

1. If you are already enrolled in medical, and you have already completed the **KNOW YOUR NUMBERS** activities, and your **KNOW YOUR NUMBERS** surcharge is waived, then your **KNOW YOUR NUMBERS** surcharge will continue to be waived at least until April 30, 2022. Watch your email for further instructions from us beginning in **JANUARY 2022**. Until then, no action is required on your part.
2. If you are already enrolled in medical, and you have **NOT** completed the **KNOW YOUR NUMBERS** activities for 2021, then we encourage you to visit www.LennarWellness.com/WellBeingMax and select “**KNOW YOUR NUMBERS**” for instructions on how to participate. If we’re notified that you have completed the activities, then we will waive your surcharge on a go-forward basis from the date we’re notified of your participation.



3. If you are not yet enrolled in medical, but you elect medical for 2022, watch your email for further instructions from us beginning in **JANUARY 2022**, as you cannot begin to complete the activities until you’re enrolled in medical and we’re live with ShareCare.
4. If you are not enrolled in medical, and also will not enroll in 2022, then **KNOW YOUR NUMBERS** doesn’t apply to you; however, you are encouraged to participate in our activities and earn incentives until the end of 2021. Visit www.LennarWellness.com/WellBeingMax and select “Walkingspree Challenges” to learn more.

Remember: These are the same plans we offer in 2021—if you are not switching plans for 2022, then your 2021 plan will roll over. You need to make a new election only if you would like to switch to a different plan for 2022.

Watch these three videos for additional information on these plans:

- [CDHP with HRA](#)
- [CDHP with HSA](#)
- [Differences between the HRA, HSA and FSA](#)

Medical Benefits Administered by Blue Cross Blue Shield

Review the grid below for the benefits that are available under each medical plan. After you review the medical summary, if you have questions regarding the plans, you may contact Blue Cross Blue Shield (BCBS) directly. Each plan has pre-certification requirements. To understand pre-certification, call Blue Cross Blue Shield at 1.833.584.1826 and [click here](#).

Before 2022 search providers at www.MyHealthToolkitFL.com/links/lennar					
If you are ever asked for a 3-character employer code, use FRU	BASIC CDHP/HRA Click here for Plan Summary	PREFERRED CDHP/HRA Click here for Plan Summary	PREMIER CDHP/HRA Click here for Plan Summary	CDHP/HSA Click here for Plan Summary	PPO 500 Click here for Plan Summary
Your Annual Deductible* (Single/All Other Levels)	\$3,000/\$6,000	\$1,750/\$3,500	\$1,250/\$2,500	\$1,750/\$3,500	\$500/\$1,000
Your Out-of-Pocket Maximum** (Single/All Other Levels)	\$6,000/\$9,000	\$5,000/\$8,000	\$3,250/\$6,500	\$5,000/\$8,000	\$3,000/\$6,000
HRA Funded by Lennar*** (Single/All Other Levels)	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	N/A	N/A
IRS LIMITS HSA**** Up to Age 54 Age 55 - 65	N/A	N/A	N/A	\$3,650/\$7,300 \$4,650/\$8,300	N/A
Your In-Network Coinsurance % (What You Pay After the Deductible)	30% after deductible	20% after deductible	10% after deductible	20% after deductible	20% after deductible
In-Network Preventive Care (e.g., Annual Exam)	Preventive care is covered at 100% as long as it follows the BCBS Preventive Care Guidelines Click here to review the BCBS Preventive Care guidelines for all five plans.				
COVID-19 Testing and Care	COVID-19 vaccines and boosters are covered free of charge on all plans. COVID-19 testing is covered if the test is performed because you were in direct contact with a COVID-19 positive individual and/or if you are exhibiting symptoms of COVID-19 and only if a doctor or other medical care provider has authorized the test. The plans will not cover COVID-19 testing for any other reason. Additionally, whether a Rapid test will be covered depends on the reason for the test. Check with BCBS before you are tested in order to understand coverage rules. Additionally, if you test positive for COVID-19 and seek care from a provider, the plans will cover the cost of care as with any other illness or injury. Services are subject to deductibles, coinsurance and out-of-pocket maximums.				
Your Cost for Non-Preventive In-Network Medical Care	All covered services (except prescription drugs and preventive care) are subject to your deductible. These plans have no copays for medical care.			All covered services (except preventive care) are subject to your deductible. This plan has no copays for medical care.	You will pay a copay for: Primary Care: \$25 Specialist: \$45 Urgent Care: \$75 You will pay your deductible and 20% coinsurance plus copays for: ER: \$150 copay Hosp: \$500 copay Advanced Radiology: \$100 copay



VIRTUAL CARE

Blue Cross Blue Shield members have access to virtual care services via Teladoc, which is designed to provide you and your covered family members with access to board-certified physicians via video or phone 24/7/365. [Click here](#) to learn more.

*When you elect a dependent tier of a CDHP, you are subject to the FAMILY DEDUCTIBLE. The plans do not recognize the individual deductible if you elect a tier other than "Associate Only" coverage.

** All plans have embedded out-of-pocket maximums. This means that each covered person is subject only to the "individual" out-of-pocket maximum. Once the individual's out-of-pocket maximum is met, the plan covers all in-network eligible expenses for that person for the rest of the year at 100%. ADDITIONALLY, with the exception of the HSA plan, each plan has a separate out-of-pocket maximum for medical and pharmacy. See the pharmacy section for the pharmacy out-of-pocket maximums. The HSA plan out-of-pocket maximum is inclusive of medical and pharmacy out-of-pocket expenditures.

