

2026 BENEFITS-AT-A-GLANCE



The Artcraft Group is proud to offer a wide variety of health and welfare benefit options to our employees. The offerings are designed to allow you to make choices to best suit you and your family's needs. A detailed Enrollment Guide is available to you online at artcraftbenefits.com in addition to this Benefits At-A-Glance.

Benefit	Cost shown are Per Pay	Plan Features Summary								
Benefit Guardian  Innovative Benefit Planning	<p>No cost to Employees Contact Mary Gannon at: 856-242-3337 or Artcraftguardian@ibpllc.com</p>	<ul style="list-style-type: none"> Single point of contact to help employees with anything benefits related. Your Benefit Guardian is happy to assist with ID cards, benefit questions, claim issues, enrollment questions, finding a provider, appeals, or qualified life event changes. 								
Medical Plan HDHP Aetna Select Open Access 	<p><u>Per Pay Rates:</u></p> <table> <tr> <td>Employee</td> <td>\$102.10</td> </tr> <tr> <td>EE + CH</td> <td>\$255.00</td> </tr> <tr> <td>EE + SP</td> <td>\$390.00</td> </tr> <tr> <td>Family</td> <td>\$624.39</td> </tr> </table>	Employee	\$102.10	EE + CH	\$255.00	EE + SP	\$390.00	Family	\$624.39	<p><i>In-Network Plan Features:</i></p> <ul style="list-style-type: none"> Aetna administers your plan and provides access to the Select Open Access network of providers Open Access means no Primary Care Physician (PCP)selection or referrals required This plan only provides coverage for In-Network providers Artcraft provides a Health Reimbursement Account (HRA) \$2,500/\$5,000 deductible (Individual/Family) 70% coverage after deductible \$5,000/\$7,500 out-of-pocket max (Individual/Family) Prescriptions - after deductible \$10/\$30/\$60 100% coverage for Preventive Care
Employee	\$102.10									
EE + CH	\$255.00									
EE + SP	\$390.00									
Family	\$624.39									
Medical Plan Buy-Up Aetna Select Open Access 	<p><u>Per Pay Rates:</u></p> <table> <tr> <td>Employee</td> <td>\$314.30</td> </tr> <tr> <td>EE + CH</td> <td>\$659.59</td> </tr> <tr> <td>EE + SP</td> <td>\$839.66</td> </tr> <tr> <td>Family</td> <td>\$1,268.30</td> </tr> </table>	Employee	\$314.30	EE + CH	\$659.59	EE + SP	\$839.66	Family	\$1,268.30	<p><i>In-Network Plan Features:</i></p> <ul style="list-style-type: none"> Aetna administers your plan and provides access to the Select Open Access network of providers Open Access means no Primary Care Physician (PCP)selection or referrals required This plan only provides coverage for In-Network providers \$0 deductible (Individual/Family) \$30 / \$50 copay for PCP / Specialist visits \$5,000/\$10,000 out-of-pocket max (Individual/Family) Prescriptions - after deductible \$10/\$30/\$60 100% coverage for Preventive Care
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Health Reimbursement Account (HRA) 	Employer Funded	<ul style="list-style-type: none"> Artcraft will contribute \$2,500 for singles and \$5,000 for those with dependents for anyone enrolled in the HDHP Aetna Select Open Access Plan Easy to use Mastercard Show proof of Annual Physical and you can receive additional funds- \$500 for single coverage and \$1000 for covering dependents Access account information at myameriflex.com or their mobile app 	
Flexible Spending Account (FSA) 	Employee determines election and pre-tax annual contribution	<ul style="list-style-type: none"> Put aside pre-tax dollars to pay for out-pocket healthcare and daycare expenses Elect up to \$3,400 annually for the healthcare FSA Balance of \$680 can be rolled over Elect up to \$7,500 annually for Dependent Care Elect up to \$340 per month for Mass Transit or Parking 	
Vision  Versant Health bringing you Davis Vision	Employee EE + CH EE + SP Family	\$ 3.22 \$ 8.70 \$ 6.45 \$12.56	<i>In-Network Plan Features:</i> <ul style="list-style-type: none"> Vision plan uses Davis Vision View network Exam: \$10 copay, Lenses: \$25 copay Exam & Lenses every 12 months; Frames every 24 months Frames: \$130 allowance/\$180 allowance at Visionworks Contact Lens Elective Allowance: \$130 Retail (in lieu of eyeglasses) Out-of-network reimbursement available
Dental Low Plan 	Employee EE + CH EE + SP Family	\$ 0.00 \$18.47 \$11.61 \$30.07	<i>In-Network Plan Features:</i> <ul style="list-style-type: none"> Annual Maximum (per patient) -- \$750 Preventive Care – covered 100% Deductible (for non-preventive care) – \$50/person, \$150/family Basic Services – 80% Major Services – 0% Out-of-network reimbursement available based on Fee Schedule

