



2025  
**BENEFITS  
ENROLLMENT**

**Bryten Real Estate Partners**

**Bryten**  
REAL ESTATE PARTNERS

## Table of Contents

<b>About Your Benefits</b>	3
<b>Medical Coverage</b>	4
<b>Prescription Drug Coverage</b>	5
<b>Telemedicine</b>	7
<b>Voluntary Dental Coverage</b>	10
<b>Voluntary Vision Coverage</b>	11
<b>Spending Accounts</b>	12
<b>Life and AD&amp;D Insurance</b>	14
<b>Disability Insurance</b>	15
<b>EAP Plan</b>	16
<b>Retirement Savings Plan</b>	17
<b>Voluntary Benefits</b>	18
<b>Coverage Costs</b>	23
<b>Contact Information</b>	25

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## About Your Benefits

At **Bryten Real Estate Partners**, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your **Bryten Real Estate Partners** benefits. If you have any questions, feel free to reach out to [Benefits@LiveBryten.com](mailto:Benefits@LiveBryten.com).

## Eligibility and Enrollment

You are eligible to participate in **Bryten Real Estate Partners** benefits if you are a full-time employee working 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse or domestic partner
- Children up to age 26
- Unmarried children of any age who are deemed mentally or physically disabled prior to age 18

You have 30 days from your hire date to complete enrollment at <https://paycomonline.net>. Your benefits begin on the 1st of the month following date of hire.

## Benefit Advocate for Benefit Help

Gallagher provides one on one benefit advocacy assistance to all **Bryten Real Estate Partners** employees and dependents. The Benefit Advocates can assist with benefit and claims questions, issues, concerns or difficult situations.

English and Spanish support M-F, 8-6pm Arizona Time.

**Phone:** 833.417.8342

**Email:** [BAC.MEBAdvocates@AJG.com](mailto:BAC.MEBAdvocates@AJG.com)

## Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to log on to <https://paycomonline.net> and make election changes. The changes requested must be directly related to the event.

## Wellness Program

Bryten employees may earn a \$360 per year (\$30 per month) wellness discount to their 2026-2027 medical premium contributions by completing the Wellness program requirements by December 31, 2025. For more information on the wellness program go to <https://c2mb.ajg.com/bryten/wellness-program/>

Compliance notices may be found on the Bryten benefit website at <https://c2mb.ajg.com/bryten/home/required-notice/>.

## Medical Coverage

You have a choice of two medical plans through **UnitedHealthcare** - the **High Deductible Health Plan (HDHP)** with **Health Savings Account (HSA)** and **Copay \$5,000** plan. Review the chart below for the amount you will pay for the medical service listed.

	HDHP with HSA Plan	Copay \$5,000 Plan
	In Network	In Network
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000 if enrolled as Employee Only \$3,300*/\$6,000 if enrolled with any dependents	\$5,000/\$10,000
<b>Coinsurance</b>	0%	0%
<b>Calendar Year Out-of-pocket Maximum</b> (Individual/Family)	\$3,000 if enrolled as Employee Only \$3,300*/\$6,000 if enrolled with any dependents	\$6,350/\$12,700
<b>Bryten Real Estate Partners Contribution to Health Savings Account</b> (Individual/Family)	\$200 annually	N/A
<b>Preventive Care</b>	0%	0%
<b>Office Visits</b> Primary Care Urgent Care Specialist	0% after deductible 0% after deductible 0% after deductible	\$25 copay per visit \$50 copay per visit \$50 copay per visit
<b>Emergency Room</b>	0% after deductible	0% after deductible

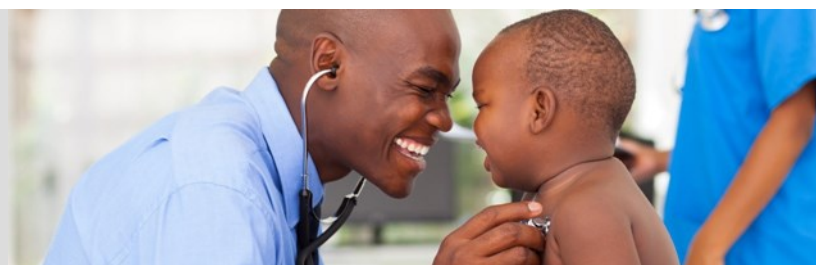
\*The \$3,300 is an embedded deductible that applies to individual member enrolled in employee + dependent coverage, even if the overall family deductible has not been met.

## Key Benefit Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion. The deductible resets each year on January 1st.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs. The Out-of-pocket Maximum resets each year on January 1st.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

## Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to [www.myuhc.com](http://www.myuhc.com) or call **866.734.7670** to find providers in the **UnitedHealthcare** network.