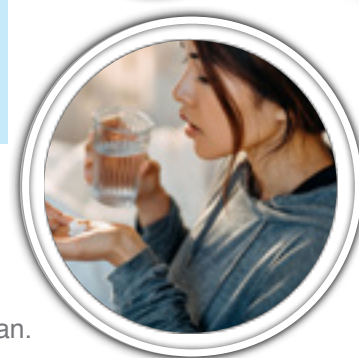
***Any funds remaining in your HRA at the end of the calendar year will roll over into the new calendar year — as long as you remain enrolled in an HRA next year. You can roll your HRA dollars over year to year until your HRA balance is equal to your plan's in-network out-of-pocket maximum. HRA funding is prorated if your effective date in the plan is after the first quarter of the calendar year. 75% for Q2, 50% for Q3 and 25% for Q4 enrollment. HRAs are set to AUTO PAY claims that are submitted by medical providers. If a medical provider submits a claim for you or any covered dependents, and if there is a financial responsibility, and if there are funds in your account, the plan will process the claim, and will automatically pay YOUR SHARE of the cost from your HRA until your HRA exhausts. Since in-network preventive care is "no charge" to the member, this would not apply to in-network preventive care. You may NOT turn off AUTO PAY. All HRAs are set to auto pay.

****Any funds that you contribute to the HSA are always yours to keep, even if you switch medical plans or leave the Company. The HSA is not "use it or lose it." You can roll your HSA dollars over year to year and there is no maximum that can be rolled over. The IRS sets contribution limits but does not limit the amount you can have in the account at any given time or roll over from year to year. Use of the HSA medical plan prohibits you from enrolling in a Flexible Spending Account. You can, however, use your HSA dollars to pay for medical, pharmacy, dental, vision and orthodontia out-of-pocket expenses such as deductibles, coinsurance and copays.

Remember: These are the same plans we offer in 2021—and since pharmacy plans are bundled with medical, if you are not switching medical plans for 2022, then your 2021 plan will roll over. You need to make a new election only if you would like to switch to a different plan for 2022. If you keep the same medical plan in 2022, then your pharmacy plan also stays the same in 2022.

Need Help Estimating the Cost of a Prescription? Before 2022, review the medication category (generic, preferred brand, non-preferred brand, specialty) by [linking here](#) and selecting “2022” from the drop-down box. Follow the prompts. In the “coverage” column, the “tier” information ties back to the pharmacy grid below, which has the price you pay, by tier.

In 2022, register and log into www.optumrx.com. Click on “Price a drug” and follow the prompts.



Pharmacy Benefits—Administered by OptumRx

All five medical plans come with prescription drug benefits.

The first grid depicts the pharmacy plan benefits that are attached to the three CDHP/HRA plans as well as the PPO 500 Plan. The second grid depicts the pharmacy plan benefits for the CDHP/HSA plan.

Your Pharmacy Benefits for All Three CDHP/HRA and the PPO 500			
	Retail Non-Maintenance (30-day supply)	Non-Walgreens Retail Maintenance (30-day supply)	OptumRx Home Delivery and/or Walgreens using the “Walgreens90” program Click here to learn more. Maintenance (90-day supply)
Preventive Drugs	Plan pays 100%	After 2 courtesy fills at no charge, you will pay 100% of cost of medication ¹	Plan pays 100%
	(as defined by Health Care Reform rules) Click here for a list of preventive medications		
Mandatory Generic Drugs ²	You pay \$5	After 2 courtesy fills at \$5 each, you will pay 100% of cost of medication ¹	You pay \$12.50
Preferred Brand Drugs	You pay 20% to a maximum of \$50	After 2 courtesy fills at 20% to \$50 each, you will pay 100% of cost of medication ¹	You pay 20% to a maximum of \$100
Non-Preferred Brand Drugs	You pay 20% to a maximum of \$75	After 2 courtesy fills at 20% to \$75 each, you will pay 100% of cost of medication ¹	You pay 20% to a maximum of \$150

Your Pharmacy Benefits for the CDHP/HSA			
	Retail Non-Maintenance (30-day supply)	Non-Walgreens Retail Maintenance (30-day supply)	OptumRx Home Delivery or “Walgreens90” Click Here to learn more. Maintenance (90-day supply)
Preventive Drugs	Plan pays 100%	After 2 courtesy fills at no charge, you will pay 100% of cost of medication ¹	Plan pays 100%
	(as defined by Health Care Reform rules) Click here for a list of preventive medications		
CDH Preventive Medications	You are not required to meet your deductible for medications on this list. Your cost for these medications will depend on whether the medication is generic, preferred or non-preferred, excluding the deductible, as described below. Click here for a list of preventive medications		
Mandatory Generic Drugs ²	You pay plan deductible, then \$5	After 2 courtesy fills at deductible and then \$5 each, you will pay 100% of cost of medication ¹	You pay plan deductible, then \$12.50
Preferred Brand Drugs	You pay plan deductible, then 20% to a maximum of \$50	After 2 courtesy fills at plan deductible and then 20% to \$50 each, you will pay 100% of cost of medication ¹	You pay plan deductible, then 20% to a maximum of \$100
Non-Preferred Brand Drugs	You pay plan deductible, then 20% to a maximum of \$75	After 2 courtesy fills at plan deductible and then 20% to \$75 each, you will pay 100% of cost of medication ¹	You pay plan deductible, then 20% to a maximum of \$150

1. You are allowed two “courtesy” fills of maintenance medication for the same price as a 30-day supply of non-maintenance at a retail pharmacy. After two fills, the plan no longer covers the cost of maintenance medication at a retail pharmacy. You must purchase maintenance medication either through the OptumRx home delivery program or through Walgreens using the Walgreens90 program. If you purchase maintenance medication at a retail pharmacy following your two courtesy fills, then you will pay the full cost of the medication. The cost (penalty) that you pay, which is in excess of the indicated copay, will not be accumulated to your out-of-pocket maximum.

