

2023

Employee Benefits Guide



The three pillars
of your benefits



Brookfield

Benefits | Live Well

Brookfield is committed to supporting your personal health and wellbeing. Our comprehensive benefits program is designed to meet both your individual and family needs.

LIVE WELL IN 2023

The information contained in this guide will help you select 2023 benefits for you and your family and serve as a useful reference throughout the year.



MIND

We have designed our program to empower you and increase your peace of mind, with benefits like insurance for the unexpected, mental health programs and advocacy services to support you and your family to reduce stress.



BODY

Physical health is central to your wellbeing. We're proud to offer affordable, high-quality health and wellness benefits for you and your family.



FINANCIAL

Our benefits help you control your financial destiny by shielding you from high medical expenses, saving you money and providing you with tools to build a nest egg for your future.

What's Inside

4	Eligibility
6	Medical
12	Aetna Medical Management Program
13	Aetna Concierge Services
13	Teladoc
13	Aetna Discounts
14	Medical Plan Additional Programs
16	Health Savings Account
18	Dental
20	Vision
22	Health Advocacy Services
23	Wellness Program
27	Flexible Spending Accounts
28	Life and AD&D Insurance
29	Disability Insurance
30	Long-Term Care Insurance
30	Employee Assistance Program
31	Commuter
31	Gympass
32	Voluntary Benefits
33	Travel Assistance Program
33	MetLife Legal Plans
34	NortonLifeLock Identity Theft Service
34	Pet Insurance
35	Care.com
36	401(k) Savings Plan
39	Enrolling and Changing Your Benefits
47	Your Bi-Weekly Paycheck Contribution
51	Key Contacts
52	Important Notices



Not sure which plan is right for you and your family? Use ALEX, Brookfield's online benefits counselor, to help you select the right plan for your health care needs. Visit www.myalex.com/brookfield/2023/multifamily for more information.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see **page 52** for more details.

Brookfield reserves the right at any time, with or without advance notice, to change, modify or eliminate plans or benefits within the benefits program. Plan participants will be notified in accordance with the terms of the plans and applicable law. In the event of a discrepancy between the benefits outlined in this guide and the plan documents or insurance contracts, the plan documents and insurance contracts will govern. Any questions regarding employee benefits can be directed to the HR Service Desk at benefits@brookfield.com or **833-980-1179**. Social Security, Workers' Compensation, statutory disability benefits and unemployment insurance cover employees in the manner prescribed by law. For additional information about these benefits, please contact the Benefits Department.



Eligibility

Employees

Unless otherwise indicated, the benefits program described in this booklet covers regular full-time employees working in the U.S. (except Hawaii; there is a separate Guide for Hawaii residents). Full-time, as defined for purposes of benefits plan eligibility, is scheduled weekly hours of at least 30. Part-time, interns, contract and temporary employees are not eligible for benefits other than those mandated by federal, state or local statutes. Union employees have benefits as provided by their union's collective bargaining agreement.

Dependents

If you are an eligible employee, you may enroll the following dependents:

- **Your spouse**
- **Same and opposite sex domestic partners**
- **Children under the age of 26:** Coverage for adult children can be continued until the end of the month of the child's 26th birthday.
 - "Children" include your natural child, a legally adopted child, a stepchild and/or a child for whom you are the proposed adoptive parent, and who is dependent upon you during the waiting period prior to the adoption period.
 - Children of domestic partners are eligible for benefits under the same conditions as children of an employee's legal spouse. (See "**Domestic Partner Benefits**" on **page 45** for additional information and requirements.)
 - Your children need not be financially dependent upon you for support or claimed as a dependent on your tax return, a resident of your household, enrolled as a student or unmarried.
- **Incapacitated child:** Coverage for your child who is incapable of self-sustaining employment by reason of mental illness, developmental disability or physical handicap may be continued after reaching age 26 upon approval by the insurance company. The child must have been incapacitated prior to attaining age 26 and remain

in such condition after reaching that age. Proof of your child's incapacity must be submitted to the insurance company within 30 days of the child attaining age 26. The final decision for children under this provision rests with Aetna.

Dependents who lose eligibility may elect to continue their coverage under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA allows the insured and family to maintain coverage for up to 18 months (36 months for certain events, such as divorce or the death of the employee) after losing group coverage. For more information, see **“Continuation Coverage Rights Under COBRA”** on multifamily.livewell.brookfield.com under **Resources**.

When Coverage Begins

If you are a new hire or newly benefits-eligible employee, coverage for you and your eligible, enrolled dependents begins on the first day of your employment, or benefits eligibility date, except where otherwise noted.

New Hire Enrollment

As a new employee, or newly benefits-eligible employee, you must enroll within 30 days of your eligibility date (i.e., date of hire or the effective date of a job change). If you fail to enroll within this period, you'll have to wait until the next Annual Benefits Open Enrollment Period to enroll in coverage.

Qualifying Life Event Change

A Qualifying Life Event change is defined by the Internal Revenue Service as:

- Change in your legal marital status (i.e., marriage, legal separation, divorce or death of your spouse)
- Birth of a child, date you adopt a child or placement for adoption, legal guardianship
- Death or loss of eligibility of a dependent
- Change in employment status (for employee, spouse or employee's dependent) that affects eligibility for health insurance benefits
- Change in your domestic partner status

Any benefits changes resulting from a Qualifying Life Event must be requested by the employee **within 30 days** of the event (60 days for births, adoptions or placements for adoption) via Workday.

Annual Benefits Open Enrollment

Annual Benefits Open Enrollment is typically held in the fall of each year for coverage effective January 1 of the following year.

For detailed information on how to enroll and all required documentation, see **“Enrolling or Changing Your Benefits”** on [page 39](#).



NEW HIRES:

Take note of the Wellness Premium Incentive deadlines on [page 24](#).

Employees are required to submit appropriate documentation for all dependents upon their enrollment in the plans. This documentation must be provided within 30 days of enrollment. If it is not provided within 30 days of enrollment, the dependent will be removed from coverage. If there are any changes in relationship or status of dependents in the future, additional documentation will be required. See [page 42](#) for a list of required documentation.



Medical

Brookfield offers a choice of three medical plans: Exclusive Provider Organization, Preferred Provider Organization and High-Deductible Health Plan. While the plans differ in some respects, they have one important similarity: a focus on prevention. All three plans are administered by Aetna and offer preventive care at no cost (in-network only), assistance with managing chronic conditions and other wellness-focused features. You can locate a doctor or facility through Aetna's Find A Doctor Online Directory: aetna.com/docfind/home.do. Please keep in mind that the availability of any particular provider cannot be guaranteed.

High-Deductible Health Plan

This plan is covered in two sections, the High-Deductible Health Plan (HDHP) described on this page and the Health Savings Account (HSA) described on [page 16](#).

The HDHP is similar to the Preferred Provider Organization (PPO) in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all health care expenses (except qualified preventive care services), including those for prescription drugs.

With lower premiums and an out-of-pocket cap mandated by federal law, HSA-compatible health insurance plans like the Brookfield HDHP typically saves money compared to a Preferred Provider Organization (PPO) for both high- and low-frequency users of health care.

HDHP at a Glance

- Lowest monthly contribution
- Allows for participation in an HSA
- Freedom to go out-of-network
- No claim forms for in-network services
- Participants are responsible for amounts up to the deductible, copays and coinsurance to the out-of-pocket maximum
- The HDHP utilizes the Aetna Choice POS II network



If you elect the HDHP, you may be eligible to participate in a Health Savings Account. See "Health Savings Account" on [page 16](#) for details.

Exclusive Provider Organization

With the Exclusive Provider Organization (EPO) option, you receive comprehensive coverage for a range of services. **You must use in-network providers. There are no out-of-network benefits.**

EPO at a Glance

- Moderate monthly contribution
- Low deductible and coinsurance
- No claim forms
- No out-of-network benefits
- The EPO utilizes the Open Access Aetna Select network

Preferred Provider Organization

The Preferred Provider Organization (PPO) option offers the freedom to see any provider when you need care. When you use providers from within the Aetna PPO network, you receive benefits at the discounted network cost. If you use non-PPO providers, you will pay more for services.

PPO at a Glance

- Highest monthly contribution
- Freedom to go out-of-network
- No claim forms for in-network services
- Participants are responsible for amounts up to the deductible, copays and coinsurance to the out-of-pocket maximum
- The PPO utilizes the Aetna Choice POS II network

Using Your Medical Plan

Your Brookfield medical plan gives you access to quality, affordable care. But understanding how the Plan works and following a few simple tips can help you get the most out of your plan and save money in the long run.

Common Health Care Terms

- **Deductible:** The amount you pay for medical services before your insurance starts paying its share.
- **Coinsurance:** Your share of the costs of services after you meet the deductible; your plan pays the remaining share.
- **Copay:** The flat dollar amount you pay.
- **Out-of-pocket maximum:** The most you'll pay for medical services during the plan year. After you meet the out-of-pocket maximum, your insurance pays 100% of the cost of services, though you'll still pay bi-weekly payroll contributions.
- **Self-insured:** Our insurance partners administer the plans and pay the claims for us, but Brookfield funds the claims (vs. "fully insured" which means the insurance provider assumes the risk for all claims paid).

DEDUCTIBLE COMPARISON CHART		
	HDHP	EPO/PPO
DEDUCTIBLE	Except for preventive care, if you're covering dependents, the Family deductible must be met before the plan begins paying benefits for any family member. This is called an aggregated deductible.	Except for preventive care, each individual in the family has a separate deductible that must be met before the plan begins paying benefits for that person. The Family deductible is met when more than two family members reach their individual maximums. This is called an embedded deductible.
OUT-OF-POCKET (OOP) MAXIMUM	If an individual in Family coverage reaches their individual OOP max, the plan begins paying 100% benefits for that individual. If the Family OOP is met, the plan pays 100% for all family members.	

Prescription Drug Coverage

If you enroll in one of the medical plan options, your prescription drug coverage will be administered by CVS Caremark. **Note:** CVS Caremark, along with Aetna, are part of the CVS Health company. To use your prescription benefits, simply present your Aetna identification card to a participating pharmacist. Your pharmacist will notify you of the amount you need to pay. Most major drug store chains accept your Aetna card. If you have a question about participating pharmacies near you, call CVS Caremark at **888-792-3862** or visit their website at www.caremark.com.

You can fill prescriptions at:

- **Retail (up to 30-day supply):** At participating pharmacies; one refill is allowed at retail.
- **Mail order or CVS Pharmacy (up to 90-day supply):** Through a CVS Caremark mail-order program or your local CVS Pharmacy for maintenance medications and supplies. Specialty Drugs (that typically require a signature), can be delivered and received at a CVS Pharmacy. Newly prescribed specialty medications are subject to CVS Caremark's step-therapy program. If you are taking a maintenance medication for 60 or more days, you are required to use mail order or a CVS Pharmacy.

SPECIALTY PHARMACY

Members enrolled in the PPO and EPO plans and taking certain specialty medications may be eligible for pharmaceutical assistance programs. CVS will reach out to you or your family member if applicable.

Your prescription drug costs are determined based on where you fill your prescription and whether the prescription you are purchasing is a:

- Generic drug: A chemical equivalent to a brand-name drug that contains the same active ingredients.
- Formulary brand: A group of preferred brand-name drugs selected by CVS Caremark pharmacists; usually cost less than similar drugs not on the formulary list. The formulary list is available on www.aetna.com.
- Non-formulary brand: Brand-name drugs that are not on the formulary list.

Any manufacturer assistance funds (either through discounts or co-pay card programs) will count toward the member's deductible or out-of-pocket maximum.

WHAT DOES “DAW” MEAN?

Your doctor may indicate “DAW” (dispense as written) on your prescription. This tells the pharmacist they can't substitute your Rx for a generic version. This may be a valid notation given your situation but be sure to ask your doctor why. Most doctors aren't familiar with what's covered under a patient's specific plan. Working in collaboration with them, you may be able to save yourself some money and get an equivalent medication by simply asking the question. Use your phone to pull up the CVS Caremark app and discuss your alternatives with your doctor while you're still in the office.

What is the Difference Between Brand Name and Generic Drugs?

When the patent of a brand-name medicine expires, other drug manufacturers can make and sell the same medicine. This medicine is sold under its chemical name, which is why it's called a “generic.” Like their brand-name counterparts, all generic medicines are tested and approved by the FDA before they can be sold to consumers. In the United States, trademark laws do not allow a generic medicine to look identical to its brand-name counterpart. Therefore, you can expect a generic medicine to be a different color or a different shape than its brand-name counterpart. However, the way it looks has no effect on how the medicine works.

CVS Caremark also offers the convenience of on-demand delivery. Members can have their 30- or 90-day prescriptions delivered within four hours to an address within 10 miles of any of the 9,700+ CVS Pharmacy locations (i.e., home, office or location of your choice). Limitations and delivery fees may apply.

Safety and Other Monitoring Protocols

Did you know that CVS Caremark has protocols in place to help protect your safety as well as save you money?

1. Opioid controls: As part of the company's broad commitment to fighting the national opioid abuse epidemic, CVS Health has initiatives supporting utilization management of pain medications, safe drug disposal and funding for treatment and recovery programs. The enhanced CVS Caremark utilization management program follows FDA-approved treatment indications and is aligned with the Centers for Disease Control and Prevention (CDC) 2016 “Guideline for Prescribing Opioids for Chronic Pain”:
 - Limit on Days' Supply: The length of the first fill is limited to seven days (when appropriate) for adults 20 years and older for new, acute prescriptions for members who do not have a history of prior opioid use, based on their

prescription claims. A physician can submit a prior authorization (PA) request if the patient needs to exceed the initial seven-day limit. For members under 20 years, the first fill is limited to a three-day supply.