## Prescription Drug Coverage

Prescription drug coverage through **UnitedHealthcare** is included with both of our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

	HDHP with HSA Plan	Copay \$5,000 Plan
	In Network	In Network
<b>Retail (31-day Supply)</b> Tier 1 - Lowest Cost Option Tier 2 - Mid-Range Cost Option Tier 3 - Mid-Range Cost Option Tier 4 - Highest Cost Option	0% after deductible 0% after deductible 0% after deductible N/A	\$10 copay \$35 copay \$65 copay N/A
<b>Mail-order (90-day Supply)</b> Tier 1 - Lowest Cost Option Tier 2 - Mid-Range Cost Option Tier 3 - Mid-Range Cost Option Tier 4 - Highest Cost Option	0% after deductible 0% after deductible 0% after deductible N/A	\$20 copay \$70 copay \$130 copay N/A

\*Certain preventive medications (including certain contraceptives) are covered at no charge.

There is an embedded deductible for employee + dependent coverage that applies to each individual member of the plan, even if the family deductible has not been met.

### Generic Drugs (Tier 1)

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

### Preferred Drugs (Tier 2 and 3)

**UnitedHealthcare** regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

### Specialty Drugs (Tier 4)

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using UnitedHealthcare's mail-order pharmacy. You can register for mail-order pharmacy by logging on to [www.welcometouhc.com](http://www.welcometouhc.com).



### Retail vs Mail Order

Prescriptions filled at a retail pharmacy may provide up to a 31 day supply. However, the mail order program allows you to receive up to a 90 day supply. Information on the mail order program may be found on the benefit website. Not all drugs are covered. If you use a non-network pharmacy, you may be responsible for any amount over the allowed



## Medical Coverage

### How the Plans Work

Both plans use the **UnitedHealthcare** network and cover 100% of the cost for preventive care services such as annual physicals and routine immunizations. The way you pay for care is different with each plan.

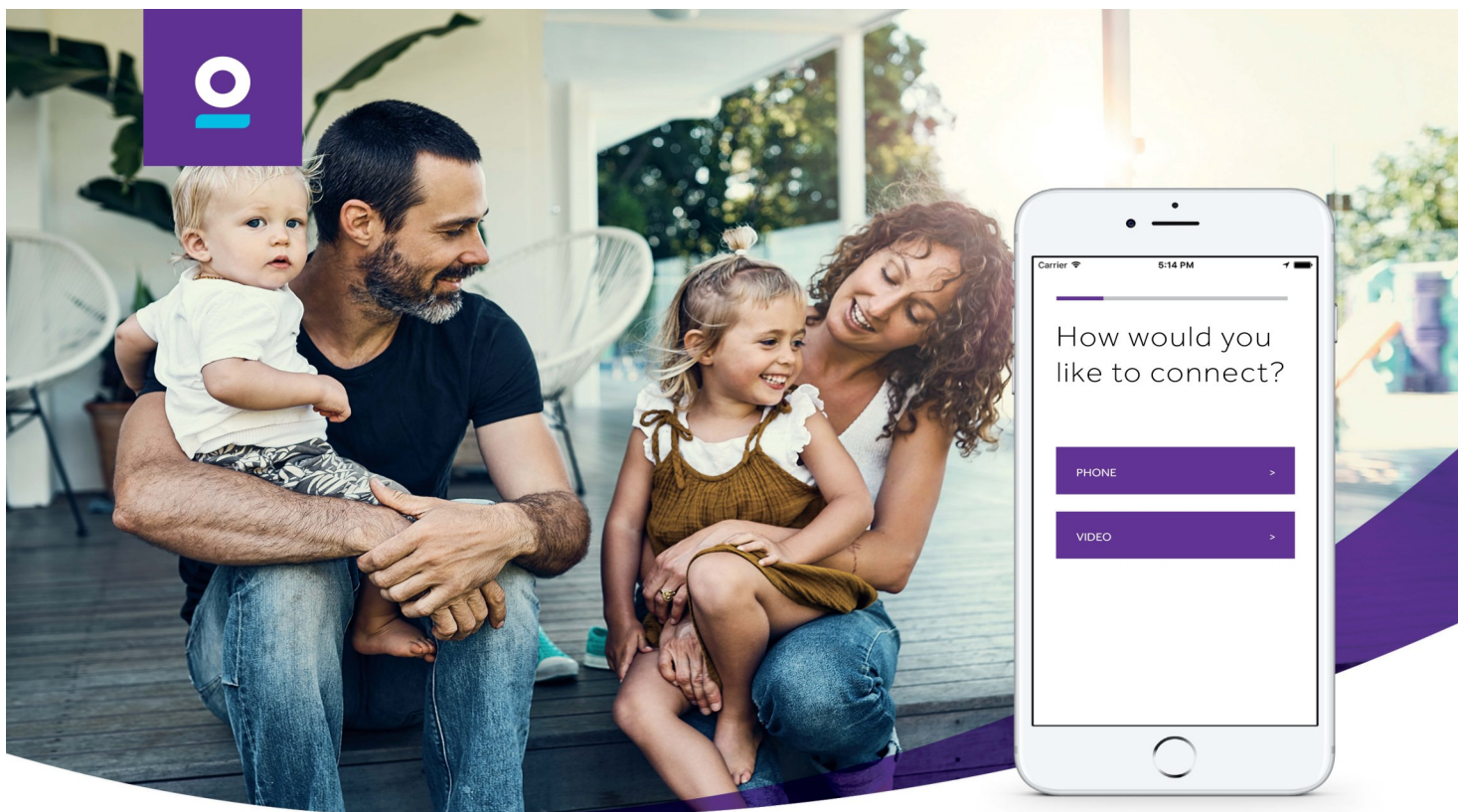
With the **HDHP with HSA plan**, you pay the full negotiated cost for medical services and prescription drugs until you meet your calendar year deductible. With the Copay \$5,000 plan, the deductible is the same as the out of pocket maximum. So once you have met the deductible, the plan pays for 100% of your claims for the rest of the year.