2. Mandatory Generic: This means if you are prescribed a medication that has a generic alternative, and you choose to receive the brand-name drug or your physician prescribes you a brand-name drug, you will pay the cost difference between the generic alternative and the brand name drug UNLESS your doctor files for an appeal and is able to medically substantiate that you cannot take the generic. It will be necessary for your doctor to contact OptumRx directly to process the appeal.

Specialty Drugs

Specialty medication is carved out as a separate tier. With limited exceptions, specialty medication is available only through Optum Specialty Pharmacy. If you receive medication from Optum Specialty Pharmacy, the cost of your medication will equal the amount shown in the grid below. The plan uses Optum Specialty Pharmacy exclusively and, with limited exception, does not cover specialty medications that are purchased from any other source. Specialty drugs are distributed only in a 30-day supply or less. [Click here](#) for more information



Pharmacy Out-of-Pocket Maximums

With the exception of the CDHP/HSA, your pharmacy out-of-pocket maximum is separate from—and in addition to—the out-of-pocket maximum for medical expenses. The CDHP/HSA combines the medical and pharmacy out-of-pocket maximum.

See the [medical plan grid](#) for the medical out-of-pocket maximums.

Pharmacy Deductibles

With the exception of the CDHP/HSA, you do not have deductibles for pharmacy. See the [medical plan grid](#) for the medical plan deductibles. The CDHP/HSA pharmacy deductible is combined with the medical deductible.

Specialty Drug Grid

PLAN	Up to 30-Day Supply of Specialty Medication
CDHP/HRA and PPO 500	You will pay up to \$100
CDHP/HSA	You will pay plan deductible, then up to \$100

Out-of-Pocket Maximum Grid

Your Out-of-Pocket Maximum for Pharmacy (Single/Family) Embedded out-of-pocket maximums means that no individual member will be required to pay more than the individual out-of-pocket maximum for the plan year.				
Basic CDHP/HRA	Preferred CDHP/HRA	Premier CDHP/HRA	CDHP/HSA	PPO 500
\$1,900/\$6,800	\$2,900/\$7,800	\$4,650/\$9,300	\$5,000/\$8,000 INCLUDES medical out-of-pocket maximum	\$4,900/\$9,800

Annual Deductible for Pharmacy (Single/Family)

Basic CDHP/HRA	Preferred CDHP/HRA	Premier CDHP/HRA	CDHP/HSA	PPO 500
N/A (no pharmacy deductible)	N/A (no pharmacy deductible)	N/A (no pharmacy deductible)	\$1,750/\$3,500 combined with the medical deductible	N/A (no pharmacy deductible)



Supplemental Benefits

Lennar offers several coverage options that can assist you and your family in unforeseen situations. These coverages pay benefits in addition to your medical benefits. All are administered through Transamerica. You pay the full cost of these coverages, if elected.

CRITICAL ILLNESS INSURANCE¹

Any critical illness can affect your family and your finances, so this insurance may be worth considering. Critical Illness Insurance is designed to help defray the costs associated with the initial occurrence of a heart attack, stroke, cancer or any other covered serious illness (as defined in the policy). It will pay you a lump sum to help you manage your expenses, so you can focus on your recovery. Benefits can be used to help pay for any expenses, medical or otherwise, including deductibles, copays, hospital bills and coinsurance amounts, or non-medical expenses such as your mortgage or car payments and other household bills. You decide how you want to use the benefits.

[Click here](#) to review the Critical Illness summary brochure.

ACCIDENT INSURANCE²

Accidents can happen to anyone, and the costs can be significant. Even when you have medical insurance, you may not be prepared for all the added expenses while you are recuperating. When you elect Accident Insurance, benefits are paid to you directly so that you can pay your medical bills—or other expenses, such as your mortgage and other household expenses. [Click here](#) to review the Accident summary brochure.

HOSPITAL INDEMNITY INSURANCE³

You may also purchase Hospital Indemnity Insurance. This coverage pays a cash benefit if you or a covered family member is confined to a hospital; there is also an added rider if your hospital confinement is a result of a covered accident. The policy pays a specified amount for each day that the covered person is confined to the hospital, up to a maximum. You can use these benefits to cover your medical deductibles, copays or coinsurance amounts—or to pay for non-medical expenses such as your rent or mortgage, car payments, groceries and child care. [Click here](#) to review the Hospital Indemnity summary brochure.



To learn more about your coverage options and to enroll for Supplemental Health Benefits, visit the [Benefits Enrollment Website](#).



1. This is a brief summary of CriticalEvents® Critical Illness Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPC10500 and CCC10500. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

2. This is a brief summary of AccidentAdvance® Accident Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPACC100 and CCACC100. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

3. This is a brief summary of Hospital Select® II Group Hospital Indemnity Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA, Policy Form Series CPGH1400 and CCGH1400. Forms and form numbers may vary. Benefits may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH BENEFITS UNDER THE FEDERAL AFFORDABLE CARE ACT.



Your Dental Options

You have a choice of two dental plans. You and Lennar share the cost of any dental coverage you elect. Your dental premiums are deducted from your paycheck on a pre-tax basis. Both plans are Dental PPO arrangements that allow for in-network coverage at discounted (contracted) rates, or you may use out-of-network providers but will be required to pay more for out-of-network providers.