- **Limit on Quantity of Opioids:** The quantity of opioid products prescribed (including those that are combined with acetaminophen, ibuprofen or aspirin) is limited to 90 MME (morphine milligram equivalents) per day. A prescriber can submit a PA request for up to 200 MME per day if the patient needs to exceed CDC Guidelines. Quantities higher than that would require a PA with clinical justification. Products containing acetaminophen, aspirin, or ibuprofen are limited to up to 4 grams of acetaminophen or aspirin, and up to 3.2 grams of ibuprofen per day.
- **Require Step Therapy:** Use of an immediate-release (IR) formulation is required before moving to an extended-release (ER) formulation, unless the member has a previous claim within a certain timeframe for an IR or ER product, or the prescriber submits a PA.

- 2. Safety and monitoring:** CVS Caremark reviews claims for such items as: excessive utilization, high total claim cost, use of multiple prescribers and pharmacies. These indicators may be a sign of abuse or a savings opportunity for participants so CVS Caremark will reach out to you and your provider(s) to offer options.
- 3. Drug savings review:** CVS Caremark evaluates claims for availability of a more cost-effective yet appropriate generic and/or preferred brand-alternative and offers you and your provider options.
- 4. Affordable Care Act (ACA) preventive guidelines:** Preventive medications under the ACA include no-cost benefits for:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

Restrictions may apply and proper prescriptions are required. Contact CVS Caremark for more information.

Use the CVS Caremark Mobile App

Have all your Rx plan needs at your fingertips with CVS Caremark's mobile app (CVS Caremark). Use the app to:

- See lower cost drug options (i.e.: generics or formulary brand) – discuss alternatives with your doctor while you're in the office
- View your electronic ID card
- Refill and renew mail service prescriptions and check your order status
- ID unknown pills with the pill identifier
- Check for potential drug interactions among medications
- View plan provisions, costs under your plan as well as your balances
- Find local pharmacies in your plan's network
- Monitor your claims experience

How to Save Money on Health Care

Looking to spend less on your health care and make the most of your benefits? Follow these tips:

- **Review your Explanation of Benefits (EOBs):**
 - Make sure you had the service for which you're being billed
 - If it was a covered preventive service (Ex.: routine physical) make sure you're not being charged for it
 - Only the patient knows what was discussed in the room; translations from the doctor to their billing person aren't always smooth
- **Go mobile!** Have your phone handy in your doctor's office; review cost comparisons on the Aetna Health mobile app with your doctor for any medications and/or follow-up care needs
- **Use providers in the Aetna network.** You'll owe more when you see out-of-network providers
- **Stay up to date on your preventive exams and screenings** to catch any issues before they become more serious
- **Want to pay less for your prescriptions?** Consider the following:

- **Generics:** Ask your doctor if there's a generic version of your medication available.
- **Mail order:** Skip the pharmacy entirely and order your prescriptions online. You'll get a 90-day supply, which reduces your monthly cost.
- **In-network pharmacy:** You only receive prescription drug coverage if you use an in-network Aetna pharmacy.

Concerned about Paying for Your Health Care?

- If you have an HSA, increase your contribution (up to the annual IRS limit) in Workday.
- Ask for a payment plan with your provider/hospital. Most will allow you to pay over time (interest free) without impacting your credit score if you actually ask them for a plan. If you have an HSA, continue to fund it and use it to pay your installments.
- CareCredit and other health and wellness credit cards are available to help pay health care costs specifically. These may have favorable interest rates for a specified period of time, so read the fine print and make sure you understand the potential interest cost before using them.

The Right Care for the Right Price

When it comes to medical care, take a look at your options — choosing the right option for the level of care you need can save you a lot of time and money.

- **\$: Telemedicine** Your cheapest option for non-emergency issues, available anytime 24/7. Now with Teladoc you can also access a PCP and see the same physician each time (based on availability). See the Teladoc section on **page 13** for more details.
- **\$\$: Primary Care** A familiar face for an affordable rate for routine preventive check-ups and minor illnesses. Visit www.healthcare.gov/coverage/preventive-care-benefits to find out what's covered as preventive care at your primary care visit.
- **\$\$\$: Urgent Care** If your primary care doctor isn't available, visit an in-network urgent care facility for immediate medical attention. They're available after-hours and on weekends.
- **\$\$\$\$: Emergency Room** Emergency rooms have the highest costs and longest wait times, but since they're open 24/7, they're your best bet for life-threatening situations.

Log into your account at www.aetna.com to find an in-network provider near you and compare costs for procedures and services.



Medical Benefits Summary and Comparison

	HDHP		EPO	PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE					
INDIVIDUAL	\$1,675	\$3,350	\$750	\$500	\$1,000
FAMILY	\$3,350	\$6,700	\$1,500	\$1,000	\$2,000
	Deductible and copay amounts count toward out-of-pocket maximum		Deductible and copay amounts count toward out-of-pocket maximum	Deductible and copay amounts count toward out-of-pocket maximum	
ANNUAL OUT-OF-POCKET MAXIMUM					
INDIVIDUAL	\$4,500	\$8,500	\$3,000	\$2,425	\$4,100
FAMILY	\$9,000	\$17,000	\$6,000	\$4,850	\$8,200
COINSURANCE	You pay 10%	You pay 35%	You pay 10%	You pay 10%	You pay 30%
LIFETIME MAXIMUM	Unlimited		Unlimited	Unlimited	
SERVICES					
PREVENTIVE CARE	No charge	Deductible + 35% coinsurance	No charge	No charge	Deductible + 30% coinsurance
OFFICE VISITS AND SPECIALIST VISITS	Deductible + 10% coinsurance	Deductible + 35% coinsurance	\$35 copay, not subject to deductible	\$35 copay, not subject to deductible	Deductible + 30% coinsurance
DIAGNOSTIC PROCEDURES X-rays, lab work, etc.	Deductible + 10% coinsurance	Deductible + 35% coinsurance	Deductible + 10% coinsurance	Deductible + 10% coinsurance	Deductible + 30% coinsurance
EMERGENCY ROOM	Deductible + 10% coinsurance		\$200 copay, not subject to deductible	\$200 copay, not subject to deductible	
HOSPITAL AND SURGERY Inpatient and Outpatient	Deductible + 10% coinsurance	Deductible + 35% coinsurance	Deductible + 10% coinsurance	Deductible + 10% coinsurance	Deductible + 30% coinsurance
PHARMACY – RETAIL (UP TO 30-DAY SUPPLY)					
TIER 1 (GENERIC)	\$10 copay	Not covered	\$10 copay	\$10 copay	Not covered
TIER 2 (PREFERRED NAME BRAND)	\$30 copay		\$35 copay	\$35 copay	
TIER 3 (NON-PREFERRED NAME BRAND)	\$50 copay		\$60 copay	\$60 copay	
	After deductible		Not subject to deductible		
PHARMACY – MAIL ORDER (UP TO 90-DAY SUPPLY)*					
TIER 1 (GENERIC)	\$20 copay	Not covered	\$20 copay		Not covered
TIER 2 (PREFERRED NAME BRAND)	\$60 copay		\$70 copay		
TIER 3 (NON-PREFERRED NAME BRAND)	\$100 copay		\$120 copay		
	After deductible		Not subject to deductible		

*You can also pick up mail orders at CVS Pharmacy.

Aetna's Medical Management Program

Managing your health includes getting the information you need to make informed decisions and making sure you take full advantage of the benefits available to you. To support you, Aetna provides a Medical Management Program. This service precertifies certain treatments and procedures, such as hospital admission, to ensure you receive the highest quality of care for the right length of time, in the right setting and with the maximum available coverage.

Aetna's Medical Management Program works with you and your provider to help confirm the medical necessity of services and help you make sound health care decisions.

How Aetna's Medical Management Program Helps You

To help ensure that you receive the maximum coverage available to you, Aetna's Medical Management Program:

- Reviews all planned and emergency hospital admissions
- Reviews ongoing hospitalization
- Performs case management
- Coordinates discharge planning
- Coordinates purchase and replacement of durable medical equipment, prosthetics and orthotic requirements
- Reviews inpatient and ambulatory surgery
- Reviews high-risk maternity admissions
- Reviews care in a hospice or skilled nursing or other facility

All other services will be subject to retrospective review by Aetna's Medical Management team to determine medical necessity.

Find out more about precertification at www.aetna.com or <https://www.aetna.com/health-care-professionals/precertification/precertification-lists.html>.

See your Aetna Summary Plan Description (SPD) or the TSG Employee Benefits Plan Document & SPD for more details on the full review and appeal process.

In Touch Care Program

Aetna offers personalized one-on-one support to help you manage your chronic conditions. They can help with everything from health questions to medical referrals. Plus, their predictive technology can detect issues early to help you prepare for tomorrow. You'll get:

- One-on-one calls with a trusted family nurse
- Digital personal health records, decision support and wellness videos
- Health action plans, customized to you

Log in to your account at www.aetna.com to get started.



Aetna

Concierge Services

If you ever need help with your health plan, Aetna Concierge Services can act as your personal assistant for health care. From finding a specialist to understanding different coverages and costs, your concierge can answer questions, assist with scheduling appointments and help you calculate your costs before you go to the doctor or into surgery.

Made specifically to support you, you can contact Concierge Services to help you:

- Choose the right doctor
- Understand your coverage
- Get more information about a diagnosis
- Plan for upcoming treatment

Speak with your concierge by calling **888-655-5327**, Monday through Friday from 8:00 am to 6:00 pm.

Teladoc

Teladoc allows you to get 24/7 access to board-certified doctors and pediatricians by online video, phone or mobile app. Register now so you can see a doctor right in your own home — and even get prescriptions.

Use Teladoc for things like:

- Cold and flu symptoms
- Ear infections
- Respiratory infections
- Allergies
- Pinkeye, and more...

Teladoc is perfect for non-emergency issues when you can't see your primary doctor. There's no need to hassle with waiting rooms, and it's a fraction of the cost of an urgent care visit. You can also receive behavioral health care through Teladoc at no cost to you if you're in the EPO or PPO plan; subject to deductible, no coinsurance, in the HDHP per IRS guidelines.

To get started, go online to www.teladoc.com/Aetna and register. You can also use Teladoc when you're on the go. Download the Teladoc mobile app (available for Android and Apple iOS in the app store) and start scheduling appointments from anywhere.

Aetna Virtual Primary Care

Aetna Virtual Primary care gives you the convenience and flexibility of virtual visits with a dedicated virtual care provider. You can contact a care provider through phone or in-app messaging with little cost or wait time.

Features include:

- \$0 copay for virtual care provider visits if you're in the EPO or PPO plan; subject to deductible, no coinsurance, in the HDHP per IRS guidelines
- Covered in-person services at MinuteClinic and CVS HealthHUB locations
- Less wait and travel time, you are able to see a doctor within five days of scheduling an appointment

Learn more or schedule an appointment today at www.teladoc.com/primary360-aetna.

Aetna

Discount Program

If you enroll in a Brookfield medical plan, you have access to the Aetna Discount Program. This program gives you access to exclusive discounts and savings on a variety of products and services, including:

- Vision care
- Hearing care
- Oral health care
- In-home health management products (including pedometers and blood pressure monitors)
- Nutrition counseling
- Health and fitness coaching
- Gym memberships
- And more

Visit www.aetna.com and log in to learn more about the savings available to you.

Medical Plan Additional Programs

The following programs are additional services available to Brookfield Aetna medical plan members, unless otherwise noted.

Lyra Mental Health Resources

Mental health resources are available from Lyra Health. Lyra is designed to help you with life's challenges, from managing stress and improving relationships to coping with anxiety, depression and other issues.

Lyra also has the following programs to help with your mental health journey:

- **Lyra Essentials:** Evidence-based self-care for members
- **Lyra Concierge:** Support with accessing vetted, evidence-based higher levels of care
- **Lyra Learn:** eLearning programs that support mental wellbeing
- **Blended Care DBT for Suicidality:** Enhanced Blended Care support for members experiencing suicidality

The Lyra online platform allows you to sign up in just a few clicks. You will be asked a series of questions designed to help identify the type of care that is right for you. Whether you need mental health coaching (seven free sessions for employees and adult dependents), mental health therapy or medication management support, Lyra will help you quickly find the right provider.

How to Get Started

You can create your profile, complete a wellness questionnaire and select your appropriate care path — digital tools, coaching, therapy or medication management — at brookfield.lyrahealth.com. Enter your health plan information and a payment card to cover any related costs for therapy and/or medication management services (out-of-pocket cost-share may apply consistent with other mental health services through Aetna). Schedule any coaching or therapy appointments, if recommended, and sessions may begin within six days.

If you have questions, contact the Lyra Care Team 24/7 by phone at **877-424-1860** or email at care@lyrahealth.com.

Hinge Health

It can be difficult to manage chronic pain. Brookfield offers Hinge Health at no additional cost for those enrolled in a Brookfield medical plan. Hinge Health is a digital exercise therapy program for back, knee, hip, neck or shoulder pain. It features wearable motion sensors to guide you through the program, a library of educational resources and a personalized health coach who will be there to support you every step of the way. To learn more, call **855-902-2777** or email help@hingehealth.com.

New for 2023! Calibrate

Your metabolic health affects everything from your immune function and mood to your inflammation levels and risk for chronic disease — not to mention your ability to lose weight. Calibrate is designed to reprogram your metabolic system with clinically-proven medication and lifestyle changes to your existing habits. Calibrate's unique Two-Year Metabolic Reset approach includes doctor-prescribed GLP-1 medication, 1:1 video coaching and a holistic curriculum for meaningful improvements to the food you eat, how you sleep, how much you exercise, and how your emotional health is supported. Visit www.joincalibrate.com/pages/brookfield to get started. To be eligible for Calibrate, you must be enrolled in a Brookfield Aetna medical plan and have a BMI that is ≥ 30 .

Progyny Fertility Benefits

Progyny supports you on your path to parenthood. With a network of best-in-class fertility specialists and an integrated pharmacy solution, you have access to the most advanced, effective fertility treatment possible.

Smart Cycle

Each Smart Cycle is a bundle of all services (appointments, tests, diagnostics, labs, anesthesia, etc.) used for comprehensive fertility treatments. Brookfield's benefit includes three Smart Cycles.