The **Copay plan** has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP plan.

Anyone enrolled in the HDHP with HSA plan will be able to enroll in the Limited Purpose FSA which can help with dental and vision expenses.



	HDHP with HSA Plan	Copay Plan
<b>Per-paycheck Cost for Coverage</b>	Lowest	Highest
<b>Calendar Year Deductible</b>	Lowest	Highest
<b>Calendar Year Out-of-pocket Maximum</b>	Lowest	Highest
<b>Using the Plan</b>	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
<b>Spending Account Options</b>	Health savings account Limited Purpose FSA Dependent Care FSA	Health Care FSA Dependent Care FSA



## When you need affordable care, **you've got Teladoc!**

Stretch your healthcare dollars by connecting with Teladoc the next time you're sick. With Teladoc, you can speak with a U.S. board-certified doctor 24/7 by phone or video for many non-emergency illnesses.

Receive affordable care for:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergy
- Upset stomach
- Nausea and more

### **Talk to a doctor for free**

📱 Teladoc.com ☎ 1-800-TELADOC (835-2362) 🍏 | 🤖 Download the app



© 2019 Teladoc Health, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. © 2019 Teladoc Health, Inc. Todos los derechos reservados. Teladoc y el logotipo de Teladoc son marcas de Teladoc Health, Inc. y no pueden ser utilizados sin permiso por escrito. Teladoc no sustituye al médico de atención primaria. Teladoc no garantiza que una receta se escribe. Teladoc opera sujeta a la regulación estatal y pueden no estar disponibles en ciertos estados. Teladoc no prescribir sustancias controladas DEA, las drogas no terapéuticas y algunos otros medicamentos que pueden ser perjudiciales debido a su potencial de abuso. Médicos Teladoc reservamos el derecho de negar la atención por el mal uso potencial de los servicios.

10E\_129B\_05072018



## Skip the trip to the ER.

Talk to a doctor by phone or video.

**When it's not an emergency, you've got Teladoc. Our doctors are here for you 24/7, by phone or video.**



Avoid the long wait times of an urgent care or the ER



Our licensed physicians help with conditions like the flu, bronchitis, rashes, sinus infections, and more



Talk to a doctor from wherever you are for free

**Feel better without leaving the house for free**

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app





## Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video through [myuhc.com](https://myuhc.com)<sup>\*</sup> or the UnitedHealthcare<sup>®</sup> app.



### Another way to get care

Providers can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,<sup>2</sup> if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$54 or less.<sup>3</sup>**

### Consider 24/7 Virtual Visits for these common conditions and more

- Cough
- Headache
- Sore throat
- Fatigue/weakness
- Nasal discharge
- Difficulty sleeping
- Congestion/sinus pain
- Fever
- Loss of appetite

**\$54** or less

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit—bringing a potential \$2,000<sup>4</sup> cost down to \$54 or less

### Get started

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) | Call 1-866-801-4409  
Download the UnitedHealthcare app

**United  
Healthcare<sup>®</sup>**

<sup>1</sup> Data rates may apply.

<sup>2</sup> Certain prescriptions may not be available, and other restrictions may apply.

<sup>3</sup> The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.