[Click here](#) to review the dental plan summaries for both the Basic and Comprehensive plans.

You will not receive an ID card for this plan. If you would like an ID card, register for the MetLife website shown in the grid and then print your ID card directly from your account.

Claim Filing Instructions

Your dental care provider does not need an ID card in order to file a claim for your care. Be sure to list MetLife as your dental insurance carrier, and the provider can contact MetLife on your behalf to obtain claim filing and eligibility information.

Your Dental Choices Both plans use the MetLife PDP network of providers Web: www.Metlife.com/mybenefits (When prompted, enter "Lennar" as your employer.)				
	BASIC PLAN		COMPREHENSIVE PLAN	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Calendar Year Maximum (the most the plan will pay each year)	\$1,500		\$2,500	
Your Annual Deductible (single/family)	\$100/\$300		\$50/\$150	
Coinsurance % (what the plan pays after the deductible)				
Preventive Care (no deductible)	90%	80%	100%	90%
Basic Services	70%	60%	80%	70%
Major Services	50%	40%	50%	40%
Orthodontia** Coinsurance %	50%	40%	50%	40%
Lifetime Orthodontia Limit	\$1,000 (combined in-network/out-of-network limit)		\$2,500 (combined in-network/out-of-network limit)	

*Out-of-network benefits are paid based on reasonable and customary charges.

** Orthodontia coverage is for covered members less than 19 years old. Adults age 19 and older may take advantage of pre-negotiated contract rates; however, the full cost of care is your responsibility.



Your Vision Options

You have a choice of two vision plans. The Basic Plan works much like a discount plan and offers a spectacle lens examination for \$5. The Comprehensive Plan offers you the same \$5 copay plus a \$200 allowance for material benefits and reimbursement for some of the cost of vision surgery. You pay the full cost of vision coverage and premiums are deducted from your paycheck on a pre-tax basis. If you seek care out-of-network, you will pay for the services in full and then contact Ameritas for reimbursement. [Click here](#) to review the vision plan summaries for both the Basic and the Comprehensive plans.

Your Vision Choices

Both plans are insured by Ameritas and use the VSP network of providers.
Web: www.VSP.com

	BASIC PLAN	COMPREHENSIVE PLAN
Examination – Eyeglasses*	Plan pays 100% after a \$5 copay	Plan pays 100% after a \$5 copay
Examination – Contact Lenses	You pay fitting and follow-up fees	You pay fitting and follow-up fees to a maximum of \$60
Eyeglass Lenses (uncoated plastic)	20% discount on a complete pair of glasses	100% after a \$5 copay for single, bifocal and trifocal 20% discount on lenticular Additional \$65 copay on standard progressives
Contact Lenses (in lieu of lenses & frames) Elective	15% discount on conventional contact lenses	\$200 allowance** plus 15% discount on balance over \$200 for conventional contact lenses; allowance must be used in full at first visit
Medically Necessary	Discount provided	100% after \$5 copay
Frames	20% discount when purchased as complete pair	\$200 allowance** plus 20% discount if over \$200**
LASIK surgery	Discounts are negotiated with providers	\$175 lifetime allowance per eye if enrolled in vision continuously for 1-2 years \$350 lifetime allowance per eye if enrolled in vision continuously for 3+ years

*A comprehensive examination and prescription for eyeglass lenses is covered. Dilation is included. You pay fitting and follow-up fees, if charged. You may obtain services and material at these rates ONCE PER 12 MONTHS FROM DATE OF SERVICE. It is important to be aware of the date of your previous visit. You will be required to wait 12 months from that visit before you can obtain coverage for your next visit. Example: If your previous eye exam and material purchase were on September 15, you must wait until September 15 of the following year before you are eligible for coverage for these services again.

**The applicable frame and contact lens allowance is \$200 total per benefit period. This benefit provides for EITHER contact lenses or frames and eyeglass lenses ONCE PER 12 MONTHS FROM DATE OF SERVICE. You cannot get both. These benefits cannot be used in conjunction with other discounts, promotions or for prior periods.

2022 Medical, Dental and Vision Rates

Your 2022 per-pay-period costs for medical, dental and vision coverage are shown in the grid below. There are no rate changes from 2021; if you continue to enroll in the same plans, you will pay the same cost in 2022 as you're paying in 2021.

MEDICAL COVERAGE SURCHARGE

Tobacco User Surcharge for Medical Coverage: An additional \$100 monthly surcharge will be added to the medical rates shown if you, your covered spouse or any of your covered dependents use tobacco. [Click here](#) to review the Frequently Asked Questions document for the Tobacco User Surcharge.

Working Spouse/Same-Sex Domestic Partner Surcharge: If you enroll your spouse or same-sex domestic partner into a Lennar medical plan and they have medical coverage available through their employer, you will pay an additional \$100 monthly. The working spouse/same-sex domestic partner surcharge is separate from and in addition to the tobacco surcharge. [Click here](#) to review the Frequently Asked Questions for the Working Spouse Surcharge.

Know Your Numbers Surcharge: The per-pay-period costs shown below for medical are good for the first five calendar months of enrollment. Your cost will INCREASE by the Know Your Numbers Surcharge amount if you and/or your enrolled spouse decline to participate in the Know Your Numbers program of Well-Being Max. Visit the [Well-Being Max section](#) of this newsletter as well as [Well-Being Max website](#) for participation information and deadlines.

We expect that ALL members of the Company have integrity and are honest, and we would expect them to report honestly. Any false statement would be considered a violation of the Company's Code of Conduct. This policy violation could lead to disciplinary action up to and including termination of employment, at the sole discretion of the Company. Additionally, the consequences of misrepresenting are that we will collect the fee retroactively to make up for the amount you should have been paying all along.