Each treatment or service is expressed as a portion of a Smart Cycle. For example:

- One IVF Freeze-all cycle is equal to $\frac{3}{4}$ of a Smart Cycle

- One Frozen Embryo Transfer (FET) is equal to ¼ of a Smart Cycle
- If you choose to preserve your fertility by freezing eggs, you will utilize ½ of a Smart Cycle.

You can utilize your Smart Cycles for whichever treatments you and your doctor determine are right for you, until you exhaust your Smart Cycle balance. That puts you in control of your fertility journey!

Progyny's Smart Cycle benefit connects you to a dedicated Patient Care Advocate (PCA) who will guide you throughout the entire process. You can manage your Smart Cycle balance by contacting your dedicated Progyny PCA, who will provide access to the Progyny member portal. To get started, call **844-930-3356**.

Adoption and Surrogacy Benefits

You will be reimbursed \$15,000 (lifetime maximum) for costs associated with adoption and surrogacy through Progyny. Progyny gives you access to trained PCAs who will provide you with education and counseling, like:

- Average cost of adoption or surrogacy
- Explanation of various paths to adoption or surrogacy
- State laws that impact your options
- Specific resources for LGBTQ individuals and couples

Memorial Sloan Kettering (MSK) World-Class Cancer Care

Brookfield and MSK Direct are partnering together to give employees and their family members who may have cancer, or who have received a cancer diagnosis, access to a team of dedicated professionals at Memorial Sloan Kettering Cancer Center (MSK), no matter where you live.

If you or a family member is diagnosed with cancer, an MSK Direct Care Advisor can help you find the best care possible, either through onsite care at MSK, or remotely, where MSK doctors guide your treatment in partnership with your local doctor.

For on-site care at MSK, MSK Direct will:

- Schedule an initial appointment
- Gather all necessary medical records
- Meet you at the first appointment to provide support, logistical assistance and introductions

to your care team

- Remain a resource throughout your course of care at MSK

For virtual care close to home, MSK doctors and nurses will collaborate with your local doctors to:

- Provide a comprehensive diagnosis
- Recommend the best hospitals close to where you live
- Develop a treatment plan informed by a multidisciplinary team
- Provide education and support to help identify clinical trials that could open up new treatment options
- Provide expert care through phone or video consultations between you, your MSK doctors and your local doctors

MSK Direct is available to all Brookfield employees and their families, even if you aren't enrolled in a Brookfield Aetna medical plan. To learn more, call **833-986-2010** or **646-449-2566** and visit mskcc.org/brookfield.

DID YOU KNOW?

Brookfield health benefits include In-Vitro Fertilization, Bariatric Surgery and Hearing Aids. Members with rare conditions may be contacted to participate in a Centers of Excellence program.

Lockton's Center of Excellence Referral Program

For certain extremely unique and highly complex cases, Lockton's Clinical Team may reach out to offer additional review of your case with specialists at one or more of the country's leading medical institutions. They will help confirm your diagnoses, make recommendations on treatment, answer any questions and establish a process whereby you and/or your local physicians can reach out with any future questions. Medical centers participating in this program include Mayo Clinic, Dana Farber Cancer Institute (at Harvard/Boston Children's) and more. If you are a candidate based on your diagnosis and claims history, Lockton will reach out to you.



Health Savings Account

If you choose the HDHP, take charge of your health care spending with a Health Savings Account (HSA)! You can set aside pre-tax dollars to pay for your health care expenses, both now and in the future. Use it for medical, dental or vision expenses including deductibles and coinsurance. You can also use it for your family members' expenses, even if they aren't covered by your plan. See www.irs.gov/publications for a list of qualified expenses.

HSA Advantages

An HSA comes with a host of valuable benefits:

- You get a triple tax advantage:
 - You set aside money from your paycheck before taxes are taken out, which reduces your taxable income.
 - Your account grows tax-free over time for even more savings in the long run.
 - You won't pay taxes when you use your HSA dollars, as long as you're paying for qualified health care expenses.
- You have the option to invest your account if your balance is over \$1,000.
- Unlike an FSA, there's no "use it or lose it" each calendar year. The balance rolls over from year to year.
- You own your HSA, so the money is yours to keep even if you leave the company, change medical plans or retire.



DID YOU KNOW?

Receipts aren't needed to pull funds from your HSA but save them in case the IRS audits you. Another good reason to save all your health care receipts ... did you know that as long as you didn't already use your HSA for a particular expense (i.e., it goes "unused" for HSA purposes), you can save it for years and claim that expense later from your HSA. As long as you have an "unused" qualified medical expense receipt to support it (note: the expense must have been incurred after the date you first established an HSA), you won't pay a tax or penalty. Also, if you wait until after you are age 65, you can withdraw funds for any reason and just pay your ordinary tax; no penalty, just like an IRA or 401(k).

You're Eligible to Contribute to an HSA if you:

- Are enrolled in the HDHP
- Have no other medical coverage (coverage through a spouse, Health Care Flexible Spending Account (FSA), Tricare, etc.)
- Are not enrolled in any Medicare program
- Are not receiving VA benefits
- Cannot be claimed as a dependent on someone else's tax return

Even if you aren't eligible to contribute to an HSA now, if you already have one from a previous employer, you can use your funds to pay for health care expenses, regardless of what type of plan you're enrolled in.

HSA participants may not contribute to the Health Care FSA but are eligible to contribute to the Limited Purpose FSA, which only covers dental and vision expenses. You can find more information on the FSAs on page 28.

Maximize Your Savings

Your contribution amount is up to you. But to get the most out of your account, think of your HSA like either a:

- 1. Safety net:** Set aside the amount you expect to spend on health care this year, or enough to cover your deductible or out-of-pocket maximum. That way, you aren't left paying the maximum out of your pocket if there's an emergency.
- 2. Nest egg:** Since your account grows over time, you may want to contribute as much as you can (up to the IRS limits). Even if you don't need the money this year, you can save for the future.

2023 Maximum HSA Contributions:

- Employee only: \$3,850
- Employee + family: \$7,750
- Catch-up (age 55+): \$1,000

HSA vs. FSA: What's the Difference?

- **Contributions:** Both accounts let you contribute on a pre-tax basis, but the IRS has different annual limits for each.
- **Qualified expenses:** Both HSA and Health Care FSA funds can be used for qualified medical, dental, vision and prescription drug expenses. But if you have an HSA, you can only contribute to a Limited Purpose FSA, which is used for dental and vision expenses. And regardless of how you're paying for your health care, you can contribute to a Dependent Care FSA, which can be used for qualified child or elder care expenses.

- **Roll over:** HSA funds roll over from year to year and grow over time. FSA funds do not, though there is a 75-day grace period. See **page 28** for more information.
- **Eligible medical plan:** You can only contribute to an HSA if you're enrolled in the HDHP. You can contribute to a Health Care FSA if you are a benefits-eligible employee. There is no requirement to be enrolled in a Brookfield medical plan to use your Healthcare or Dependent Care FSA.

Manage Your HSA with PayFlex

Visit www.payflex.com to:

- View your account balance
- Check out the video library and interactive tools
- Store your receipts
- And more!

Plus, download the PayFlex mobile app to manage your account on the go! Look for it in the Apple App Store or Google Play.



Dental

Brookfield's dental plans are offered through Delta Dental. Under these plans, you can access care in three ways: in-network, premier network (providers who have agreed to Delta Dental pricing guidelines, though still out-of-network) and out-of-network. In-network dentists will typically have lower out-of-pocket expenses. You can find in-network dentists at www.deltadentalins.com.

Dental Comparison Chart¹

	DELTA DENTAL PPO			DELTA DENTAL PPO PLUS		
	DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER DENTISTS	OUT-OF-NETWORK DENTISTS	DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER DENTISTS	OUT-OF-NETWORK DENTISTS
DEDUCTIBLE	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
ANNUAL MAXIMUM BENEFIT	\$1,500	\$1,500	\$1,500	\$2,500	\$2,500	\$2,500
ORTHODONTIA LIFETIME MAX	\$1,500	\$1,500	\$1,500	\$2,500	\$2,500	\$2,500
TYPE A PREVENTIVE (CLEANINGS, EXAMS, X-RAYS)	100%	80%	80%	100%	100%	100%
TYPE B BASIC RESTORATIVE (FILLINGS, EXTRACTIONS)	80%	70%	70%	100%	80%	80%
TYPE C MAJOR RESTORATIVE (BRIDGES, CROWNS)	50%	50%	50%	60%	50%	50%
TYPE D ORTHODONTIA	50%*	50%*	50%*	60%**	50%**	50%**

*Dependent children up to age 19

**Adults and dependent children up to age 19

¹If you were a member under another Delta Dental plan prior to joining Brookfield, any plan limitations that were previously met will be reflected in your Delta Dental coverage with Brookfield.

Comparing Dental Plan Out-of-Pocket Expenses: PPO Plus Plan

The following example illustrates three participants who receive the exact same treatment for major care. All participants have already met their deductible.

PARTICIPANT #1: IN-NETWORK <ul style="list-style-type: none"> Dentist Charges: \$100 Delta's Maximum Allowable PPO Rate: \$70 Plan Pays 60% of Maximum Allowable PPO Rate: \$42 Participant #1 Pays: \$28	PARTICIPANT #2: PREMIER <ul style="list-style-type: none"> Dentist Charges: \$100 Delta's Maximum Allowable Premier Rate: \$85 Plan Pays 50% of Maximum Allowable Premier Rate: \$42.50 Participant #2 Pays: \$42.50	PARTICIPANT #3: OUT-OF-NETWORK <ul style="list-style-type: none"> Dentist Charges: \$100 Prevailing Charge: \$75 Plan Pays 50% of Prevailing Charge: \$37.50 Participant #3 Pays: \$37.50
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Cost Estimator from Delta Dental

The Delta Dental Cost Estimator is a tool that allows you to estimate costs for typical dentist visits before arriving at the dentist's office. The Cost Estimator shows the projected cost of an entire dentist visit rather than just a single procedure. You can also select multiple dentists, both in- and out-of-network, to compare costs and savings.

The Cost Estimator lets you see your current benefits balance showing accruals toward any deductible, maximums and benefit limitation. It's easy to use. If you're a Delta Dental plan member, simply visit www.deltadentalins.com and log in.

Virtual Dentistry

Delta Dental offers two tools that make it easier to see a dentist. Plus, virtual dentistry does not apply to annual visit limitations.

- **Toothpic:**
 - An easy-to-use, photo-based platform
 - Get answers from a Delta Dental dentist in less than 24 hours
 - Ideal for a quick exam or diagnostic report
 - deltadental.toothpic.com
- **Virtual consult:**
 - Schedule a live video consultation, anytime and anywhere, with a Delta Dental dentist
 - Ideal for urgent needs or appointments outside of normal office hours
 - deltadentalvirtualconsult.com

BrushSmart

If you enroll in a Delta Dental plan, you get access to a free, exclusive oral wellness program. It includes:

- Immediate access to special offers
- Unlimited discount redemption
- Wellness education and resources

Sign up at BrushSmart.org.

SmileWay® Wellness Benefits

The health of your teeth and gums is part of a bigger picture: your overall wellness. Gum disease is associated with several systemic conditions, and people with certain chronic diseases may benefit from additional periodontal (gum) cleanings. That's why our dental plan offers expanded coverage, at no cost to you, if you have been diagnosed with any of the following:

- Diabetes
- Heart disease
- HIV/AIDS
- Rheumatoid arthritis
- Stroke

Opting in to this expanded coverage will give you these added benefits per plan year:

- One periodontal scaling and root planning procedure per quadrant per plan year, covered at 100%
- Four of the following (any combination) per plan year, covered at 100%:
 - teeth cleaning
 - periodontal maintenance procedure
 - scaling in presence of moderate or severe gingival inflammation

To opt in, log in to your online account at www.deltadentalins.com, click on the Optional Benefits tab in the left column and then select Opt In.

For more information, contact Delta Dental at www.deltadentalins.com or **800-932-0783**.





Vision

Brookfield offers two vision plans through EyeMed: EyeMed Premier and EyeMed Basic. Vision plans cover lenses, frames, contact lenses and more. EyeMed’s network includes experienced ophthalmologists, optometrists and opticians. In addition, convenient retail providers like LensCrafters, Target Optical and more offer a large number of locations as well as weekend and evening hours. Choosing a provider in the Insight Network provides the highest level of benefits.

Vision Benefits Summary

	EYEMED PREMIER		EYEMED BASIC	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10	Up to \$45	\$20	Up to \$45
Frequency	Every 12 months		Every 12 months	
	LENSES			
Single	\$10	Up to \$30	\$20	Up to \$30
Bifocal	\$10	Up to \$50	\$20	Up to \$50
Trifocal	\$10	Up to \$65	\$20	Up to \$65
Frequency	Every 12 months		Every 24 months	
	FRAMES*			
	\$250 allowance	Up to \$135	\$150 allowance	Up to \$80
Frequency	Every 12 months		Every 24 months	
	CONTACTS*			
	\$250 allowance	Up to \$200	\$150 allowance	Up to \$105
Frequency	Every 12 months		Every 24 months	

*You are able to receive the \$250 benefit for contacts and frames in the same plan year if you receive your contacts benefit first. You will then be able to receive the frame benefit and simply pay for the lenses for your frames at a 20% retail discount.

Freedom Pass from EyeMed

Freedom Pass entitles you to special offers at your favorite optical store. Visit a participating LensCrafters or Target Optical store and you'll get your choice of frames — no matter the price point — for a \$0 out-of-pocket cost! Plus, you can still use your vision benefits to help pay for your lenses and complete your look.

Huge Savings on Name Brand Frames*



Use Your Freedom Pass Today

Go to freedompass.eyemed.com and enter **EMFP21** to get your Lens Crafters in-store offer code. At Target Optical, use code **755288**.

SEE WHAT YOU COULD SAVE		
	Coach Frame, Retail Cost	\$205
	Frame Cost Without Freedom Pass \$130 frame allowance + 20% standard additional discount	\$60
Coach Model HC6065	Member Cost With Freedom Pass	\$0

New frames at no cost from brands you love!