<sup>4</sup> Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated Urgent Care savings are based on \$131 difference between average Urgent Care visit cost of \$180 and Virtual Visit cost of \$54; \$2,000.00 difference between the average Emergency Room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare<sup>®</sup> app is available for download for iPhone<sup>®</sup> or Android<sup>®</sup>. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio only when permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

B2C 61211092682.2 2/24 © 2024 UnitedHealthcare Services, Inc. All Rights Reserved. 24-2989100A

## Voluntary Dental Coverage

**Bryten Real Estate Partners** offers two dental plans through Delta Dental. Review the chart below for the amount you will pay and maximum allowance for the dental service listed. Delta Dental offers three network options, PPO, Premier and non-Delta Dental dentists. You will save the most money by visiting a Delta Dental PPO dentist, a little less at a Premier dentist and the least at a non-Delta Dental dentist. This is because Delta Dental PPO and Premier dentists agree to set fees as a part of their contract with Delta Dental. They can't charge PPO members more than that fee. Premier fees are typically higher than Delta Dental PPO fees, but PPO members still enjoy cost protection at Premier dentists. Non-Delta Dental dentists can set their prices wherever they want.

Carrier: Delta Dental	Low Plan			High Plan		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out of Network	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out of Network
<b>Calendar Year Deductible</b> (Individual/Family)	\$50/\$150	\$100/\$300	\$100/\$300	\$25/\$75	\$25/\$75	\$25/\$75
<b>Calendar Year Maximum Allowance</b> (Per Person)	\$1,000	\$1,000	\$1,000	\$5,000	\$5,000	\$5,000
<b>Preventive Care</b> (Routine Cleaning and X-rays)	0%	20%	20%	0%	0%	0%
<b>Basic Services</b> (Fillings, Basic Root Canals)	20% after deductible	40% after deductible	40% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Major Services</b> (Extractions, Crowns)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Orthodontia</b> (child & adult)	50%	50%	50%	50%	50%	50%
<b>Orthodontia Lifetime Maximum Allowance</b> (Per Person)	\$1,000	\$1,000	\$1,000	\$2,500	\$2,500	\$2,500



### Finding In-network Dentists

You pay less for services when you use a contracted in-network dentist in the **Delta Dental** network.

You can find an in-network dentist by visiting [www.deltadentalaz.com](http://www.deltadentalaz.com) or calling **602.938.3131**.

## Voluntary Vision Coverage

**Bryten Real Estate Partners** vision plan through MetLife covers routine eye exams and helps you pay for glasses or contact lenses. Review the chart below for coverage provided for the vision services listed.

Carrier: MetLife	Vision Plan	
	In Network	Out of Network
Eye Exam (Once every 12 months)	Covered in full	Up to \$45
Lenses* (Once every 12 months) Single Vision Bifocal Trifocal	\$0 copay \$0 copay \$0 copay	Up to \$30 Up to \$50 Up to \$65
Frames (Once every 24 months)	\$150 allowance plus 20% off	Up to \$70
Contact Lenses (Once every 12 months) Fitting & Evaluation  Elective Medically Necessary	Covered in full to a max of \$60 Copay allowance \$150 allowance Covered in full	N/A  Up to \$105 Up to \$210

\*Polycarbonate (child up to age 18) and Ultraviolet (UV) coating included at no additional cost.

**In Network vs Out of Network:** You will always get the best cost savings by utilizing a contracted in-network provider. However, if you choose to utilize an out of network provider you are responsible for all care and materials costs and may submit your receipt for reimbursement up to the amounts listed in the Out of Network column. Forms and information may be found on the benefit website.

### Finding In-network Eye Doctors

You can find a contracted in-network eye doctor in the **MetLife** network by visiting [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call **800.275.4638**.

### Please note the following:

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP). VSP is not affiliated with MetLife or its affiliates.

## Spending Accounts

### Paying for Health Care

Bryten Real Estate Partners offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA) and Limited Purpose Flexible Spending Account (LPFSA)
What medical plan can I choose?	HDHP with HSA Plan	Copay \$5,000 Plan
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS Publication 502 for the types of expenses that may be eligible)	
When can I use the funds?	Funds are available as you or your employer contribute to the account	All of the funds you elect for the year are available April 1st
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)	No, you will lose any funds remaining in your account at the end of the plan year
How do I pay for eligible expenses?	With your H.S.A. Bank Health Benefits debit card (you can also submit claims for reimbursement online at <a href="http://www.hsabank.com">www.hsabank.com</a> )	With your H.S.A. Bank Health Benefits debit card (you can also submit claims for reimbursement online at <a href="http://www.hsabank.com">www.hsabank.com</a> )
How much can I contribute each year?	\$4,300 for individual coverage or \$8,550 for family coverage (this total includes company funding) plus additional \$1,000 catch up contribution for employees age 55+ for 2025	You can contribute \$3,300 to your health care FSA or Limited Purpose FSA in 2025
Can I change my contributions throughout the year?	Yes, contact payroll to make any per-paycheck contribution changes at any time	No, you cannot change your contribution unless you have a qualified life event

Note: By law, you are not allowed to contribute to an HSA if you have disqualifying coverage, such as Medicare or a general purpose health FSA.

#### What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December 31. Learn more at [www.hsabank.com](http://www.hsabank.com).