The rates shown in this grid are per pay period. We will have 26 pay periods in 2022.

PLAN	ASSOCIATE ONLY	ASSOCIATE & CHILD(REN)	ASSOCIATE & SPOUSE*	ASSOCIATE & FAMILY*
MEDICAL – Blue Cross Blue Shield**				
Basic CDHP / HRA	\$29.96	\$80.49	\$93.90	\$133.02
Preferred CDHP / HRA	\$41.71	\$112.05	\$130.73	\$185.19
Premier CDHP / HRA	\$84.68	\$186.57	\$217.79	\$362.67
CDHP / HSA	\$29.85	\$90.71	\$105.81	\$143.67
OAP/500	\$204.33	\$435.83	\$471.68	\$736.88
DENTAL – METLIFE				
Basic	\$5.61	\$13.87	\$13.10	\$22.19
Comprehensive	\$10.83	\$25.99	\$23.18	\$35.85
VISION – AMERITAS/VSP				
Basic	\$0.66	\$1.27	\$1.34	\$1.83
Comprehensive	\$4.59	\$8.59	\$9.16	\$12.52

*If you elect coverage for a same-sex domestic partner, you are charged the same rates as if you were electing to cover a spouse; however, any company subsidy that is paid for your same-sex domestic partner's coverage becomes taxable income to you, and your payroll deduction for your domestic partner's share of the cost will be deducted on an after-tax basis. Both of these are in keeping with IRS regulations.

**The medical rates shown do not include the surcharges described above.





Your Disability, Life and AD&D Coverages

Review your disability, life and AD&D options to make sure you have the coverage that's best for you and your family.

With the exception of the Company-paid plans, you pay the full cost of any coverage you elect on an after-tax basis. Rates are dependent on age and/or income and are shown when you log into the [Benefits Enrollment Website](#).

DISABILITY INSURANCE

You have the option of purchasing short-term disability coverage and buy-up long-term disability coverage. You are automatically enrolled in the basic long-term disability benefit. The grid below summarizes each coverage.

Your Disability Benefits			
Disability benefits are administered by The Hartford			
	Short-Term Disability (You pay 100% of the cost) Click here to review the STD summary.	Basic Long-Term Disability (Lennar pays 100% of the cost) Click here to review the LTD summary.	Buy-Up Long-Term Disability (You pay 100% of the cost) Click here to review the LTD summary.
When Benefits Begin	On the 8th day of a non-work-related illness or injury	After a continuous disability period of 180 days	
Benefit Amount (any benefits you receive are not taxed)	60% of covered weekly earnings to a maximum benefit of \$2,500 per week*	50% of covered monthly earnings to a maximum benefit of \$7,500 per month**	60% of covered monthly earnings to a maximum benefit of \$15,000 per month**
How Long Benefits Continue	Until you recover or for up to 25 weeks, whichever is less	Generally, until you recover or reach normal retirement age If your disability begins after age 60 , plan provisions may allow for continued benefits after normal retirement age	
Pre-Existing Condition Rules	None	Excluded for 12 months***	
Evidence of Insurability/ Proof of Good Health	None if enrolling when you first become eligible or during Annual Enrollment	None	
Delayed Effective Date Rule	This plan will not take effect for new enrollees until you work at least one day on or after the effective date of coverage.		

*Benefits are coordinated with state disability insurance and Social Security.

**Benefits are coordinated with Social Security and Worker's Compensation.

*** A pre-existing condition is a sickness or injury for which you have received treatment within the 3 months prior to becoming insured. If you file a claim for LTD benefits during your first 12 months of enrollment and it is deemed a pre-existing condition, you will not receive benefits.



LIFE AND AD&D INSURANCE

- ▶ [Click here](#) for the Associate Basic and Additional Life Summary
- ▶ [Click here](#) for the Spouse Life Summary
- ▶ [Click here](#) for the Child Life Summary
- ▶ [Click here](#) for the AD&D Summary

Your Life and AD&D Options			
Life and AD&D Insurance are administered by The Hartford			
	Coverage Amount(s)	Evidence of Insurability/Proof of Good Health	Delayed Effective Date Rule
Basic Life Insurance* for You	One times your annual eligible earnings** rounded to the next higher \$1,000 Minimum benefit is \$150,000 and maximum benefit is \$550,000	None	This plan will not take effect for new enrollees until you work at least one day on or after the effective date of coverage.
Additional Life Insurance* for You	Increments of \$10,000, up to a maximum benefit of \$1 million***	Initial Enrollment: Required only if you elect an amount above \$100,000 Annual Enrollment: Required if you enroll for the first time for an amount above \$10,000 or, if you are currently enrolled, you increase your coverage more than \$10,000 or any amount above \$100,000 Family Status Change: Required if you newly elect coverage or elect to increase your coverage	
Additional Life Insurance for Your Spouse	Increments of \$10,000 up to a maximum of \$200,000*** The coverage amount may not exceed \$200,000 or the amount of your combined Basic and Additional Life Insurance, whichever is less	Initial Enrollment: Required only if you elect an amount above \$50,000 Annual Enrollment and Family Status Changes: Required if you newly elect coverage or elect to increase your coverage; the exception is marriage, which offers up to \$50,000 without evidence of insurability	
Additional Life Insurance for Your Child(ren)	Increments of \$2,000, up to a maximum benefit of \$20,000 per child	None	
AD&D Insurance* for You and Your Spouse	You: Increments of \$10,000, up to a maximum benefit of \$500,000 Spouse: If you elect Associate & Spouse AD&D coverage, your spouse will be insured for 50% of your coverage amount	None	

*Benefits are reduced once you reach age 70.