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Dental Medium Plan 			
Employee EE + CH EE + SP Family	\$ 4.18 \$26.82 \$20.52 \$43.14		<p><i>In-Network Plan Features:</i></p> <ul style="list-style-type: none"> • Annual Maximum (per patient) -- \$1,000 • Preventive Care – covered 100% • Deductible (for non-preventive care) – \$50/person, \$150/family • Basic Services – 80% • MajorServices – 50% <p>Out-of-network reimbursement available based on Fee Schedule</p>
Dental High Plan 			
Employee EE + CH EE + SP Family	\$ 8.68 \$34.44 \$29.77 \$55.77		<p><i>In-Network Plan Features:</i></p> <ul style="list-style-type: none"> • Annual Maximum (per patient) -- \$1,000 • Preventive Care – covered 100% • Deductible (for non-preventive care) – \$50/person, \$150/family • Basic Services – 80% • MajorServices – 50% • Out-of-network reimbursement available based on Reasonable & Customary Fee
Vol Life and AD&D 	Employee Cost determined by age and amount of coverage elected		<p>Voluntary Life AD&D: 5x Annual Salary increments of \$10,000 up to max of \$500k</p> <p>Voluntary Spouse Life: 100% of the employees amount up to \$250,000, increments of \$10,000 (terminates at age 70)</p> <p>Voluntary Dependent Child Life: Increments of \$1,000 up to \$10,000.</p> <p>Evidence of Insurability will be required if enrolling outside of your initial eligibility period.</p>
Short Term Disability (STD) 	No cost to Employees		<ul style="list-style-type: none"> • Equal to 85% of your weekly salary up to a weekly maximum of \$1,055. • Maximum of 26 weeks, or earlier you recover • Benefits are paid out after 7 days of sickness/injury • If your disability lasts until the 4th week, you will get paid for the first 7 days.
Long Term Disability (LTD) 	No cost to Employees		<ul style="list-style-type: none"> • Equal to 60% of your monthly salary to a maximum of \$10,000. • Maximum Social Security Normal Retirement Age, or earlier you recover • 180 waiting period, matches the maximum STD benefit period premiums paid by the company are treated as taxable earnings to the employees, any LTD benefits received will be tax free

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Employee Assistance Program (EAP) 	No cost to Employees		Features: <ul style="list-style-type: none"> • Counselors available 24/7/365 • Telephone assessments and consultations • 3 face-to-face counseling sessions per incident • Aids with EAP, Health and Benefit Services, Financial Information, Legal support Services, and more!
MetLaw 	Per Pay Rate:	\$9.69	Features: <ul style="list-style-type: none"> • Access to Hyatt Legal Services • Covers all legal expenses, except criminal • Identity restoration services • Divorce coverage is limited
Pet Insurance 	Cost determined by age and breed of pet		Features: <ul style="list-style-type: none"> • Flexible benefit limits and deductibles to choose from • Can be used at any veterinary facility • Covers accidents and illness • Optional wellness coverage with additional charges
Home & Auto 	Cost varies by product		<ul style="list-style-type: none"> • Get a Quote and Enroll directly with Farmers on or after January 1st • Contact Information will be posted to your Online Benefit Guide

Artcraft Online Guide

One-click access to everything you need
 We are thrilled to offer you and your family this innovative tool.

Access here