#### Eligible Expenses

Vision expenses, dental treatment, over the counter drugs, sunscreen, acupuncture, birth control treatment, chiropractor, contact lenses and solutions, doctor office visit and co-pays, flu shots, laboratory fees, laser eye surgery, vaccines and speech therapy are just a few examples.



## Spending Accounts

### Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

	Dependent Care FSA
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the plan year
How do I pay for eligible expenses?	With your <b>H.S.A. Bank</b> Health Benefits debit card (you can also submit claims for reimbursement online at <a href="http://www.hsabank.com">www.hsabank.com</a> )
How much can I contribute each year?	You can contribute \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns) to your dependent health care FSA in 2025

#### Important Note

Both the health care and dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the plan year.

## Life and AD&D Insurance

Bryten Real Estate Partners provides basic life and accidental death and dismemberment (AD&D) insurance through UNUM at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
<b>Life</b>	Your beneficiaries receive this benefit if you pass away	Class II: 1x Annual Earnings to max \$50,000	<b>You:</b> Increments of \$10,000 up to Lesser of 5x Annual Earnings or \$500,000 <b>Your spouse:</b> Increments of \$5,000 up to \$500,000, not to exceed 100% of EE's amount <b>Your child(ren):</b> Live birth to 6 months: \$1,000; 6 months to age 26: Increments of \$2,000 up to \$10,000, not to exceed 100% of EE's amount
<b>AD&amp;D</b>	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	Class II: 1x Annual Earnings to max \$50,000	<b>You:</b> Increments of \$10,000 up to Lesser of 5x Annual Earnings or \$500,000 <b>Your spouse:</b> Increments of \$5,000 up to \$500,000, not to exceed 100% of EE's amount <b>Your child(ren):</b> Live birth to 6 months: \$1,000; 6 months to age 26: Increments of \$2,000 up to \$10,000, not to exceed 100% of EE's amount

**Note: AD&D must match the Life enrollment as we don't allow team members to elect different amounts for life and AD&D**

### Keep Your Beneficiaries Up to Date

You must designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Complete your beneficiary designation in the Paycom system. Beneficiaries may be adjusted any time during the year.



## Disability Insurance

Bryten Real Estate Partners provides access to voluntary Short-term and Long-term disability insurance through Mutual of Omaha. This benefit replaces a portion of your income if you become disabled and are unable to work due to injury or illness.

	How it Works	Who Pays for the Benefit
<b>Short-term Disability</b>	<ul style="list-style-type: none"> <li>You receive 60% of your income up to \$1,000 per week.</li> <li>Benefits begin after 14 continuous calendar days of illness and injury and absence from work and continue for up to 24 weeks.</li> <li>Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.</li> </ul>	Employee
<b>Long-term Disability</b>	<ul style="list-style-type: none"> <li>You receive 60% of your income up to \$6,000 per month.</li> <li>Benefits begins after 180 days after the onset of your disabling illness or injury or the date your Short Term disability ends. If you become disabled prior to age 68, benefits are payable for two years. At age 68, benefits are payable to age 70. At age 69 (and older), benefits are payable for one year.</li> <li>Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.</li> </ul>	Employee



## EAP Plan

To help you with personal issues and concerns, Bryten Real Estate Partners provides you and your family with an employee assistance program (EAP) at no cost to you. Call Jorgensen Brooks 24/7 for confidential assistance with personal matters like family, finances, health and work. Experienced consultants are available to listen and help you find solutions. They can also set up in-person sessions with local behavioral health counselors if needed. Find more information at [www.jorgensenbrooks.com/members](http://www.jorgensenbrooks.com/members), company login "MEB".

Phone number: 888.520.5400

JBG staffs a 24 hour / 7 day / live service with clinicians experienced in de-escalating, counseling, and, if necessary, referral to more long-term care. This team assists with every level of crisis response, and is available through our toll-free number 888-520-5400. The caller has to simply request the service for an immediate soft-transfer during standard work hours, Monday through Friday; OR a direct connection outside standard work hours.

**TOLL-FREE 888-520-5440**  
**Crisis Help—any hour, any day**  
**Immediate response from JBG Crisis Professionals**



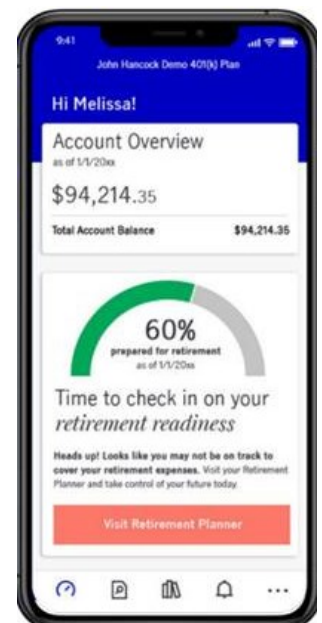


## Retirement Savings Plan

Bryten Real Estate Partners offers a 401(k) plan with a generous employer match and wide variety of investment options to help you prepare for retirement.