**This plan has been enhanced as of October 1, 2021, to increase the MINIMUM payout to \$150,000. To derive your annual eligible earnings, we include an annual average of your commission, bonus and draw plus your annual base pay as of the last day worked.

***Your total life insurance volume (Basic+Additional) cannot exceed \$1 million. Additionally, if you and your spouse are both employed by the Company or any subsidiaries of the Company, each of your individual amounts of life insurance cannot exceed \$1 million. If a claim is filed, and the carrier determines that your total life claim exceeds \$1 million, then your beneficiary will receive no more than \$1 million.



Flexible Spending Accounts

Flexible Spending Accounts Administered by Marsh McLennan Agency

Click here	to understand how to file your claim for reimbursement.
Click here	to learn how to pay your provider directly from your FSA online portal account using the funds in your account.
Click here	to watch a video which summarizes the similarities and differences between the Flexible Spending Account and the HRA and HSA.
To view your FSA account, select "Spending Accounts" from the dashboard of the Benefits Enrollment Website .	

HEALTH CARE FSA (HCFSA)

The health care spending account is a program that offers you a tax-free way of paying for medical, dental and vision expenses that are not paid for by an insurance company.

The dollars can be used by you and/or your tax-eligible dependents regardless of whether you have enrolled them under any other benefit plan. The dollars you choose to set aside from your pay are deducted from your paycheck before taxes are applied, thereby lowering your taxable wages. When you submit an eligible expense, those dollars are returned to you—and never taxed.

You may NOT elect to contribute to the HCFSA if you elect CDHP/HSA plan. IRS regulations do not allow you to be enrolled in a traditional HCFSA at the same time as an HSA.

Before you make the decision to participate, [click here](#) to review the HCFSA Plan Summary.

[Click here](#) to review the Eligible Expense List for HCFSA.

The 2022 annual maximum contribution is \$2,750.

DAY CARE FSA (DCFSA)

With the DCFSA, you use pre-tax dollars to pay for eligible child and/or adult DAY CARE expenses. This is different from the HCFSA.

If you hire a Day Care Provider, the care of your dependent must enable you and your spouse (if you are married) to be employed, seek employment or attend school full time. When you incur eligible expenses for an eligible dependent, you submit a claim to the Spending Account Administrator and are reimbursed from your own account, having never paid taxes on the funds that are on deposit in your account.

Before you make the decision to participate, [click here](#) to review the DCFSA Plan Summary.

[Click here](#) to review the Eligible Expense List for DCFSA.

The 2022 annual maximum contribution is \$5,000.



WHAT HAPPENS TO MY 2021 UNUSED FLEXIBLE SPENDING ACCOUNT (FSA) DOLLARS?

Associates can review FSA balance(s) and file claims online on the [Benefits Enrollment Website](#) in the "Spending Account" module. Because of the COVID-19 pandemic, Associates can continue to incur and file claims against their 2021 plan dollars until further notice if they continue to be enrolled in the FSA.

Commuter Reimbursement Account

A Commuter Reimbursement Account program allows you to put aside money on a pre-tax and post-tax basis into your own reimbursement account. You use these funds at any time during the plan year as reimbursement for specific expenses directly related to commuting to and from work. The plan allows you to set aside payroll deductions taken on a tax-free basis to save on federal taxes, state taxes (in most states) and FICA.

[Click here](#) to read more about this benefit as well as what expenses are eligible and not eligible for reimbursement.

When you log into the [Benefits Enrollment Website](#) and navigate to the Commuter Reimbursement Accounts (there is one for Parking and one for Mass Transit), you will see the pre- and after-tax minimums and maximums. These elections are deducted only from the first two paychecks of each month. Any month that has three pay periods will not have Commuter Reimbursement deducted from the third paycheck.



IDENTITY PROTECTION

You may elect ID Protection for yourself and your eligible family members. You pay the full cost of coverage on an after-tax basis.

If you are the victim of identity theft, you can save hours of your time with one phone call to Allstate. Experienced representatives will act as your advocate. The plan also comes with Credit Bureau monitoring and access to your credit reports and scores from all three credit bureaus. To learn more, [click here](#). To enroll in Identity Theft Protection, log in to the [Benefits Enrollment Website](#).



PREPAID LEGAL

Offered through MetLife Legal Plans, this plan provides you with representation and consultations for a range of legal matters with attorneys from the plan's network. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend an appropriate course of action. To learn more, [click here](#). To enroll in Prepaid Legal, log in to the [Benefits Enrollment Website](#).

When you elect this plan, you pay one low per-pay-period rate and the plan covers you and your eligible family members.

ASSOCIATE ASSISTANCE PLAN

You and anyone in your household have access to the Associate Assistance Plan through New Directions. This is a no-cost, confidential benefit that provides you with tools and resources to help make life easier—benefits available include:

- » Up to 6 free counseling sessions, per family member, per incident, per year
- » 30-minute consultation per issue per year for legal and financial issues
- » Work-life referrals and resources such as elder, adult and day care resources
- » Robust website with free webinars and resources

[Click here](#) to learn more.

FOR MORE INFORMATION

Our Benefits Enrollment Website is available throughout the year, and is your go-to source for plan summaries, brochures, videos and forms. Just go to the [Benefits Enrollment Website](#) and select "Benefit Documents" from the "Documents" tab in the left margin of the homepage. Don't forget to save the website as a favorite.

