

Medical
UHC Copay \$5,000/HSA \$3,000 Plan
Policy Number 917161
Customer Service – 866-844-4864 www.uhc.com

Dental – Delta Dental High/Low Plan
Policy Number 31237-000-10001-00001/2
Customer Service – 602-938-3131 www.deltadentalaz.com

Vision – MetLife
Policy Number 5915711
Customer Service – 800-275-4638 www.metlife.com

Life/AD&D – Unum
Policy Number 141016
Customer Service – 866-679-3054 www.unum.com

Voluntary STD & LTD – Mutual of Omaha
Policy Number G000BJ8J
Customer Service – 800-646-8882 www.mutualofomaha.com

**Voluntary, Accident, Hospital Indemnity,
Critical Illness – UnitedHealthcare**
Policy Number 30833
Customer Service – 800-539-0038 www.myuhcfc.com

Identity Protection – Allstate
Customer Service 800-789-2720 www.allstateidentityprotection.com

ASPCA – Pet Insurance
www.aspcapetinsurance.com/MEB

Flexible Spending Account – HSA Bank
Customer Service – 800-357-6426 www.hsabank.com

Health Savings Account – HSA Bank
Customer Service - 800-357-6246 www.hsabank.com

Teladoc
Customer Service – 800-835-2362 www.teladoc.com

Employee Assistance Plan-Jorgensen Brooks
Customer Service - 888-520-5400 www.jorgensenbrooks.com

401k
John Hancock Retirement Plan
Plan Number 113439
Enrollment Access Number 219632
Customer Service - 800-395-1113 myplan.johnhancock.com

For detailed healthcare plan
summaries log on to:
<https://c2mb.ajg.com/bryten/home/>

FUTURE WELLNESS DISCOUNT OPPORTUNITIES!!!

2026 Benefit discounts will require
your participation in the
Wellness Program in 2025.
Look for Wellness communications
during the year!

This brochure presents only the
highlights of the benefits provided by
Bryten Real Estate Partners. Note that
your plan benefits are subject to
additional limitations and exclusions.
Please refer to your Summary Plan
Description for complete coverage
details. If there are any conflicts between
the wording here and the Summary of
Benefits & Coverage, the wording in the
Summary Plan Descriptions govern.

Upon separation of employment a final
premium deduction will be taken from
final paycheck.

Medical/Dental/Vision benefits will
terminate at the end of the month
(all others terminate on term date).

2025-2026 Benefits

Your updated enrollment elections
will be effective
4/1/2025 - 3/31/2026



**Benefit Choices
Devoted to Your
Health & Wellness**

Employee Benefit Highlights

For more details, log on to:

<https://c2mb.ajg.com/bryten/home/>

For further questions, contact
benefits@livebryten.com

**Medical
UnitedHealthcare EPO \$5,000 Deductible**

In-Network

Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance	0%
Out of Pocket	\$6,350 Individual/\$12,700 Family
Lifetime Maximum	Unlimited
Office Visits – PCP & Specialist	\$25/\$50
Emergency Room	0% after deductible
Urgent Care	\$50 Copay
Preventative Services	Covered at 100%
Diagnostic Services	Office Visit copay &/or 0% (CT. Scan, MRI, PET scan, etc.) after deductible
Hospital Services	0% after Deductible
Prescription Drugs	
Tier 1 (30-day supply)	\$10
Tier 2 (30-day supply)	\$35
Tier 3 (30-day supply)	\$65
Mail Order (90-day supply)	2 X Co-pay

Out of Network

Not covered

**Medical
UnitedHealthcare HSA \$3,000 Deductible**

In-Network

Deductible	\$3,000 Individual/\$6,000 Family \$3,300 Individual/\$6,000 Family
Coinsurance	0%
Out of Pocket	\$3,000 Individual/\$6,000 Family
Lifetime Maximum	Unlimited
Office Visits - PCP & Specialist	0% after deductible
Emergency Room	0% after deductible
Urgent Care	0% after deductible
Preventative Services	Covered at 100%
Diagnostic Services	0% after deductible (CT. Scan, MRI, PET scan, etc.)
Hospital Services	0% after deductible
Prescription Drugs	
Tier 1 (30-day supply)	0% after deductible
Tier 2 (30-day supply)	0% after deductible
Tier 3 (30-day supply)	0% after deductible
Mail Order (90-day supply)	0% after deductible