- Get started at [myplan.johnhancock.com](https://myplan.johnhancock.com) or download **John Hancock's retirement app**.
- Your contract number is 113439. Enrollment access 219632.

<b>Eligibility</b>	<b>Minimum Age: 21</b> <b>Period of Service: 60 days from date of hire</b> <b>**No age or service requirement for takeover employees who are on staff at the community when MEB/Bryten took over management</b>
<b>Entry dates</b>	<b>Monthly</b>
<b>Contributions</b>	<b>You can make “before tax” and Roth 401(k) contributions between 1% and 100% of your compensation, subject to the annual maximum allowed by the law (\$23,500 in 2025). If you are 50 years of age or older, you can make an additional catch –up contribution (up to \$7,500 in 2025). Changes to your contribution amount can be made <u>monthly</u>.</b>
<b>Catch-up Contributions</b>	<b>If you are age 50 or older, you are eligible to contribute up to an additional \$7,500.</b>
<b>Employer Contributions</b>	<b>50% of the first 6% of compensation allocated to all eligible employees.</b>
<b>Vesting</b>	<b>Your contributions are always 100% vested</b> <b>Your employer's contributions are vested as follows: 2-4 Year Graded Schedule</b> <ul style="list-style-type: none"> <li>• &gt;2 years: 33.3%</li> <li>• &gt;3 years: 66.6%</li> <li>• &gt;4 years: 100%</li> </ul>
<b>Loan provisions</b>	<b>You can borrow up to 50% of your vested account balance to a maximum of \$50,000, subject to limited imposed by law. The minimum loan amount is \$1,000. Only one loan can be outstanding at any time. Loans will be repaid by “after tax” payroll deductions.</b>
<b>Withdrawals</b>	<b>Withdrawals are available if you require or experience death, disability, financial hardship (restrictions may apply), or termination of employment. See your SPD for full details.</b>
<b>Default investment option</b>	<b>John Hancock Lifetime Blend Target Date Portfolios</b>
<b>Rollovers</b>	<b>Rollovers from other eligible plans will be accepted once you have satisfied the Plan's eligibility requirements</b>



## Voluntary Benefits

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you. The following voluntary worksite benefits are supplemental to your employer-provided benefits and not meant as a replacement for medical. The benefit summary provides a full schedule of benefits payable including accidental injuries, etc...Payments for claims are paid directly to participants and the funds may be used as preferred.

### Accident

Administered by UnitedHealthcare

The Accident plan provides cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance. The full schedule of benefits payable for accidental injuries include initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, and health screening benefits. It is important to note this benefit is for off the job accidents only. Some benefits are payable once per covered accident, while others are once per plan year. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Benefits Payable	Voluntary Coverage
Plan Design	Off-the Job (Coverage is for accidents that happen off the job)
Waiver of Premium	Included
Portability	Included
<b>Plan Benefits</b>	
<b>Accidental Death &amp; Dismemberment</b>	
Life	\$50,000
Both hands or both feet	\$50,000
One hand and one foot	\$50,000
One hand or one foot	\$25,000
Two or more fingers or toes	\$10,000
One finger or one toe	\$5,000
<b>Accidental Death Common Carrier</b>	
Life	\$200,000
	(Child benefit 50% of employee/spouse)
<b>Initial Care</b>	
Ground Ambulance	\$400
Air Ambulance	\$2,400
Emergency Room Treatment	\$200
Physician Office/Urgent Care (per visit)	\$100
<b>Hospital Care</b>	
Hospital Admission	\$1,500
Hospital Confinement	\$325
Hospital ICU Admission	\$4,000
Hospital ICU Confinement	\$1,000



## Voluntary Benefits

### Critical Illness

#### Administered by UnitedHealthcare

Critical illness insurance provides a lump-sum payment for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation: Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure, and more. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Covered Critical Illness Conditions	
Base Conditions	Percentage of Maximum Benefit Amount payable per Covered Person or Dependent
Benign Brain Tumor	100%
Cancer- Invasive	100%
Cancer - Non-Invasive	25%
Chronic Renal Failure	100%
Coma	100%
Coronary Artery Disease	25%
Heart Attack	100%
Heart Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Ruptured Aneurysm	100%
Stroke	100%
Additional Conditions	
Amyotrophic lateral sclerosis (ALS)	100%
Complete Blindness	100%
Complete Loss of Hearing	100%
Advanced Alzheimer's	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's	100%
Child Only Conditions	Percentage of Maximum Child Benefit Amount payable per Covered Child (One benefit payable per Covered Child)
Cerebral Palsy	25% of Employee's Amount
Cleft Lip / Palate	25% of Employee's Amount
Cystic Fibrosis	25% of Employee's Amount
Down Syndrome	25% of Employee's Amount
Muscular Dystrophy	25% of Employee's Amount
Spina Bifida	25% of Employee's Amount