WATCH A PRE-RECORDED A WEBINAR

[Click here](#) for a pre-recorded webinar that summarizes the plans.

[Click here](#) to download a copy of the slide deck for the webinar.

QUESTIONS?

Call the Benefits Department at 1.800.353.8100 and listen for the option for Benefits.

Representatives are available Monday through Friday from 8 a.m. to 8 p.m. ET. You may also email BenefitsHelpDesk@Lennar.com. Email communications are answered in first-come, first-served order, and the response time depends on the number of emails received; therefore, if you need an answer or need assistance immediately, we suggest you call the 800#.

NOTE: Review this newsletter and the other available resources that are linked throughout the newsletter and also found in the "Documents" tab of the [Benefits Enrollment Website](#) before you send questions; you will likely get your answer quicker than sending an email.





Health and Fitness Programs

WEIGHT WATCHERS

Lennar is proud to partner with WW (Weight Watchers® Reimagined) to bring benefit-eligible Associates special discounted pricing. By joining through the Lennar program, you can take advantage of a subsidy reducing the cost of membership by 50%.

WW has helped millions lose weight for decades with the latest nutritional and behavior change science. The easy-to-use app has the tools you need, including food and activity tracking, thousands of recipes, even 24/7 Chat with a WW Coach and so much more. WW works for millions—and it can work for you!

[Click here](#) to learn more.

Visit www.ww.com/us/lennar to join.
Employer ID: 15401761

Questions? Call WW Wellness Hotline at 1.866.204.2885.



Choose the plan that's right for you. Plans include the following features		
	Digital	Digital + Workshops (formerly meetings)
Retail price per month	\$19.95	\$44.95
Lennar contribution per month	Over 50% of the cost	Over 50% of the cost
Your price per month	\$8.48	\$19.11



GYMPASS

Lennar has partnered with Gympass, a fitness benefit that gives you access to thousands of gyms, studios, personal trainers and on-demand and live digital wellness opportunities under one affordable membership.

There are multiple membership plans starting as low as \$9.99/month. It features a global network of over 50,000+ facilities and 900+ types of activities across 8,000 cities in 14 countries.

Through Gympass, you and your dependents can try activities like yoga, CrossFit, cycling and much more under one single membership with unlimited access to facilities and classes. Their belief is that if you can find an activity to love, you are more likely to stick with it and build a more active lifestyle, which then improves your physical and mental well-being. Please wait at least 30 days from your date of hire before you attempt to enroll, as we need time to feed your information to Gympass.

You can sign up for Gympass using your WORK email address through this link: <https://www.gympass.com/us>.

For assistance: help.wellness-us@gympass.com.

LENNAR 401(K) PLAN

You can enroll or make changes to your 401(k) and/or change your beneficiary designations at any time of the year. You are not required to wait for Annual Enrollment or any type of Family Status Change. Simply log in to your Prudential account and enroll or make changes as often as you wish throughout the year.

If you are reading this because you're eligible to enroll in benefits for the first time, you can enroll in 401(k) as soon as your hire information has been transmitted to Prudential, and that is typically within 2 weeks from your date of hire. Please allow up to 2 Thursdays from your hire date, and if Prudential still has not loaded your information so that you can enroll, email BenefitsHelpDesk@Lennar.com for assistance.

AUTOMATIC ENROLLMENT: The minimum age for participation is 18. If you are at least 18 years of age and you do not either enroll or opt out within 90 days of your hire date, you will be automatically enrolled at 3% pretax. If you turn 18 while employed, then your 90 days begins on your 18th birthday.

AUTOMATIC ESCALATION: In addition, the plan has automatic escalation each year on the anniversary of your hire date. You are encouraged to contribute at least 6% of your pay so that you earn the maximum amount of Company Match.

401(k) Beneficiary Designations are stored on Prudential's website. Be sure to elect a 401(k) Beneficiary when you enroll in the plan.

[Click here](#) to review the 401(k) Plan Summary.

Questions? Call Prudential directly at 1.877.778.2100.

To enroll, make changes or update your beneficiary, log in to www.Prudential.com/online/retirement.

NOTE: If you have a retirement account under a previous employer's plan, consider consolidating by rolling those funds into the Lennar 401(k) Plan. Instructions for rolling your other retirement funds into the Lennar 401(k) Plan can be found on the Prudential website. Feel free to call Prudential with any questions or if you need assistance locating the rollover information.



LEGAL NOTICES

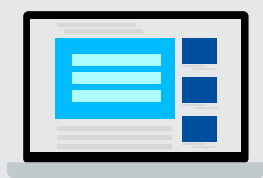
The following legal notices are required as a result of applicable regulations. Review the notices carefully.

- [Click here](#) for the Health Insurance Marketplace Coverage Options and Your Health Coverage notice.
- [Click here](#) for the Disclosures and Agreements notice.
- [Click here](#) for the Medicare Part D notice.
- [Click here](#) for the Well-Being Max Program Notice.



Steps You Should Consider for a Successful Enrollment

1. Make note of your deadline to enroll and then, before your deadline, **log in** to the [Benefits Enrollment Website](#) to review your benefit options, summaries, videos, etc., and make your elections before your enrollment window closes. See the login instructions below.
2. **Assign and review beneficiaries.**
3. **Watch** the 3 short videos to learn about our medical plans. They can be found in the [Medical section](#) of this guide.
4. **Print and save** a 2022 benefits confirmation statement and carefully review your benefit elections, dependents and cost for accuracy. If you see any errors, you have until your enrollment window closes to log back in and make any changes.
5. **Questions** – contact the Lennar Benefits Department at 1.800.353.8100 and select the option for “Benefits” or email BenefitsHelpDesk@Lennar.com.