YOUR FREEDOM PASS PERKS

- Name-brand frames you love
- Out-of-pocket cost goes way down
- \$65 in additional value, on average

*Certain restrictions apply.



Health Advocacy Services

Health Advocate — Making Health Care Easier for Your Whole Family

Managing your health can be complex and confusing. Health Advocate is here to help. Whether you need to find an in-network doctor, locate help for Mom or sort through a medical bill, they have the right experts to handle almost any kind of health care and insurance-related issue. Brookfield offers this service to all employees at no cost to you. It's completely confidential, and you can use it as many times as needed.

Highly-trained Personal Health Advocates, typically registered nurses supported by benefits and claims specialists, will handle your issue. Their experts will do the legwork, make the calls, handle the paperwork and follow up with you every step of the way.

How It Works

Simply call their toll-free number, send an email or message them through their mobile app anytime you have a question or concern. Complete a HIPAA (Health Insurance Portability and Accountability Act) authorization form available at: **content.** healthadvocate.com/Member/AuthorizationForms/Authorization-Form.pdf, so that they can request information on your behalf. Your assigned Personal Health Advocate will provide the support you need. Here are just a few examples:

You've just received a diagnosis for a medical condition. Your Personal Health Advocate will help you:

- Understand your diagnosis, answer questions, research treatment options
- Find in-network providers including specialists, hospitals, labs and more
- Arrange for a second opinion with a center of excellence, transfer medical records
- Help you transition home after a hospital stay

You're overwhelmed with medical bills and don't know where to start. Your Personal Health Advocate will help you:

- Review your health insurance coverage
- Work on your behalf to sort through exactly what you owe
- Suggest ways to lower out-of-pocket costs
- Complete the HIPAA form to get started

Use the Health Advocate mobile app to get a personal Health Advocate in the palm of your hand:

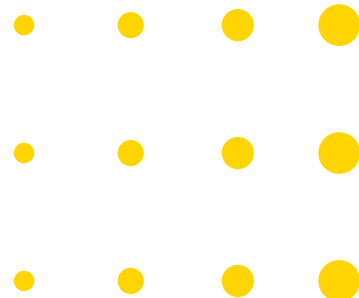
- Instantly see, learn and interact with your Health Advocate programs no matter where you are
- 24/7 live support from your Personal Health Advocate
- Conveniently upload relevant documents
- Access trusted information on any health topic

Contact Health Advocate Anytime:

- Call: **866-695-8622**
- Email: answers@HealthAdvocate.com
- Web: HealthAdvocate.com/Brookfield
- Download the mobile app from the app store

Who Is Eligible?

Health Advocate is available to all employees, their spouses/domestic partners, dependent children, parents and parents-in-law.



Wellness Program

Brookfield’s partnership with Vitality aims to provide employees with a comprehensive wellness program that is integrated with Brookfield’s medical plans.

This unique program helps you achieve your individual health and wellness objectives with a customized approach. Using the Vitality interactive website (www.powerofvitality.com), you receive your own Personal Pathway comprised of health goals and activities.

All benefits-eligible employees are able to use the Vitality program; spouses and domestic partners on Brookfield’s Aetna medical plan are also eligible.

Understanding the Wellness Premium Incentive (Vitality Credit)

If you’re enrolled in Brookfield’s medical plan, you are each assessed a premium, based on the election you make for benefits. If you (and your spouse/domestic partner, if applicable) achieve the required Vitality Status by the deadline, you will be eligible to receive a Wellness Premium Incentive that will reduce your premium with each payroll.

Wellness Premium Incentive — Premium Reduction

The amount of your premium reduction is based on the following:

1. Achievement of Silver Status by the required deadline
2. The benefit tier you select for medical benefits, i.e.,
 - Tiers without a spouse/domestic partner — i.e., Employee only or Employee plus children
 - Tiers with a spouse/domestic partner — i.e., Employee plus spouse/domestic partner or Employee plus family

Employees Enrolled in Either the Employee Only or Employee Plus Children Category

You must achieve Silver Status by earning 2,500 points by December 1, 2023, in order to be eligible to receive the Wellness Premium incentive of \$1,200 for 2024.

Employees Enrolled in Either the Employee Plus Spouse/Domestic Partner or Employee Plus Family Category

Your spouse/domestic partner is required to participate in the Brookfield Wellness Premium Incentive program, and together your combined points to achieve Silver Status must be 3,500.

Both you and your spouse/domestic partner must each complete at least 1,500 of those points.

The remaining 500 points can be completed by a combination of both your efforts.

You and your spouse/domestic partner must achieve Silver Status by December 1, 2023, in order to be eligible to receive the Wellness Premium Incentive of \$1,800 for 2024.

To Achieve Silver Status by December 1, 2023:

Required by Employee	Required by Spouse/Domestic Partner	Completed by Employee + Spouse/Domestic Partner	Silver Status
1,500 Points	1,500 Points	500 Points Combined	3,500 Points by 12/1/2023
2023 Wellness Premium Incentive of \$1,800			



Wellness Premium Incentive — Cash Award

Gold Status

In addition to offering the Wellness Premium Incentive (premium reduction) of \$1,200 or \$1,800 per year for 2023, you are also eligible to receive a taxable cash award of \$750 if you and your spouse/domestic partner achieve Gold Status (9,000 Vitality Points), or \$500 if you achieve 6,000 points as an employee only by December 1, 2023. This taxable cash award would be payable on or near the last payroll in December 2023.

To Achieve Gold Status by December 1, 2023:

Points	Rewards
6,000 Points for Employee Only	\$500 Taxable Cash Award
9,000 Points for Employee + Spouse/Domestic Partner ¹	\$750 Taxable Cash Award

¹ Spouse/domestic partner must earn at least 1,500 points.



PLEASE NOTE:
The deadline to achieve Gold Status for all employees (including all current year new hires) is December 1, 2023.

Wellness Premium Incentive (Vitality Credit) for New Hires & Newly Enrolled

New hires or newly enrolled members in a medical plan will automatically be provided with the Wellness Premium Incentive (Vitality Credit) until their deadline. If this is your situation, you have until the end of the second full quarter after your medical coverage effective date to complete the necessary steps to achieve Silver Status and maintain the Wellness Premium Incentive (Vitality Credit).

Special consideration for third and fourth quarter new hires or newly enrolled employees: Your deadline to achieve Silver Status and maintain the Wellness Premium Incentive (Vitality Credit) is in the following year. Since only 10% of points earned are eligible for rollover

to the following year, it is advisable to wait and start accumulating points beginning January 1, 2023 (unless you believe you are able to achieve Silver Status by December 31, 2022). **As an example**, John Smith was hired on July 15, 2022, and accumulated 1,900 Vitality Points by December 31, 2022. On January 1, 2023, his Vitality points will be 190 (only 10% of prior years' points are rolled over). If he does not achieve 2,500 points by March 31, 2023, he will lose his Wellness Premium Incentive (Vitality Credit) effective April 1, 2023.



The Wellness Premium Incentive (Vitality Credit) is a calendar year plan that runs from January 1 to December 31, and therefore you must re-earn your Vitality Points each calendar year (points reset to zero). However, on January 1 of each following year, you get a “kick-start” bonus of 10% of your points earned in the previous year. These points will be your starting balance as a reward and incentive for the new year.

Deadlines

- Current employees must attain Silver Status by December 1, 2023, to receive the Vitality Credit for the following year.
- New hires must attain Silver Status by the deadlines indicated in the table below:

Points	Rewards
4th quarter 2022	6/30/2023
1st quarter 2023	9/30/2023
2nd quarter 2023	12/31/2023
3rd quarter 2023	3/31/2024
4th quarter 2023	6/30/2024

Vitality Points Checklist

Monitoring your Vitality status is simple. Both your Points Planner and Points Statement are available under the Points tab on the Vitality site. Use the Planner to chart your path to success; use the Statement to regularly monitor your progress.

Review the chart below to learn how to earn points in Vitality.

VITALITY REVIEWS			
Activity	Points		Frequency
Vitality Health Review (VHR)	500		Once per year
VHR Bonus: First 90 days	250		Once per year
Mental Wellbeing Review	75 per review		Three per year
Physical Activity Review	250		Once per year
Physical Activity			
Light Workout	5	Max one workout per day	Once per day
Standard Workout	10		Once per day
Advanced Workout	15		Once per day
Sports League	350		Up to category max
Athletic Event: Level 1	250		Up to category max
Athletic Event: Level 2	350		Up to category max
Athletic Event: Level 3	500		Up to category max
Workout Milestone Bonus	Varies		Up to category max
Category Maximum: 7,000 Points			
COVID Awareness and Prevention*			
COVID-19 First Dose	250		Once per lifetime
COVID-19 Second Dose	250		Once per lifetime
COVID-19 Single Dose	500		Once per lifetime
Booster Dose	250		Once per lifetime
Prevention			
Health Screening**	400		Once per year per screening
Dental Check-up	200		Once per year
Flu Shot	200		Once per year
Annual Physical	500		Once per year
Annual Eye Exam	200		Once per year
Skin Cancer Screening	500		Once per year
Breast Self-Exam	5		Per month

*The frequency of vaccine incentives could change as the science develops. New hires who received their vaccine prior to joining Brookfield are eligible; insert your date of hire when asked for your shot date(s). Proof of vaccine is required to obtain points.

**Health screenings include flu shots, colorectal screenings, dental exams, mammograms and pap smears, and are subject to certain requirements.

VITALITY REVIEWS					
ACTIVITY		POINTS		FREQUENCY	
CERTIFICATIONS					
CPR Certification		125		Once per year	
First Aid Certification		125		Once per year	
VITALITY CHECK					
Body Mass Index (BMI)		125	Vitality Check in-range results***	Once per year	
Blood Pressure		125		Once per year	
Cholesterol**		125		Once per year	
Fasting Glucose/HbA1c		125		Once per year	
BMI		1,000		Once per year	
Blood Pressure		600		Once per year	
Cholesterol**		600		Once per year	
Fasting Glucose/HbA1c		600		Once per year	
Non-tobacco User		725		Once per year	
ONLINE EDUCATION					
Calculators		75 per calculator		Four per year	
Nutrition Online Courses		300 per course		Three per year	
Action Sets/Decision Points		50 each		Six per year	
Health FYI Webcasts		50 per webinar		Twelve per year	
OTHER					
Maternity Management		300		Once per quarter (max 4)	
Disease/Lifestyle Management		300		Once per quarter (max 4)	
Vitality Squares		Varies		Once per month	

**Total cholesterol or low-density lipoprotein (LDL)

***A reasonable alternative is available and presented as a Vitality Check.

FAST TRACK YOUR POINTS

Start the new year by taking care of yourself. In addition to the 10% kick-start bonus, you have multiple paths to obtain quick points to achieve your incentives.

- 1. Vitality Health Review (VHR)** — the VHR is a brief, confidential online questionnaire worth 500 points. Complete it by March 31, 2023, and you'll receive an additional 250 points.
- 2. Vitality reviews:** In addition to the VHR, complete these quick reviews to earn an additional 475 points:
 - a. Mental Well-Being Reviews (225 points)
 - b. Physical Activity Review (250 points)
- 3. Nutrition courses:** Completing a nutrition course will earn you 300 points, and you are able to take up to three courses — enabling you to earn a total of 900 points. There are many course topics available, and you are required to complete a knowledge assessment at the end of each course to earn points. That's a quick 2,125 points while you gain valuable insights into your wellbeing.

Please refer to the Vitality website (www.powerofvitality.com) or contact Vitality at **877-224-7117** or wellness@powerofvitality.com with any questions about the program including the Vitality Points guide and Vitality biometric form.



Flexible Spending Accounts

If you are contributing to an HSA, you are **not eligible** to participate in the Health Care FSA; you may participate in the other FSA accounts mentioned here

Flexible Spending Accounts (FSAs) offer a significant tax savings opportunity. As a participant, you may set aside a portion of your salary before Social Security, federal income tax, and in some cases, state and local taxes are deducted. You can then use the money to reimburse yourself for eligible health care and dependent care expenses incurred during the year. Please see www.payflex.com or www.irs.gov/pub/irs-pdf/p502.pdf for more information about eligible health and dependent care expenses. Your dependents do not have to be covered by any other Brookfield plan for expenses to be eligible for FSA reimbursement.

Health Care FSA: allows you to set aside pre-tax dollars to pay certain out-of-pocket health care expenses. You can contribute up to the maximum annual limit of \$2,850 as permitted by IRS regulations.

Limited Purpose FSA: much like the Health Care FSA, but eligible expenses are limited to qualifying dental and vision expenses for you, your spouse and your eligible dependents. You may only participate in the Limited Purpose FSA if you are contributing to an HSA and NOT enrolled in the Health Care FSA.

Dependent Care FSA: allows you to set aside pre-tax dollars to pay for day care services (for children up to age 13 and elder care) that allow you (and your spouse

or domestic partner) to work, look for work or go to school. You can contribute up to \$5,000 per year (\$2,500 if you are married and file separate tax returns).

Note: maximum contributions are subject to audit and/or non-discrimination testing, which can affect the amounts that you may be able to set aside. Brookfield is currently required to limit contribution amounts for highly compensated employees (HCEs) to 55% of the IRS limit to ensure the Plan passes government required testing. The IRS defines HCEs as anyone making \$135,000 or more in 2022; subject to change each year.

Participation in an FSA is completely voluntary. It's important to remember that an FSA election is effective for only one calendar year. **You must enroll each year you wish to participate.** If you do not enroll during Benefits Open Enrollment or when you are first eligible, you will not be able to participate unless you experience a Qualifying Life Event change that allows you to make an election. Please refer to **page 39** for more information on Qualifying Life Event changes.