## Voluntary Benefits

### Hospital Indemnity

Administered by UnitedHealthcare

Hospital indemnity coverage eases the financial impact of an employee's hospitalization by providing a lump sum payment to help cover the costs associated with a hospital stay. Hospital indemnity coverage can be used to supplement medical insurance to help handle additional out-of-pocket costs that add up after a hospital stay. This can include copayments, coinsurance, deductibles, and incidental hospital expenses or other expenses such as transportation and lodging needs. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Hospital Indemnity	
Effective Date	1-Apr-25
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>
<b>Benefits Payable</b>	<b>Voluntary Coverage</b>
Plan Design	HIPP HSA Plan
Coverage Level	Base + Enhanced
Pre-existing Conditions Exclusion	None
Portability	Included
<b>Plan Benefits</b>	
Hospital Admission (1 day/plan year)	\$1,000
Hospital Confinement (up to 364 days/plan year)	\$100
ICU Confinement (up to 364 days/plan year)	\$200
ICU Admission (1 day/plan year)	\$1,500





## Voluntary Benefits (continued)

### Pet Insurance

Administered by ASPCA

ASPCA provides discounted savings for office visits, annual exams, vaccinations, and puppy and kitty programs.

**You may purchase Accident-Only or Complete Coverage plan for Cats and Dogs**

- May use any licensed vet
- Multi-pet discount is 10%
- Pre-Existing condition limitation: Any illness or injury incurred prior to policy effective date is not covered unless it is cured and free of treatment & symptoms for 180 days (excludes knee & ligament conditions)
- Prescription medication coverage included
- Wellness Benefit: breeding / pregnancy not covered; spaying / neutering covered with preventive add-on
- Rate factors include plan selection, species, breed, age and location
- Annual deductible: customized \$100, \$250 or \$500
- Copays: customized 10%, 20% or 30%
- Annual maximum: starting at \$2,500 to unlimited

**If you are interested in enrolling in ASPCA, you must complete enrollment via the website [www.aspcapetinsurance.com/MEB](http://www.aspcapetinsurance.com/MEB) Priority code is EB23MEB or by phone at 877.343.5314.**

**This benefit is NOT be payroll deducted**

More details about pet insurance may be found on the benefit website.



## Voluntary Benefits (continued)

### Identity Theft Insurance

Administered by Allstate

Identity theft typically occurs when someone uses your personal information to commit a crime or fraud in your name. With more advanced forms of identity theft, thieves may combine real and fake personal information to create a new identity.

**Allstate** Identity Protection provides restoration services if identity theft occurs, it also helps you understand your digital footprint and monitor identity theft risk. The service includes:

- White Glove Remediation with staff available 24/7 to provide support
- Reimbursement of stolen funds, tax fraud advance, lost wallet protection and \$1 million insurance policy
- Credit monitoring
- Dark web monitoring
- Financial transaction monitoring
- Digital exposure report

Should fraud or identity theft occur, Allstate Identity Protection members receive full remediation services — even if the incident of fraud or identity theft took place prior to enrollment. More details about Identity Theft protection may be found on the benefit website.



## Coverage Costs

Below is an overview of your benefit coverage costs.

### Monthly Cost for Medical Coverage

Coverage Tier	HDHP with HSA Plan			Choice \$5,000 Plan		
	W/ Wellness	W/O Wellness	W/O Wellness - Tenure	W/ Wellness	W/O Wellness	W/O Wellness - Tenure
Employee Only	\$60.00	\$90.00	-	\$90.00	\$120.00	-
Employee + Spouse	\$555.00	\$585.00	\$515.00	\$598.00	\$628.00	\$528.00
Employee + Child(ren)	\$253.00	\$283.00	\$213.00	\$284.00	\$314.00	\$214.00
Employee + Family	\$931.00	\$961.00	\$891.00	\$955.00	\$985.00	\$885.00

### Monthly Cost for Voluntary Dental and Voluntary Vision Coverage

Coverage Tier	Voluntary Dental		MetLife Voluntary Vision Plan
	Delta Dental PPO Dental: Low Plan	Delta Dental PPO Dental: High Plan	
Employee Only	\$28.16	\$48.62	\$6.98
Employee + Spouse	\$55.95	\$96.82	\$13.98
Employee + Child(ren)	\$59.39	\$100.80	\$11.83
Employee + Family	\$95.01	\$162.02	\$19.52

### Monthly Cost for Voluntary Life and AD&D Insurance (per \$1,000 of coverage)

Employee Age	< 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
Employee	\$0.030	\$0.040	\$0.050	\$0.070	\$0.110	\$0.170	\$0.280	\$0.410	\$0.640	\$1.090	\$1.980	\$3.890
Spouse	\$0.040	\$0.050	\$0.060	\$0.090	\$0.130	\$0.210	\$0.340	\$0.510	\$0.790	\$1.350	\$2.444	\$4.800
Child(ren)	\$0.235											
AD&D Rate (Employee / Spouse / Child)					\$0.030 / \$0.030 / \$0.020							

Note: Your life and AD&D benefits will reduce by 35% at age 65 and 50% at age 70.