Benefits Enrollment Website

When you are ready to review your benefits and make your elections, log into our [Benefits Enrollment Website](#) and enter the following details:

Login ID:

Your Lennar Associate ID (6 digit numeric code). This can be found on your payslip in Workday or you may ask your Manager.

Password — FIRST TIME LOGIN ONLY:

- Your date of birth YYYYMMDD

Difficulty Logging In? If you have forgotten your password, use the “forgot password” link. When asked for your email address, be sure to use your WORK email address. If you still cannot log in, call 1.800.353.8100 and select the option for benefits. We cannot diagnose login challenges over email.

Is Your Email Address Correct? The authentication system will send you an email to your work email address to confirm no one is logging into your account without your permission. Therefore, it is IMPERATIVE that your email address is correct in Workday. If your email address is not correct, please update it in Workday and then contact BenefitsHelpDesk@Lennar.com and ask us to manually update your email address with PlanSource so that you can authenticate your device.

Tips:

1. As you elect benefits, your elections are **PENDING** to the **SHOPPING CART**. Before you log out, select “Review and Checkout” to **SAVE YOUR ELECTIONS** and covered dependents. Items left in your shopping cart are not saved until the Shopping Cart is checked out. If you have difficulty with the “checkout” process, call the number listed to the left immediately for assistance.
 2. Newly added dependents must be **certified**. Child dependent certifications will automatically pop up for you to complete online. For spouse or same-sex domestic partner coverage, you must (a) certify online and (b) remit proof of marriage or proof of registration as a same-sex domestic partnership.
- [Click here](#) to review the Dependent Verification Kit for more information.
3. Remember the password you chose as you will use it for all subsequent logins. If, however, you have forgotten it on a subsequent visit, use the “forgot your password” link to reset and create a new password to use on this website. Remember to use your WORK email address if you select the “forgot password” link.
 4. Save the website as a favorite so that you can visit the website all year long when you have questions or would like to view your Benefits or Benefit Summary information.

Note: This newsletter summarizes some of the terms and conditions of the Lennar benefit plans and programs but is not a promise or guarantee of benefits or of any level or amount of benefits, nor is it a promise or guarantee of employment. While the company currently intends to continue the plans and programs outlined here, the company reserves the right to amend, modify or terminate the plans and programs at any time. Your eligibility and benefits will be determined in accordance with, and subject to, the official plan documents.

Contact Information

The grid below provides all the information you need to stay on top of your benefits and learn more about each offering. In the Mobile App column, click on each app name to find out more information about downloading the app and the features available on the app.



Benefit Plan Provider	Phone Number	Website	Group Number	Mobile App
Benefits Help Desk Email: BenefitsHelpDesk@Lennar.com	800.353.8100 Select the option for "Benefits" followed by the option that best fits your reason for calling	https://benefits.plansource.com/logon/lennar Your user ID is your 6-digit Associate ID; if you have forgotten your password, use the "forgot password" option and remember to use your WORK email address when asked for an email	N/A	N/A
Medical Blue Cross Blue Shield HRA/HSA AccureHealth	833.584.1826 844.643.3099	Before 2022 – review the provider directory at: www.myhealthtoolkitfl.com/links/lennar In 2022 view claim activity, access tools and resources, search the provider directory, price care and view HRA and HSA activity at: www.MyHealthToolkitFL.com If you're asked for a 3-character code, use FRU	Basic CDHP/HRA: 71-6020N-00 Preferred CDHP/HRA: 71-6020N-01 Premier CDHP/HRA: 71-6020N-02 CDHP/HSA: 71-6020N-04 PPO 500: 71-6020N-03	My Health Toolkit for BCBS
Pharmacy OptumRx	800.807.5996	Before 2022 – review medication category (generic, preferred brand, non-referred brand, specialty) – select "2022" from the drop down and follow the prompts. In the "Coverage" column the "tier" information ties back to the pharmacy grid which has the price you pay, by tier at: https://www.optumrx.com/oe_premium/prescription-drug-list In 2022 view claim activity, access tools and resources, search the provider directory, order mail order www.OptumRx.com	BIN: 610011 PCN: IRX RxGroup: LENNAR	OptumRx
Dental MetLife	800.942.0854	www.MetLife.com/mybenefits If you are asked for your employer name, enter LENNAR	95895	MetLife US App
Vision Ameritas	800.877.7195	www.VSP.com	10-350514	N/A
Flexible Spending Accounts (FSA) Marsh McLennan Agency	800.353.8100 Select the option for "Benefits" followed by "Flexible Spending Accounts"	https://benefits.plansource.com/logon/lennar Your user ID is your 6-digit Associate ID; if you have forgotten your password, use the "forgot password" option and remember to use your WORK email address when asked for an email	N/A	Spending Account Service Center
Life, AD&D, STD, LTD The Hartford	Contact the Benefits Help Desk (see contact info above)	N/A	805772	N/A
Critical Illness, Accident and Hospital Indemnity Transamerica	888.763.7474	www.Transamerica.com	4560	N/A
Identity Protection Allstate	800.789.2720	www.allstate.com	1887	Allstate Mobile
Prepaid Legal MetLife	800.821.6400	www.info.legalplans.com Enter access code: 9900182	9900182	MetLife US App
Associate Assistance Plan New Directions	800.624.5544	eap.ndbh.com Code: lennar	N/A	New Directions EAP
401(k) Prudential	877.778.2100	www.Prudential.com/online/retirement	766574	Prudential Retirement