Important FSA Details

- The IRS requires that you use the full amount(s) you contribute to FSAs for eligible expenses during the plan year. Any funds remaining must be forfeited
- Brookfield provides a 75-day grace period. You have until March 15, 2024, to spend 2023 contributions (Note: Claims must be submitted before March 31, 2024)
- You cannot stop or change your FSA contributions during the plan year unless you have a Qualifying Life Event change
- **Even if you use your FSA debit card for valid medical expenses, the IRS requires you to save your receipts.** In addition, the program administrator may require that you supply receipts for certain eligible expenses throughout the year



PayFlex is the FSA vendor. Visit www.payflex.com or call PayFlex at 888-678-8242 for more information.

Life and AD&D Insurance

Brookfield pays 100% of the cost for Basic Life and AD&D coverage. For additional protection, you have the option to purchase Voluntary Life and AD&D insurance for yourself and your eligible dependents. Voluntary Life and AD&D participants pay 100% of the cost for insurance. The Life and AD&D plans are fully insured by Unum.

Eligibility

All Brookfield benefits-eligible employees in the U.S. who work at least 30 hours per week are automatically enrolled in Basic Life and AD&D insurance, effective as of their date of hire. All Brookfield benefits-eligible employees have the opportunity to enroll in additional Voluntary Life and AD&D insurance within 30 days of their date of hire.

Basic Life and AD&D Plan Summary

- Basic Life benefit: 1x annual salary rounded to the next higher \$1,000 increment, to a maximum of \$1 million.
- Basic AD&D benefit: 3x annual salary up to \$1 million, if death is the result of an accident; reduced benefits for certain other qualifying losses
- Coverage amount(s) will be reduced to 65% of original amount(s) when employee reaches age 70

Voluntary Life and AD&D Plan Summary

- These benefits are in addition to the Basic Life and AD&D benefit provided by Brookfield.
- If you miss the new hire enrollment window and would like to enroll for the first time, or increase your level of Life coverage, you will need to enroll and complete an accompanying Evidence of Insurability (EOI) form directly with Unum. You may enroll or increase your coverage in the Plan only after the application has been approved by Unum.

- If you are already enrolled in the Voluntary Life Plan, and wish to add a spouse/domestic partner or child due to a Qualifying Life Event, the EOI form is not required
- You can cancel or reduce your coverage in these plans at any time by contacting the Benefits Department at Benefits@Brookfield.com
- Coverage amount(s) will be reduced to 65% of the original amount(s) when you reach age 70 for both you and your spouse/domestic partner, if eligible

DESCRIPTION	DETAILS
VOLUNTARY LIFE BENEFIT	
INDIVIDUAL	You may purchase guaranteed issue coverage in \$10,000 increments up to lesser of \$400,000 or 5x annual salary. Additional coverage may be purchased with EOI up to the lesser of \$1 million or 5x annual salary. In order to purchase coverage for your spouse/domestic partner and/or child(ren), you must purchase voluntary coverage for yourself.
SPOUSE/ DOMESTIC PARTNER	You may purchase guaranteed issue coverage in \$5,000 increments up to the lesser of 50% of your voluntary coverage or \$50,000. Additional coverage may be purchased with EOI up to the lesser of 50% of your voluntary coverage, or \$250,000.
CHILD	You may purchase a flat \$10,000 in coverage (for children under six months of age the benefit is a flat \$1,000).
VOLUNTARY AD&D BENEFIT	
INDIVIDUAL	You may purchase coverage in \$10,000 increments up to the lesser of 5x annual salary or \$1 million.
SPOUSE/ DOMESTIC PARTNER	You may purchase coverage in \$5,000 increments up to the lesser of 50% of your voluntary coverage or \$250,000.
CHILD	You may purchase a flat \$10,000 in coverage (for children under six months of age the benefit is a flat \$1,000).

Disability Insurance

Eligibility

Non-union employees in the U.S. who work at least 30 hours per week are automatically enrolled in Short-Term Disability and Long-Term Disability as of your first day of employment.

Unum is our leave of absence administrator. Contact Unum at **866-779-1054** or **www.Unum.com** if you need to take a disability leave.

Short-Term Disability

Short-Term Disability (STD) insurance is a company-provided benefit providing benefits-eligible employees with a benefit for each day they are absent due to illness or injury, up to a maximum of 26 weeks in a period of 12 consecutive months. All active full-time employees are eligible for this plan. If your STD claim is approved, your benefit payments will begin on the eighth (8) consecutive calendar day of disability. Our company-provided coverage is for the following benefit levels:

- Seven (7) day elimination period (you must use earned PTO, if available). The elimination period does not extend the disability period outlined below.
- Based on years of service, the following disability schedule applies:
 - 90 days to 12 months service: six weeks at 100% from date of disability
 - One to three years of service: Nine weeks at 100% from date of disability
 - Three plus years of service: 12 weeks at 100% then weeks 13-26 at 70% from date of disability

Long-Term Disability

Long-Term Disability (LTD) insurance through Unum is designed to replace a portion of your income if you become totally disabled and cannot work for an extended period of time. LTD benefits begin at the end of the maximum STD period or after you have been totally disabled for at least 180 consecutive days; whichever comes later. The benefit is equal to 66 2/3% of your base salary up to a maximum of \$17,000 per month.



A monthly maximum benefit will apply. Payment of the benefit is subject to approval by the insurance company.

Planning a Leave?

Visit **Brookfieldproperties.leavelogic.com** to help you make important decisions about your leave. It features:

Confidential Leave Planning

With powerful self-service tools, you can navigate your benefits easily and plan the leave you want before disclosure of a life event.

What Benefits Are Available to Me?

Benefits such as health care, employee assistance programs, as well as state and local regulations are all consolidated in one convenient location.

How Much Time Can I Take Off?

All policies and programs become transparent helping you decide how to incorporate family and work.



Employee Assistance Program

Life Happens. Stress Less. Live More.

You've got a lot on your plate. Balancing work and family can be tough. And you probably have projects you want to spend time on, too. Sometimes it can feel like you have to do it all, all by yourself. The EAP is a power tool you've already got in your life toolbox. You don't have to wait until things break to call us. Getting help with issues you're facing can save you time and stress.

Meet face to face, online by video stream or get in-the-moment support by phone or by visiting the website.

You'll find video resources, articles, assessments, webinars and more to support you.

Here are just a few of the reasons people use the EAP:

- Managing stress
- Parenting
- Improving your finances
- Working through conflicts
- Dealing with illness
- Grieving a loss
- Caring for elderly family members
- Meeting your goals

Here for small issues, big problems and everything in between.

Save with LifeMart

LifeMart is an employee discount program through the EAP. You can get exclusive discounts on a wide range of products including gym memberships, travel services, electronics and more! Visit www.resourcesforliving.com to learn more.

THEY'RE HERE FOR YOU, 24/7/365

Your EAP with Aetna Resources for Living is free, confidential and available around-the-clock. Call anytime, at **888-238-6232** or visit www.resourcesforliving.com
Username: Brookfield
Password: EAP

Long-Term Care Insurance

Long-Term Care insurance is an additional insurance program Brookfield offers so that employees have the convenience of payroll deduction and discounted group premiums for other coverage required to support their individual and family needs. Long-Term Care (LTC) provides services that help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods.

It is common for Long-Term Care to provide custodial and non-skilled care, such as assisting with normal daily tasks — like dressing, feeding, using the bathroom — by providing a level of medical care that requires the expertise of skilled practitioners to address multiple chronic conditions.

- This policy is owned by the employee and the employee pays 100% of the cost of coverage
- To access the application forms, please direct the employee to the “Apply Now” section
- Employees may discontinue this policy at any time upon notification to the insurance company and to payroll. To enroll in Long-Term Care, use the step-by-step instructions provided in this link: <https://www.myltcguide.com/Technologyservicesgroup>
- This policy is also portable, meaning that if employment is terminated for any reason, employees have the right to take the coverage as an individual policy and continue to pay premiums directly to Unum

Commuter

All Brookfield employees are eligible for Parking and Transit benefits through PayFlex. You can participate in either or both of these benefits on a pre-tax and post-tax basis.

You can now use your prepaid commuter check card for both commuter accounts. This means, you have access to spend the funds in both your parking and transit accounts. It does not matter what the expense type is. Based on the merchant code where you use your card, the system will prevent you from using more than the monthly IRS limit for either expense type.

You can enroll in Commuter coverage and review more options available through PayFlex by logging on to their website at www.payflex.com. You will first need to register as a new user. Enrollment and any ongoing changes must be made by the 10th of the month to be effective for the next month. Your Commuter election is only taken from the second pay of each month.

Transit

This benefit can be used to pay for public transit — including train, subway, bus, ferry or vanpool — as part of your daily commute to and from work. It's a great way to put extra money in your pocket each month and make your commute more convenient and affordable.

Parking

You can use this benefit to pay for your daily, weekly or monthly parking. Additional information about the PayFlex parking benefit can be found at www.payflex.com, or call **888-678-8242**.

The IRS maximum pre-tax contributions in 2023 are:

- Transit: \$280 per month
- Parking: \$280 per month

Caution: while your remaining funds will roll over each month, don't let your balance get too high. These accounts are meant to be used as you incur the cost. If you leave the company, IRS rules stipulate that your funds can't be refunded to you. See the "Leaving the Company" document at multifamily.livewell.brookfield.com for more details.

Gympass

With Gympass, you can visit a variety of gyms and studios to discover new and fun ways to exercise — some from the comfort of home — with a single membership. And, with help from Brookfield, the price is affordable, up to 75% off normal membership prices.

With a Gympass membership, you and your dependents can experience:

- Gym Network: Access 11,000 gyms, studios and fitness facilities nationwide at discounted prices. You can try a different gym (or visit the same one) every day!
- Live Streamed Classes: Stream classes from your favorite studios including yoga, strength training, HIIT, Pilates, dancing, CrossFit and more.
- Virtual Personal Training: Sign up for 1:1 virtual sessions with a personal trainer. Book up to eight sessions per month as part of your membership.
- On-Demand Wellness Partners: Browse a library of on-demand content across fitness, nutrition planning, mindfulness and guided meditations, and family and kids resources!

Learn more about Gympass:

- Learn more at gympass.com/us/brookfield-us or download the Gympass app from the Apple App Store or Google Play. Register using your Brookfield email address.
- You have the option for a free virtual plan and seven plans to choose from starting at just \$9.99/month, you can choose the one that best fits your wellness needs and conveniently set up payment via Brookfield payroll deduction.
- Gympass offers Brookfield employees a seven-day free trial. Employees with an active membership can also add up to five family members!

QUESTIONS?

Email: help.me@gympass.com

Chat: gympass.com/us (select Contact us)

Voluntary Benefits

If there's an emergency or you end up in the hospital, health insurance helps with the medical expenses. But what about extra expenses, like deductibles, copays and even daily things like your mortgage, child care costs or car payments? These voluntary insurance options, available through Aetna, can help supplement your medical plan with extra financial support if you are sick or injured. For complete details, visit www.myaetnasupplemental.com.

When you have a covered illness, injury or hospital stay, just submit a claim online at www.myaetnasupplemental.com, and Aetna will mail you a check. You can use the money however you need to. All of the Aetna plans are portable should you ever leave Brookfield. Premiums are paid through automatic payroll deductions and your coverage is guaranteed. You do not have to be on a Brookfield medical plan to elect these coverages.

If you elect an Aetna supplemental health plan, you'll also get access to an exclusive CVS shopping site with savings opportunities to help live a healthier lifestyle. It includes a 20% discount on everyday CVS health items, plus additional discounts on glasses, teeth whitening, gym membership, acupuncture, massage therapy and more! Visit www.MyAetnaSupplemental.com to learn more.

Group Accident Insurance

This plan pays a cash benefit to help cover out-of-pocket expenses associated with an accidental, off-the-job injury, like burns, concussions or fractures.

Group Critical Illness

Critical Illness coverage pays a lump-sum amount if you are diagnosed with a covered disease or condition, like a heart attack, cancer or stroke.

Critical Illness coverage also includes a wellness benefit, which pays you \$100 per year just for completing any one wellness screening like a skin cancer check, mammogram or colonoscopy; just to name a few.

Group Hospital Indemnity

Hospital Indemnity Coverage pays cash benefits directly to you if you have a covered stay in a hospital, critical care unit or rehabilitation facility. Payments can vary based on the number of days you spend there.

Note: Exclusions and limitations apply, see the plan certificates for each coverage listed above for more details.





MetLife Legal Plans

You have access to top professionals and experienced attorneys through MetLife Legal Plans to help you with a variety of personal legal matters. Telephone and office consultations are available with an attorney of your choice within the network. You will have unlimited use of legal services covered by the Plan and no waiting periods, claim forms, deductibles or copays.

Among the services you can access is digital estate planning providing you with a simple, guided process to complete wills, living wills and/or power of attorney in as little as 15 minutes. This service also provides real-time video guidance with a notary and witnesses to finalize the documents.

The cost to cover this plan for you, your spouse/ domestic partner and dependents is just \$13.50 per month. For matters that aren't covered under the Plan, you can receive four hours of Network Attorney time and services per year. Learn more at www.legalplans.com.

Travel Assistance Program

The Brookfield travel assistance program through Assist America, Inc. allows you and your dependents access to emergency medical assistance whenever you are traveling 100 miles or more from home or to a foreign country. If a medical emergency arises, help is just a phone call away.

Emergency Travel Assistance Services

- Medical consultation and evaluation
- Medical referrals
- Hospital admission guarantee
- Critical care monitoring
- Emergency evacuation by whatever mode of transport is necessary to the nearest facility that can appropriately treat your situation

This program does not replace regular comprehensive medical insurance, but it does round out the coverage you have with specialized services such as air ambulance transportation, emergency evacuations and hospital admission guarantees. To access the travel assistance program, call **609-986-1234** from within the U.S. or **001-609-986-1234** from outside the U.S.

MetLife Legal Plans can help when you are:

- Getting married
- Buying, selling or renting a home
- Starting a family
- Dealing with identity theft
- Sending kids to college
- Caring for aging parents



NortonLifeLock

Identity Theft Services

Everyday things like online shopping, banking and even browsing can expose personal information and make you vulnerable to cybercriminals and identity theft. You can live your digital life safely with these services from LifeLock:

Device Security: Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.

