

BENEFITS

Links and log in

MEDICAL BENEFITS - UMR

BZI Group Number 76-414829

UMR customer Service 800-826-9781

www.umar.com

Teladoc – Telephone a Doctor

www.teladochealth.com

Teladoc services 800-835-2362

Pharmacy Benefit and Assistance

www.smithrx.com/members

SmithRx Customer Service 844-454- 5201

Mental Health – Talkspace

www.talkspace.com/connect

HSA-HealthEquity

Health Equity Customer Service 866-346-5800

www.my.healthequity.com

DENTAL BENEFITS - UHC

BZI Group Number 933404

UHC Dental Customer Service 800-822-5353

www.myuhc.com

VISION-UHC

BZI Group Number 933404

UHC Vision Customer Service 800-638-3120

www.myuhc.com

401(k) - ROTH401(k)

BZI matches dollar for dollar up to 5%

www.empowermyretirement.com

Do you need help with your contributions?

Chad Anderson – Wealth Management Advisor

801-290-3215

chad@presidiowealth.com

For Full Plan Design and Coverage, log in to your accounts with the plan vendors.

Medical Summary with Health Savings Account

Premiums – come out of your check each week.

For that cost you get some preventive services for free. If you're not making it to your well-health checkup, your premium dollars are going to waste.

Deductible – You pay everything up to this amount before your insurance covers anything. Our plan deductible is \$4000 individual / \$8000 family

Out-of-Pocket Maximum. (OOPM) No matter how much or what you have going on... you'll never pay more than this a year. Our plan set the OOPM at the same amount as the deductible. So, once you reach \$4000/\$8000 your insurance will cover the rest all year.

HealthEquity Health Savings Account.

Company matched dollar for dollar into your HSA. Start saving to help with the out-of-pocket expenses meeting the deductible. IRS limits for 2025. Individual \$4300 Family \$8550.

Dental Summary

Plan covers up to \$1500 a year per person.

One free cleaning each year and some preventative services, like sealants on children's teeth.

80% for basic services like cavities.

50% for major services like bridges and crowns

Child Orthodontics – 50% up to \$1000 (not included in deductible.

Vision Summary

One vision exam a year

\$10 copay, plus coverage for lenses, frames and contacts (about a \$135 dollar value)