Out of Network

Not covered

MetLife Vision Plan		
Benefits	In Network	Out of Network
Eye Exam/Refraction	\$0 copay	Up to \$45 Reimb
Single Vision Eyeglass Lenses	\$0 copay	Up to \$30 Reimb
Bifocal Eyeglass Lenses	\$0 copay	Up to \$50 Reimb
Trifocal Eyeglass Lenses	\$0 copay	Up to \$65 Reimb
Standard Frames	Up to \$150 allowance	Up to \$70 Reimb
Contact Lenses	Medically necessary contacts are covered in full by MetLife	Up to \$210 for medically necessary contacts
Frequency of Services Exams/Lenses/Contacts Frames	12 Months 24 Months	

Delta Dental Low Plan Options			
*= applies after deductible is reached	In Network	Premier Network	Out of Network
Annual Deductible (Calendar Year)			
Individual	\$50	\$100	\$100
Family	\$150	\$300	\$300
Annual Plan Maximum	\$1,000	\$1,000	\$1,000
Type I - Diagnostic & Preventive Exams/Cleanings/X-Rays	0%	20%	20%
Type II - Basic Services Fillings	20%*	40%*	40%*
Type III - Major Services Periodontics/Endodontics	50%*	50%*	50%*
Type IV - Orthodontic Services Age Limit (Adult & Child)	50%	50%	50%
Lifetime Maximum	\$1,000	\$1,000	\$1,000
Reasonable & Customary %		Premier R&C	51st%

Delta Dental High Plan Option			
*= applies after deductible is reached	In Network	Premier Dentist	Out of Network
Annual Deductible (Calendar Year)			
Individual	\$25	\$25	\$25
Family	\$75	\$75	\$75
Annual Plan Maximum	\$5,000	\$5,000	\$5,000
Type I - Diagnostic & Preventive Exams/Cleanings/X-Rays	0%	0%	0%
Type II - Basic Services Fillings/Periodontics/Endodontics	20%*	20%*	20%*
Type III - Major Services Crowns/Dentures/Bridges	50%*	50%*	50%*
Type IV - Orthodontic Services Age Limit (Adult & Child)	50%	50%	50%
Lifetime Maximum	\$2,500	\$2,500	\$2,500
Reasonable & Customary %		Premier R&C	51st%

**Wellness Discount - \$30.00 per month
Applies to Medical Plan Only.
Contact HR for details.**

Medical - Unitedhealthcare MONTHLY Rates

EPO - \$5,000 deductible	Discount	
Employee Only	\$120.00	\$90.00
Employee & Spouse	\$628.00	\$598.00
Employee & Children	\$314.00	\$284.00
Family	\$985.00	\$955.00

HSA⁽¹⁾ - \$3,000 deductible	Discount	
Employee Only	\$90.00	\$60.00
Employee & Spouse	\$585.00	\$555.00
Employee & Children	\$283.00	\$253.00
Family	\$961.00	\$931.00

⁽¹⁾ Plus, a Bryten \$16.66 per month contribution to your HSA (\$200 annually)

PPO Dental – Delta Dental (no cards issued)

<u>Low Plan</u>		
Employee Only	\$28.16	
Employee & Spouse	\$55.95	
Employee & Children	\$59.39	
Family	\$95.01	
<u>High Plan</u>		
Employee Only	\$48.62	
Employee & Spouse	\$96.82	
Employee & Children	\$100.80	
Family	\$162.02	

Vision– MetLife (no cards issued)

Employee Only	\$6.98
Employee & Spouse	\$13.98
Employee & Children	\$11.83
Family	\$19.52