Online Privacy: Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public websites to help you opt out. And SafeCam alerts you and blocks any attempts to access your webcam.

Identity: Fraudulent use of personal information is monitored, and alerts are sent when there is a potential threat.

Home and Family: Monitor your child's online activity with easy-to-use tools to set screen-time limits, block unsuitable sites and monitor search terms and activity history.

Summary of Services

Find the coverage that works best for you and your family. Select either NortonLifeLock Essential or Premier Plan during Open Enrollment. There are varying degrees of coverage depending on what is important for you to protect. The monthly rates are below:

COVERAGE LEVEL	EMPLOYEE ONLY	FAMILY
Essential Plan (One credit bureau monitoring)	\$5.99	\$12.98
Premier Plan (Three credit bureaus monitoring)	\$8.99	\$17.98

For more information visit my.norton.com.



Pet Insurance

Take care of your furry friends with pet insurance. The My Pet Protection suite of pet insurance plans from Nationwide is an exclusive benefit for Brookfield employees that gives you superior protection for your pets at an unbeatable price. It features:

- 70% and 50% reimbursement plans on vet bills
- One set price, regardless of the pet's age
- An average savings of 40% over similar plans from other pet insurers
- 24/7 access to veterinary experts by phone, chat or email for help for everything from general pet questions to urgent care needs
- PetRxExpress - save time and money on pet prescriptions at participating retail pharmacies

Visit benefits.petinsurance.com/brookfield and provide your pet's species and ZIP code to get started. Call **877-738-7874** to access the vethelpline.

Care.com

Care.com Membership

Care.com is the world's largest network for finding and managing care. With unlimited access to a subsidized Premium Care.com membership, you can find regular, part-time, or ongoing care including:

- Nannies and babysitters
- Senior caregivers
- Pet sitters and groomers
- Tutors and distance learning facilitators
- Special needs caregivers
- Housekeepers and more

You can use Care.com to access resources in the Care.com Community, including articles, pay rate calculators, and step-by-step guides for childcare, adult care, pet care and more. Care.com is accessible by visiting the website www.care.com or through the Care.com App on the Apple App Store or Google Play.

Backup Care

When regular care isn't available, Backup care is an affordable, subsidized benefit to help you fill gaps in care. Like when schools are closed, someone needs a ride to the doctor, or your dog needs some extra care. You can request backup care for children, adults and pets. In-network backup care can be provided in your home or at a facility. If needed, you will be able to use a personal care provider and submit a receipt to be reimbursed, using the Personal Network Backup Care.

LifeMart

LifeMart is a members-only online discount program offering savings on major brands and everyday essentials. You can access hundreds of online discounts to save money on everyday needs, including:

- Child care and senior care discounts
- Pet care insurance and supplies
- Groceries and restaurants
- Gyms, fitness, wellness and more

You can access Lifemart online at www.lifecare.com/lifemart or through the LifeMart app available on the Apple App Store or Google Play.





401(k) Savings Plan

Eligibility

Full-time employees who are at least 21 years of age are immediately eligible to participate in the 401(k) plan.

Part-time employees who are at least 21 years of age and have worked 1,000 hours or more in the previous 12-month period are also eligible to participate in the Plan.

Employee Contributions

The maximum employee deferral amount for 2023 is \$20,500 with a catch-up contribution maximum of \$6,500.* If you are 50 or older, you may contribute a maximum of \$27,000 for 2023.

You can contribute up to 60% of your compensation through either pre-tax or Roth contributions, up to the IRS limits combined across your employee deferral contributions.

- **Pre-tax contributions** — allow you to put money aside before federal and most state income taxes, which lowers your taxable income today. Your money grows tax-free and you don't pay taxes on it until you elect to start using it in retirement.
- **Roth contributions** — allow you to put money aside after federal and state income taxes and you don't pay taxes on your contributions and earnings when you start using them in retirement.

You may elect pre-tax, Roth, or a combination as long as your total contributions don't exceed the IRS annual limits. You may also designate different deferral amounts between regular pay vs. bonus/commission pay; regular pay elections will not be taken from bonus pay. All funds contributed by you and Brookfield are 100% vested.

You may change your contribution percentage at any time directly through Empower:

www.brookfieldretirement.com or **844-465-4455**.

*If you contributed to another employer's 401(k) plan during the plan year, you are responsible for monitoring your IRS maximums across all plans.

Employer Contributions

Through the 401(k) company-matching contribution program, you have an opportunity to receive dollar for dollar of what you contribute to the 401(k) Plan up to 5% of your eligible pay.

- Contributions of up to 5% receive 100% of your contributions up to the maximum Employer Contribution (match)
- Maximum Employer Contribution is 5% of eligible compensation up to the IRS limit of \$290,000 in 2023

The Employer Contribution begins in the first payroll after the first of the month following three months of employment. Note: You can elect and begin your contributions as soon as your Empower account is created, however, contributions you make prior to this waiting period will not be matched.

Additional benefits to participating in your 401(k) Plan include: investment options, saving convenience and personal and home loan options.

Auto Enrollment

All new hires are immediately eligible to participate. If no elections are made within 30 days, you will be auto-enrolled at 5%. You can decrease or increase these elections at any time.

You will be able to direct contributions to any of the investments available in the Plan. However, if you do not make an investment election, your money will be invested in the default fund for the Plan, the American Centuries target date fund (based on age and estimated retirement age of 65).

Within ten business days of your hire, you will receive an email from Empower that includes all the information you need to get started.

Auto Increase

The Plan also provides the opportunity to elect automatic rate increases to help you reach your goals. Also, if you have been auto-enrolled into the Plan, Brookfield will increase your contribution by 1% each year until you reached 10%. You may change this amount or opt out at any time. Auto increase will occur each April 1st until you achieve 10% unless you change it.

Opting Out of Auto Enrollment and Auto Increase

If you want to contribute a different amount or do not want to contribute to the Plan, you have 30 days from your hire date to opt out using one of the following methods:

- **Online:** Log on to www.brookfieldretirement.com using your username and password.
 - Click on the Brookfield 401(k) Savings Plan link.
 - Choose "Paycheck Contributions" under the Account Information menu.
 - Choose the amount that you would like to contribute (enter 0% if you do not wish to contribute).
- **By phone:** Contact Empower Retirement at **844-465-4455**, then enter 0# to speak with an Empower representative. You cannot opt out using the automated telephone system. Representatives are available to take your call weekdays between 8:00 am and 10:00 pm Eastern Standard Time and Saturdays between 9:00 am and 5:30 pm Eastern Standard Time.

Loans

While your 401(k) is meant to be a savings vehicle for your retirement, there may be times when you need to access your funds prior to retirement. Our plan includes a loan feature:

- You can borrow up to 50% of your vested account balance (minimum \$1,000; maximum \$50,000).
- Pay back your account with interest.
- You may have two loans outstanding at a time.
- Take up to five years to pay back a general purpose loan; take up to 10 years to pay back a primary residence loan.
- There is a \$50 origination fee and a \$25 annual maintenance fee per loan.

Investment Assistance

You can invest your 401(k) account into a wide range of mutual funds, exchange-traded funds, stock and fixed-income securities. For help determining the right investments for you, call **844-465-4455** to speak with an experienced retirement consultant.

Maximize Your Retirement

Take advantage of the following tools and resources from Brookfield to help you save for the future:

- **Empower** — as our 401(k) administrator, Empower is here to help:
 - **www.brookfieldretirement.com** has an impressive assortment of tools and calculators on their site you can use to model your elections and plan for your future.
 - **The Home page:** has simple tools to help plan your retirement income, project health care costs as well as see how prepared you are for your future.
 - **My Financial Path:** Receive a personalized action plan, access valuable financial education resources, plus help with evaluating student debt options.
 - **Retirement savings consultants:** Schedule a phone consult to make sure you're on track to reach your goals.
- **HSA planning tools:** Yes, you can use your HSA in retirement! Visit **www.payflex.com** to learn more about investment options and check out the library of educational resources.

- **Medicare assistance:** Need help understanding Medicare and choosing the Plan that's right for you?
 - **Mylo:** Visit **choosemylo.com/health/medicare-insurance** or call **844-863-5950** to speak with an advisor and get a quote
 - **Aetna:** Medicare Transition Services through Aetna offers Medicare specialists, decision guidance and tailored online resources
 - **Health Advocate:** Call **866-695-8622** or visit **HealthAdvocate.com/Brookfield** to speak with a personal Health Advocate who can guide you through your options

Have Questions About Your 401(k) Plan or Want to Initiate a Transaction?

Visit Empower at: **www.brookfieldretirement.com** or **844-465-4455**.

You may also access the 401(k) Summary Plan Description (SPD) and other important plan disclosures via Empower.

¹ Maximum contributions are subject to required audits and/or non-discrimination testing, which can affect the amounts that you may be able to set aside.

² If you reach the IRS maximum employee contribution during the plan year and your match stops posting with each pay, after the final payroll for the year you will receive a "true-up" match contribution for the difference between your full match verses what actually posted during the first half of the following year.





Enrolling or Changing Your Benefits

When You Can Enroll or Change Your Benefits

For some of our benefit plans, you will have designated times of the year when you can enroll. These are not Brookfield's rules; these rules are dictated by the IRS and/or the insurance providers.

- 1. Open Enrollment** — October 3, 2022–October 14, 2022, for coverage effective January 1, 2023
- 2. New Hire/Newly Eligible** — within 30 days of hire/eligibility
- 3. Qualifying Life Events** — you must initiate a life event in Workday within 30 days of the event. Qualifying life events include:
 - a. Marriage, divorce or legal separation
 - b. Birth or adoption of a child
 - c. Death of a spouse/domestic partner or dependent
 - d. You or one of your covered dependents gaining or losing other benefits (for example, beginning or ending a job) or material change in current benefits
 - e. Your children meeting (or failing to meet) the plan's eligibility rules (for example, student status changes)
 - f. Court order requiring coverage of a dependent child
 - g. Start or termination of a Domestic Partner relationship (see the Domestic Partner Policy for more details)

Note: You will be required to provide proof of your life event to the HR Service Desk within 30 days of the event date. Also, the IRS limits changes that can be made based on the type of life event. The change must be "consistent" with the event type.

Here's a summary of when you can enroll in each plan:

- Benefit plans subject to enrollment deadline restrictions above are: Medical, Dental, Vision, Voluntary Life & AD&D Insurance, LTD, Health Care FSA, Dependent Care FSA, Long-Term Care, Critical Illness, Accident, Hospital, Legal and Identity Theft protection.
- You may enroll in the following at any time: 401(k), Pet Insurance, Commuter Benefits, Gympass and HSA (as long as you're in an HDHP plan).
- If you are eligible for the Plan, you are automatically enrolled in the following: STD, LTD, Basic Life Insurance, Basic AD&D, Wellness, Travel Assistance, Health Advocate and EAP.

Ask ALEX for Benefits Help

Not sure which plan is right for you and your family? Use ALEX, Brookfield's online benefits counselor, to help you select the right plans for your needs. This confidential, interactive tool gathers information about you, including family size and health care needs, to evaluate your options. ALEX will then recommend the most cost-effective plans by comparing your premiums and the costs for services you are most likely to use. You can even use ALEX to learn more about health care savings and retirement planning.

Visit www.myalex.com/brookfield/2023/multifamily via desktop or mobile device for more information.

Starting the Process to Enroll in Benefits

- You will receive a task notification in your Workday inbox when it is time to complete your benefits enrollment.
- You can review information about the plans by clicking multifamily.livewell.brookfield.com.
- When you are ready, go back to Workday and click on the Inbox Worklet on the home screen, or if during Open Enrollment, click on the Open Enrollment announcement.
- In your inbox, the task will appear on the left-hand side — titled Benefit Change — Hire or Open Enrollment Change. Select this task.
- Your Benefits will be broken down into three sections:
 - Health care and Accounts (i.e., Medical, Dental, Vision, FSAs and HSAs)
 - Insurances (i.e. Basic Life and Voluntary Life)
 - Additional Benefits (i.e., MetLife Legal, etc.)
- Important enrollment instructions will be provided on each page.

You get to select any benefit you would like to enroll in or change by clicking on **Manage** or **Enroll**.

- The **Update Your Information** Screen will appear if you did not enter your dependents' Social Security Number (SSN) when you added them to Workday. You will be asked to either update your dependent SSN or provide a reason and then click **Save**.

Health Care and Accounts

- The first screen displays the health care plans and Spending or Saving Accounts for which you are eligible.
- Select the plan in which you wish to enroll.
- Select the applicable level of coverage that you would like to be applied to the plan selected (e.g., Employee Only, Employee + Spouse/ Domestic Partner, Employee + Child(ren), or Family then **Confirm** and **Continue**.
- Add any eligible dependents that you wish to enroll in the Plan by checking the box next to the dependent. If you do not have existing dependents already listed in Workday, you will

- need to select **Add New Dependent** and enter the required information for each dependent (marked with a red asterisk). **You will be required to submit documentation within 30-days of your coverage effective date to verify that anyone being added to the Plan(s) is your legal dependent(s). See “Required Documentation for Dependents” on page 42 for more details.** NOTE: If you wish to name your dependent as a beneficiary of your life insurance, select Yes when asked this question.
- Workday will display the cost of each plan as you select your preferences.
 - **NOTE:** If you will be enrolling a spouse or domestic partner, you must visit the Spousal/ Domestic Partner Surcharge tile and attest to whether or not your spouse/domestic partner can get coverage through their employer.
 - If you are enrolling in the medical plan you must also elect the following two benefits:
 - Wellness U.S. plan
 - The Vision plan named Vision U.S.-EyeMed Premier with Medical
 - Once you have completed each of your Health Care and Account elections, click **Save** and you may move on to any benefit in either in the Insurance or Additional Benefits groups.
 - For Flexible Spending Account and Dependent Care Flexible Accounts, you will need to enroll to ensure you have coverage in the following year during Open Enrollment. Select the amount you want to contribute per paycheck or per year up to the IRS contribution limit, and then click **Save**.
 - **NOTE:** For the Health Savings Account (HSA), you may only enroll in this plan if you are enrolled in the High-Deductible Health Plan (HDHP), per IRS rules.