### Voluntary Rates for Short-term Disability Insurance

Employee Age	Per \$10 of weekly benefit
Rates	\$0.845

### Voluntary Rates for Long-term Disability Insurance

Employee Age	0 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
Rates	\$0.040	\$0.050	\$0.090	\$0.130	\$0.180	\$0.240	\$0.310	\$0.450	\$0.620	\$0.770	\$0.820	\$0.850

## Coverage Costs

Below is an overview of your benefit coverage costs.

### Monthly Cost for Voluntary Accident and Hospital Indemnity

Coverage Tier	Voluntary Accident	Hospital Indemnity
Employee Only	\$8.34	\$11.62
Employee + Spouse	\$12.64	\$23.03
Employee + Child(ren)	\$15.54	\$20.90
Employee + Family	\$23.35	\$34.53

### Monthly Cost for Critical Illness (per \$1,000 of coverage) Non-Tobacco rates

Employee Age	< 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
Employee	\$0.43	\$0.51	\$0.58	\$0.69	\$0.91	\$1.24	\$1.64	\$2.17	\$3.05	\$3.91	\$4.90	\$8.28
Spouse	\$0.20	\$0.27	\$0.34	\$0.46	\$0.68	\$1.04	\$1.41	\$1.81	\$2.61	\$3.89	\$5.72	\$5.64

### Monthly Cost for Critical Illness (per \$1,000 of coverage) Tobacco rates

Employee Age	< 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
Employee	\$0.44	\$0.53	\$0.63	\$0.80	\$1.17	\$1.76	\$2.64	\$3.78	\$5.66	\$7.60	\$9.09	\$15.56
Spouse	\$0.21	\$0.30	\$0.40	\$0.57	\$0.95	\$1.67	\$2.38	\$3.21	\$4.95	\$7.88	\$11.59	\$9.21

### Monthly Cost for Critical Illness for Children \$.14 (per \$1,000 of coverage)



## Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	UnitedHealthcare	866.734.7670	<a href="http://www.myuhc.com">www.myuhc.com</a>
Telemedicine	Teladoc	1.800.Teladoc (800.835.2362)	<a href="http://www.Teladoc.com">www.Teladoc.com</a>
Voluntary Dental	Delta Dental	602.938.3131	<a href="http://www.deltadentalaz.com">www.deltadentalaz.com</a>
Voluntary Vision	MetLife	800.275.4638	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Health Savings Account	H.S.A. Bank	800.357.6246	<a href="http://www.hsabank.com">www.hsabank.com</a>
Flexible Spending Account	H.S.A. Bank	800.357.6246	<a href="http://www.hsabank.com">www.hsabank.com</a>
Life and AD&D	UNUM	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>
Voluntary Life and AD&D	UNUM	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>
Voluntary Short Term Disability	Mutual of Omaha	800.646.8882	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Voluntary Long Term Disability	Mutual of Omaha	800.646.8882	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Long Term Disability	UNUM	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>
Employee Assistance Program	Jorgensen Brooks	888.520.5400	<a href="http://www.jorgensenbrooks.com">www.jorgensenbrooks.com</a>
401(K)	John Hancock Retirement Plan	800.395.1113	<a href="http://www.myplan.johnhancock.com/login">www.myplan.johnhancock.com/login</a>
Accident	UnitedHealthcare	800.539.0038	<a href="http://www.myuhcfp.com">www.myuhcfp.com</a> or email: <a href="mailto:FPCcustomerSupport@uhc.com">FPCcustomerSupport@uhc.com</a>
Critical Illness			
Hospital Indemnity			
Pet Insurance	ASPCA	877.343.5314	<a href="http://www.aspcapetinsurance.com/MEB">www.aspcapetinsurance.com/MEB</a>
Identity Protection	Allstate	800.789.2720	<a href="http://www.allstateidentityprotection.com">www.allstateidentityprotection.com</a>
Benefit Advocate Center (BAC)	Gallagher	833.417.8342	email: <a href="mailto:BAC.MEBAdvocates@ajg.com">BAC.MEBAdvocates@ajg.com</a>

### Bryten Human Resources

The **Bryten Real Estate Partners** Human Resources Team is always available to assist you with any questions you may have.

Please contact: [Benefits@LiveBryten.com](mailto:Benefits@LiveBryten.com)



## Notes

## Notes

## Notes





*This benefit summary prepared by*



Insurance | Risk Management | Consulting