Insurance Elections

Brookfield offers additional insurance and programs for the benefit of our employees:

- You may elect additional Voluntary Life insurance or Accidental Death and Dismemberment (AD&D) coverage (company-paid benefits, such as Basic Life, Basic AD&D and disability coverage will default to Elect).

- To enroll in a voluntary insurance plan, select the **Manage** or **Enroll** button and choose your coverage level from the dropdown menu.
- Choose Plan Available then **Confirm** and **Continue**.
- Choose Coverage and then Select Your Beneficiaries. You can choose Primary, Secondary or a combination of both. Each section must total 100%. Then click **Save**. Note: Some plans may be subject to Evidence of Insurability and/or prerequisites (e.g., Voluntary Spouse/Domestic Partner Life — U.S. — Unum (Dependent) is limited to 50% of total coverage in Voluntary Life — U.S. — Unum (Employee) and Employee coverage must first be selected).

Beneficiaries

- You are required to enter beneficiary information for all Life insurance and AD&D plans.
- Click the plus symbol next to the Plan, then select a beneficiary from the dropdown menu. If the beneficiary or Trust is not already listed in Workday, you will need to select **Add New Beneficiary or Trust** and enter the required information before assigning them to a plan (if applicable).
- Specify whether the beneficiary is **Primary** or **Contingent** and the percentage that you wish to assign to them. Note: You may nominate multiple Primary and Contingent beneficiaries for one plan, but the minimum requirement is one Primary beneficiary at 100%.
- Once you have enrolled in your preferred Voluntary Insurance plans and entered your beneficiaries, click **Confirm and Continue**.

Additional Benefit Elections

Brookfield offers additional insurance and programs for the benefit of our employees:

- MetLife Legal benefits provide tax, insurance and financial advice with access to attorneys and online tools.
- NortonLifeLock™ provides identity theft protection.
- The remaining benefit plans are automatically included in your benefits package.

- Once you have enrolled in all of your benefits click **Review** and **Sign**.

The following benefits require you to enroll outside of Workday. Other than LTC, any of the below allow enrollment throughout the year:

- To enroll in Long-Term Care, use the step-by-step instructions provided in this link: <https://technologyservicesgroup.myltcguide.com>. Note, you may be required to submit additional information if this is not your first opportunity to enroll.
- Pet Insurance: enroll directly at benefits.petinsurance.com/brookfield.
- 401(k): www.brookfieldretirement.com or 844-465-4455
- Commuter: PayFlex.com or 888-678-8242
- Gympass: gympass.com/us

View Summary

- On this page, you will be provided with a summary of the benefits you have elected as well as any Evidence of Insurability requirements, if applicable.
- Once comfortable with all of your benefit selections click **Review and Sign**.
- Read and agree to the **Electronic Signature**.
- If you would like to make changes prior to submitting, you can click on the Previous button.
- Click **Submit** to finalize your enrollment.



Note: Brookfield provides basic demographic information to the following vendors to ensure seamless response and enrollment. If you would not like to have your basic information shared with the below vendors, please send an email to benefits@brookfield.com with the name of the vendors you would like to be excluded from.

List of vendors:

1. Gympass — gym membership discount
2. Health Advocate — Benefits concierge
3. Payflex — Commuter
4. Nationwide — Pet Insurance
5. Benefits Mobile App

Submit Elections Confirmation

- View and Print a copy of your benefits elections by clicking on the link on the next page.
- Click **Done** to complete the process.
- You can view or change your elections as many times as you like during the Open Enrollment period by either clicking on the Open Enrollment Announcement or Change Open Enrollment elections under Benefits on the Home Screen.

Evidence of Insurability and Spousal/Domestic Partner Surcharge Forms — Action Required

- If you applied for an amount of Life insurance that requires Evidence of Insurability, you will receive a task in your Workday inbox. Once you have completed the required steps, click **Submit** on the task.
- If you have enrolled your spouse or domestic partner in a medical plan for the first time, attest in the Spousal/Domestic Partner Surcharge tile to verify your spouse's/domestic partner's employment status and access to medical coverage through their own employer. If their access to coverage changes during the year; contact Benefits@brookfield.com to obtain a Spousal/Domestic Partner Surcharge Attestation form.
- If you have enrolled any new dependents, you will be asked to provide documentation to verify those dependents within 30 days of your coverage effective date. You will receive a task in your Workday inbox relating to this. Once you have completed and submitted the required documentation to the HR Service Desk, click **Submit** on the task.





Required Documentation for Dependents

Please note that employees are required to submit the following documentation within 30 days of the dependent's coverage effective date to verify dependents being added.

Spouse

To verify your spouse, the below items will be required:

- Government-issued marriage certificate, spousal surcharge waiver form (if applicable) and one of the following:
 - Joint lease, mortgage or deed
 - Joint tax return showing spouse (Social Security and other numbers should be blacked out)
 - Joint utility bill
 - Joint banking account or credit account (account numbers should be blacked out)

Domestic Partner

Registered domestic partners are eligible for coverage under Brookfield's benefits plans. To register a domestic partner, the following proof of domestic partnership will be required:

- A Domestic Partner Registration Statement, if you reside in a state or locality that provides for such registration, a state civil union license/certificate, or other similar government-issued evidence recognizing the relationship, and one of the following forms of proof of financial interdependence of the domestic partners:

- Joint lease, mortgage or deed;
- Joint tax return showing the domestic partner as the Brookfield employee's dependent (Social Security and other numbers should be blacked out);
- Joint utility bill; or
- Joint banking account or credit account (account numbers should be blacked out); or
- If not registered by the state or locality, and to register with Brookfield, please provide the spousal waiver form (if applicable), the Brookfield Affidavit of Domestic Partnership and three forms of proof of financial interdependence of the domestic partners from the list below:
 - Joint banking account or credit account (account numbers should be blacked out)
 - Joint obligation of a loan
 - Joint tax return showing the domestic partner as the Brookfield employee's dependent (Social Security and other numbers should be blacked out)
 - Joint lease, mortgage or deed
 - Joint utility bill
 - Evidence of shared household expenses (e.g., grocery bills, homeowners/renter's insurance bills, gasoline expenses)
 - Joint ownership of a vehicle
 - Wills having each other as executor and/or beneficiary
 - Designation of the domestic partner as

beneficiary under the Brookfield employee's company life insurance benefit

- Designation of the domestic partner as beneficiary under the Brookfield employee's company retirement benefits plan
- Mutual grant of authority as health care proxy
- Mutual grant of durable power of attorney
- Status as an authorized signatory on the other's credit card, charge card or bank account
- Joint ownership of holding of investments
- Shared household budget for purposes of government benefits
- Joint responsibility or shared expense of child care
- Affidavit of creditor or other individual able to testify to the domestic partner's financial interdependence

Child

To verify dependent children, one of the below items will be required:

- Birth:
 - Birth Certificate with parents' names listed (within 90 days of birth)
 - Hospital Birth Record (within 90 days of birth)
- Adoption: Adoption Certificate or Adoption Placement Agreement
- Legal guardian: Court documentation of Legal Custody/Guardianship
- Support order: Qualified Medical Child Support Order
- Legal Authorization: Court Order ordering child to be covered on insurance
- Disabled dependent: Physician's certificate or Medicare card or Proof of Dependent (above) and, if age 26 or older, tax return showing that child is claimed as a dependent

How to Upload the Documents to Workday

Within 30-days of your dependent(s) coverage effective date, you must upload the documentation directly to WorkDay:

- Under your profile picture (or Cloud) in the upper right corner, click "View Profile"
- On the left navigation bar, click "Personal"
- Click "Documents" on the upper navigation bar
- Click "Add" to upload your documentation



Removing Dependents from Coverage

In certain situations such as Qualifying Life Event changes, you may be eligible to remove a dependent from coverage under the Plan. The following document will be required, as applicable:

- Divorce: Divorce decree
- Legal separation: Court document specifying date of legal separation
- Termination of domestic partnership: If registered with a state/local entity, a formal dissolution, otherwise, a completed Domestic Partnership Termination affidavit
- Dependent change of status of coverage from another employer: Proof or letter from other employer or insurance provider validating change (for example, spouse's new hire eligibility to allow for employee to drop benefits, spouse lost employment to allow for employee to add benefits, etc.)

Domestic Partner Benefits

Medical, dental and vision benefits are offered to domestic partners. In general, domestic partners:

- Have registered as Domestic Partners under state law (where applicable)

OR

To register with Brookfield you must meet the below criteria and provide three of the requested information:

- Are at least 18 years of age, are not related in a way that would prohibit marriage in any state of operation, and are not married to or legally separated from anyone else;
- Are competent to enter into contract at the time the domestic partnership statement is completed;
- Have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations which has existed for at least six months prior to the enrollment;
- Are each other's sole domestic partner and

have not had another domestic partner in the past six months;

- Have shared a permanent residence for at least the past six months.

Children of domestic partners are eligible for benefits under the same conditions as children of an employee's legal spouse.

An employee may terminate a domestic partnership by notifying the Benefits Department in writing of the termination of the domestic partnership within 30 days of its termination. (The same guideline exists for married couples who divorce.) The employee must then wait six months from the date of the notice before registering another domestic partnership, except in any of the following cases:

- Where the employee has registered a domestic partnership under state or local law, where applicable;
- Where the employee is registering the same domestic partnership within 30 days' notification of the termination of that domestic partnership;
- Where the employee's former domestic partnership was dissolved through the death of the employee's domestic partner.

Under federal tax law, if your (non-spouse) domestic partner does not qualify as your tax dependent for health coverage purposes, then you will be unable to pay for your domestic partner's coverage on a pre-tax basis under the cafeteria plan.

Although coverage is also available for children of an eligible employee's domestic partner under Brookfield's group health plan, a domestic partner's child is unlikely to qualify as an employee's tax dependent for health coverage purposes. Thus, the value of such coverage generally must be included in gross income. You should contact the Benefits Department if you believe your domestic partner's child may qualify as your tax dependent for health coverage purposes. You will also be unable to claim expenses for your domestic partner under the Health Care FSA.

Certain taxing authorities may consider company payments for domestic partner benefits to be taxable income, so employees should determine whether the

taxes they would pay for the domestic partner benefits, if any, are more costly than buying health insurance independently. The company will treat the value of the benefits provided to the employee's domestic partner as required under federal, state and local law.

Disabled Dependent: Physician's certificate or Medicare card or Proof of Dependent (above) and, if age 26 or older, tax return showing that child is claimed as a dependent.

Contact the Benefits Department for Information and Registration

An employee who wishes to receive domestic partner benefits must contact the Benefits Department for information and registration (Benefits@Brookfield.com).

After successful registration, the Benefits Department will acknowledge the partnership as of the qualifying event date. Enrollment of domestic partners and eligible dependent children is subject to the same rules as enrollment of other dependents.

Imputed Income

Under current IRS rules, the value of the contribution Brookfield makes toward the cost of medical coverage provided to certain family members who are not your tax dependents may be considered imputed income that is subject to federal income taxes, FICA (Social Security and Medicare) and any other required payroll taxes. In some cases, you may also have imputed income for California state income tax purposes.

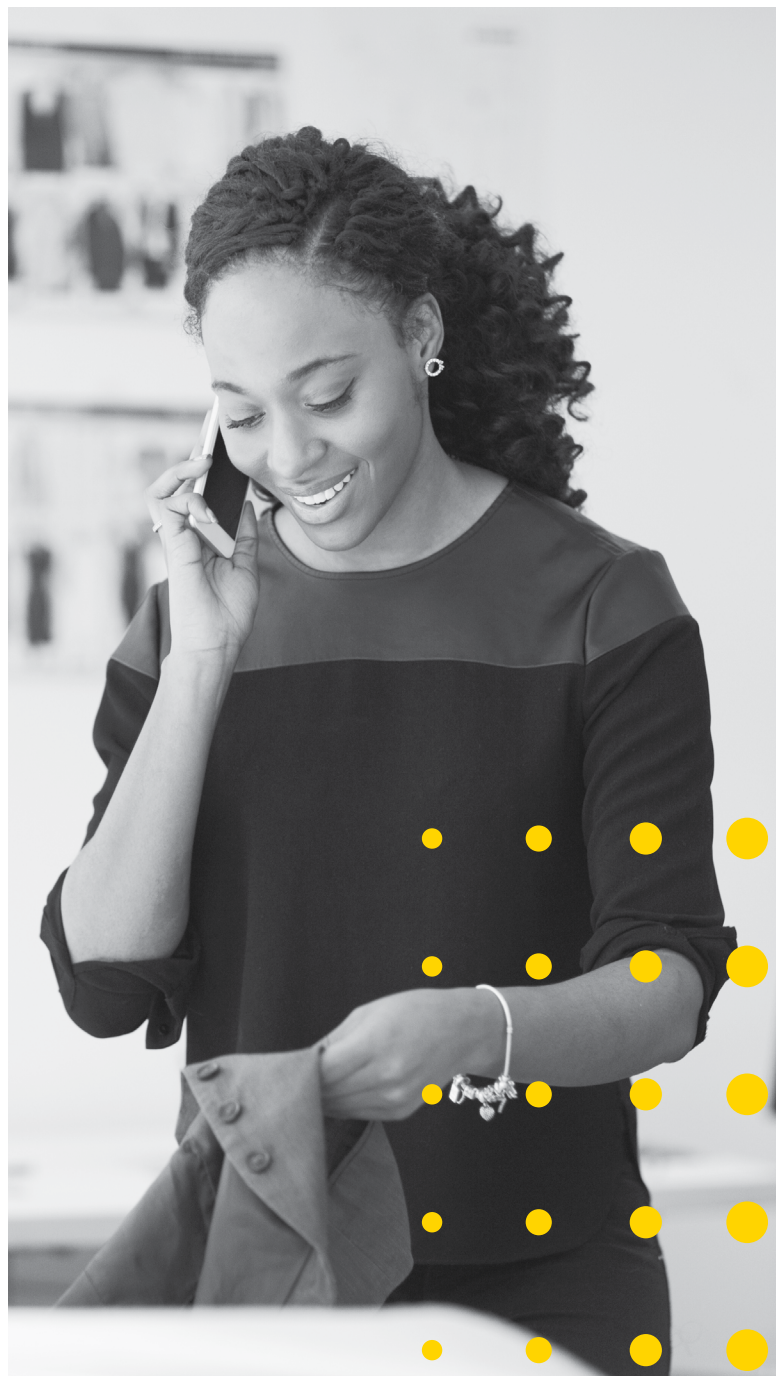
Final approval of coverage for a domestic partner will rest with the insurer underwriting the benefits at the time of application. Brookfield voluntarily extends continuation of COBRA coverage to domestic partners.

Change in Work Status

If you are a full-time employee moving to part-time status, you will only be eligible for medical, 401(k), EAP, Health Advocate, Vitality, HSA and Commuter Accounts. You will be eligible for medical coverage until the end of the calendar year, and will only remain eligible for medical benefits the following year if you work an average 30 or more hours per week during the ACA lookback calculations for Open Enrollment. The following year's eligibility will not be confirmed until October of the current

year when the lookback calculation is complete. You will remain eligible for 401(k) benefits as long as you were eligible before your change in work status. Any 401(k) election changes will continue to go through Empower for submission. Eligible employees also will have the opportunity to enroll in COBRA benefits for dental, vision and Health Care FSA, if previously enrolled.

If you are leaving the company, information about your benefits termination can be found on multifamily.livewell.brookfield.com under Resources/Documents.



Your Bi-Weekly Paycheck Contribution

Medical

NOTE: Other than Commuter contributions, benefits deductions are taken from each payroll. Commuter contributions are taken from the second pay of the month only.

Please see below for the 2023 rates:

HDHP			
	BROOKFIELD CONTRIBUTION	YOUR CONTRIBUTION	YOUR CONTRIBUTION WITH WELLNESS PREMIUM INCENTIVE ¹
EMPLOYEE (EE) ONLY	\$293.97	\$67.98	\$21.82
EE + SPOUSE /DOMESTIC PARTNER	\$582.48	\$118.32	\$49.09
EE + CHILD(REN)	\$546.03	\$84.34	\$38.18
EE + FAMILY	\$913.49	\$134.69	\$65.46

¹See the Wellness Program section of this Guide for important deadlines related to this incentive.

EPO			
	BROOKFIELD CONTRIBUTION	YOUR CONTRIBUTION	YOUR CONTRIBUTION WITH WELLNESS PREMIUM INCENTIVE ¹
EMPLOYEE (EE) ONLY	\$286.87	\$100.70	\$54.55
EE + SPOUSE /DOMESTIC PARTNER	\$560.10	\$191.97	\$122.74
EE + CHILD(REN)	\$536.16	\$141.62	\$95.46
EE + FAMILY	\$894.74	\$232.88	\$163.65

PPO			
	BROOKFIELD CONTRIBUTION	YOUR CONTRIBUTION	YOUR CONTRIBUTION WITH WELLNESS PREMIUM INCENTIVE ¹
EMPLOYEE (EE) ONLY	\$325.00	\$109.43	\$63.28
EE + SPOUSE /DOMESTIC PARTNER	\$634.18	\$211.61	\$142.38
EE + CHILD(REN)	\$607.58	\$156.89	\$110.74
EE + FAMILY	\$1,013.83	\$259.07	\$189.84

Working Spouse/Domestic Partner Surcharge Policy

Brookfield assesses a \$1,200 per year, or \$46.15 per pay period, surcharge fee on medical plan premiums for employees whose spouse/domestic partner are enrolled in Brookfield's medical plan. The surcharge will apply if the covered spouse (or domestic partner) is currently employed elsewhere and is offered medical and prescription drug coverage through his or her employer.

If your covered spouse/domestic partner is unemployed, self-employed or employed but not offered medical/prescription coverage, you may indicate during enrollment via Workday that the surcharge should not apply.

You are required to contact the Benefits Department in the event your spouse/domestic partner becomes eligible for medical/prescription benefits through his or her employer during the year.

Dental

PPO PLUS PLAN		
	BROOKFIELD CONTRIBUTION	YOUR CONTRIBUTION
EMPLOYEE (EE) ONLY	\$16.09	\$10.56
EE + SPOUSE / DOMESTIC PARTNER	\$20.23	\$20.32
EE + CHILD(REN)	\$22.64	\$22.42
EE + FAMILY	\$40.53	\$32.18

PPO PLAN		
	BROOKFIELD CONTRIBUTION	YOUR CONTRIBUTION
EMPLOYEE (EE) ONLY	\$22.80	\$0.00
EE + SPOUSE / DOMESTIC PARTNER	\$34.70	\$0.00
EE + CHILD(REN)	\$38.55	\$0.00
EE + FAMILY	\$62.22	\$0.00

Vision

EYEMED BASIC		
	BROOKFIELD CONTRIBUTION	YOUR CONTRIBUTION
EMPLOYEE (EE) ONLY	\$0.58	\$1.74
EE + CHILD(REN)	\$1.24	\$3.69
EE + SPOUSE	\$1.16	\$3.45
EE + FAMILY	\$ 1.97	\$5.89

EYEMED PREMIER		
	BROOKFIELD CONTRIBUTION	YOUR CONTRIBUTION
EMPLOYEE (EE) ONLY	\$2.31	\$3.18
EE + CHILD(REN)	\$2.93	\$8.80
EE + SPOUSE	\$2.74	\$8.23
EE + FAMILY	\$4.68	\$14.05

Supplemental Life and AD&D

SUPPLEMENTAL LIFE			
AGE	EMPLOYEE RATE PER \$10,000	SPOUSE /DOMESTIC PARTNER RATE PER \$5,000	CHILD RATE FOR FLAT \$10,000
< 25	\$0.23	\$0.12	\$0.92
25-29	\$0.28	\$0.14	
30-34	\$0.37	\$0.18	
35-39	\$0.42	\$0.21	NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.
40-44	\$0.46	\$0.23	
45-49	\$0.69	\$0.35	
50-54	\$1.06	\$0.53	
55-59	\$1.98	\$0.99	
60-64	\$3.05	\$1.52	
65-69	\$5.86	\$2.93	
70 +	\$9.51	\$4.75	

SUPPLEMENTAL AD&D		
	AD&D COST PER	BI-WEEKLY RATE
EMPLOYEE	\$10,000	\$0.09
SPOUSE/DOMESTIC PARTNER	\$5,000	\$0.05
CHILD	\$10,000	\$0.09



MetLife Legal Plan

	YOUR CONTRIBUTION
EMPLOYEE (EE) ONLY	\$6.23

Accident

	YOUR CONTRIBUTION
EMPLOYEE (EE) ONLY	\$4.48
EE + SPOUSE/ DOMESTIC PARTNER	\$8.01
EE + CHILD(REN)	\$8.47
EE + FAMILY	\$11.40

NortonLifeLock

	BENEFIT ESSENTIAL	BENEFIT PREMIER
EMPLOYEE (EE) ONLY	\$2.76	\$4.15
EE + SPOUSE/ DOMESTIC PARTNER	\$5.99	\$8.30

Hospital Indemnity

	YOUR CONTRIBUTION
EMPLOYEE (EE) ONLY	\$5.52
EE + SPOUSE/ DOMESTIC PARTNER	\$12.33
EE + CHILD(REN)	\$9.21
EE + FAMILY	\$15.36

Critical Illness

\$10,000				
AGE BAND	EMPLOYEE (EE)	EE & SPOUSE/ DOMESTIC PARTNER	EE & CHILDREN	EE & FAMILY
<20	\$1.51	\$2.69	\$1.51	\$2.69
20-24	\$1.65	\$2.97	\$1.65	\$2.97
25-29	\$1.91	\$3.50	\$1.91	\$3.50
30-34	\$2.27	\$4.22	\$2.27	\$4.22
35-39	\$2.82	\$5.31	\$2.82	\$5.31
40-44	\$3.76	\$7.20	\$3.76	\$7.20
45-49	\$5.27	\$10.22	\$5.27	\$10.22
50-54	\$7.59	\$14.87	\$7.59	\$14.87
55-59	\$11.00	\$21.69	\$11.00	\$21.69
60-64	\$15.36	\$30.40	\$15.36	\$30.40
65-69	\$20.47	\$40.64	\$20.47	\$40.64
70+	\$25.31	\$50.32	\$25.31	\$50.32

Visit multifamily.livewell.brookfield.com for more information about your plans. If you need assistance with any of these vendors or you have questions on your plans, please contact the HR Service Desk (HRSD) at **833-980-1179** or Benefits@brookfield.com.

Key Contacts

CARRIER	PLANS	PHONE NUMBER	WEBSITE, EMAIL & APP
Aetna	Medical Group Number: 143749 Concierge Service	888-655-5327	www.aetna.com Aetna Health mobile app
	Voluntary Benefits Group Number: 487628	800-607-3366	www.myaetnasupplemental.com My Aetna Supplemental mobile app
	Employee Assistance Program	888-238-6232	www.resourcesforliving.com User ID: Brookfield Password: EAP Resources for Living mobile app
Calibrate	Weight Loss Program	631-307-4916	www.joincalibrate.com/pages/brookfieldhello@joincalibrate.com
Care.com	Care Management	–	brookfield.care.com
Delta Dental	Dental Group Number: 20099	800-932-0783	www.deltadentalins.com Delta Dental mobile app
Empower Retirement	401(k) Savings Plan Plan # 150167-01	844-465-4455	www.brookfieldretirement.com Empower Retirement mobile app
EyeMed	Vision Group ID: 1024932	866-939-3633	www.eyemed.com EyeMed mobile app
Health Advocate	Advocacy Service	866-695-8622	www.HealthAdvocate.com/Brookfieldanswers@HealthAdvocate.com Health Advocate mobile app
Hinge Health	Musculoskeletal Program	855-902-2777	www.hingehealth.com help@hingehealth.com Hinge Health mobile app
Gympass	Discounted gym membership	888-678-8242	gympass.com/us/brookfield-us
LTC Solutions	Long-Term Care Insurance	877-286-2852	www.myltcguide.com/technologyservicesgroup
Lyra Health	Mental Health	877-424-1860	care@lyrahealth.com
Memorial Sloan Kettering	MSK Direct Cancer Care	833-986-2010 or 646-449-2566	mskcc.org/brookfield
MetLife	Legal Services	800-821-6400	www.legalplans.com
Mylo	Cobra and Medicare Alternatives	844-863-5950	www.choosemylo.com/health/medicare-insurance
Nationwide	Pet Insurance Group Number: 9577	877-738-7874	benefits.petinsurance.com/brookfield
NortonLifeLock	Identity Theft Protection	866-456-9316	my.norton.com
PayFlex	Health Savings Account	888-678-8242	www.payflex.com PayFlex mobile app
	Flexible Spending Accounts		
	Commuter Accounts		
Progyny	Fertility Services	844-930-3356	www.progyny.com
Teladoc	Telemedicine	855-835-2362	www.teladoc.com/Aetna Teladoc mobile app
Unum	Basic Life and AD&D Group Number: 99201	800-858-6843	www.Unum.com Brookfield.LeaveLogic.com Unum Customer mobile app
	Voluntary Life and AD&D Group Number: 99203	800-858-6843	
	Long-Term Disability Group Number: 221611	800-858-6843	
	Leave Management Center	866-779-1054	
	Travel Assistance Program Reference Number: 01-AA-UN-762490	Within U.S.: 609-986-1234 Outside U.S.: 001-609-986-1234	
Vitality	Wellness Program	877-224-7117	www.powerofvitality.com wellness@powerofvitality.com Vitality mobile app

If you need assistance or have questions, please contact the HR Service Desk (HRSD) at **833-980-1179** or **Benefits@brookfield.com**

Important Notices

Technology Services Group LLC

Effective Date

January 1, 2023

Technology Services Group LLC
Employee Benefits Plan

Plan Administrator

Technology Services Group LLC
Benefits Department
250 Vesey Street, 15th floor
New York, NY 10281-1021

HIPAA Privacy Official

Director, Benefits
Benefits@brookfield.com
833-980-1179

HIPAA Special Enrollment Deadline

30 days

COBRA Plan Administrator

PayFlex
151 Farmington Avenue
Hartford, CT 06156
888-678-8242

COBRA Qualifying Event Period

60 days

Compliance Notices

The following Compliance Notices are available at multifamily.livewell.brookfield.com under Resources:

Medicare Part D: This is a notice of “creditable” or “non-creditable” prescription drug coverage, basically a comparison of cost of expected claims under the employer’s Rx benefit, compared to the standard Medicare Part D benefit.

HIPAA Reports and Disclosures: Notice of the plan’s privacy practices with respect to “protected health information” (PHI). Covered entities, such as health plans and insurers, are required to supply a privacy notice to enrollees.

Special enrollment notice: This is a notice apprising eligible employees and their dependents of their right to enroll immediately if they lose other coverage due to a special enrollment event.

COBRA Disclosures: This is a general explanation of COBRA rights. The plan’s summary plan description should reflect COBRA contact points and procedures for notices to the Plan.

Women’s Cancer Rights Act notice: This is a general explanation of the plan’s coverage of breast reconstruction and prostheses following mastectomy

Michelle’s Law notice: This is a notice summarizing the availability of continued pre-COBRA coverage for ill college students

Notice of premium assistance under Medicaid or the Children’s Health Insurance Program (CHIP): This is a notice informing employees of potential opportunities currently available, in the state in which the employee resides, for group health plan premiums assistance under Medicaid and CHIP.

EEOC notice under ADA for employees participating in wellness programs: This is a notice required under the Americans with Disabilities Act for employees participating in wellness programs involving medical examinations or disability-related inquiries.

