




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.ibpllc.com in addition to this Benefits At-A-Glance.

Benefit	Cost shown are Per Pay		Plan Features Summary
<p>Benefit Guardian</p>  <p>Innovative BENEFIT PLANNING</p>	<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.
<p>Medical Plan HDHP Aetna Select Open Access</p> 	<p><u>Per Pay Rates:</u> Employee \$102.10 EE+ CH \$255.00 EE + SP \$390.00 Family \$624.39</p>		<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
<p>Medical Plan Buy-Up Aetna Select Open Access</p> 	<p><u>Per Pay Rates:</u> Employee \$314.30 EE + CH \$659.59 EE + SP \$839.66 Family \$1,268.30</p>		<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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<p>Health Reimbursement Account (HRA)</p> 	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
<p>Flexible Spending Account (FSA)</p> 	Employee determines election and pre-tax annual contribution		<ul style="list-style-type: none"> • Put aside pre-tax dollars to pay for out-of-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
<p>Vision</p>  <p>Versant Health bringing you Davis Vision</p>	<p>Employee EE + CH EE + SP Family</p>	<p>\$ 3.22 \$ 8.70 \$ 6.45 \$12.56</p>	<p><i>In-Network Plan Features:</i></p> <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
<p>Dental Low Plan</p> 	<p>Employee EE + CH EE + SP Family</p>	<p>\$ 0.00 \$18.47 \$11.61 \$30.07</p>	<p><i>In-Network Plan Features:</i></p> <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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<p>Dental Medium Plan</p> 	<p>Employee EE + CH EE + SP Family</p>	<p>\$ 4.18 \$26.82 \$20.52 \$43.14</p>	<p>In-Network Plan Features:</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% • Major Services – 50% <p>Out-of-network reimbursement available based on Fee Schedule</p>
<p>Dental High Plan</p> 	<p>Employee EE + CH EE + SP Family</p>	<p>\$ 8.68 \$34.44 \$29.77 \$55.77</p>	<p>In-Network Plan Features:</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% • Major Services – 50% • Out-of-network reimbursement available based on Reasonable & Customary Fee
<p>Vol Life and AD&D</p> 	<p>Employee Cost determined by age and amount of coverage elected</p>		<p>Voluntary Life AD&D: 5x Annual Salary increments of \$10,000 up to max of \$500k Voluntary Spouse Life: 100% of the employees amount up to \$250,000, increments of \$10,000 (terminates at age 70) Voluntary Dependent Child Life: Increments of \$1,000 up to \$10,000. Evidence of Insurability will be required if enrolling outside of your initial eligibility period.</p>
<p>Short Term Disability (STD)</p> 	<p>No cost to Employees</p>		<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.
<p>Long Term Disability (LTD)</p> 	<p>No cost to Employees</p>		<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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<p>Employee Assistance Program (EAP)</p> 	<p>No cost to Employees</p>		<p><i>Features:</i></p> <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!
<p>MetLaw</p> 	<p>Per Pay Rate:</p>	<p>\$9.69</p>	<p><i>Features:</i></p> <ul style="list-style-type: none"> • Access to Hyatt Legal Services • Covers all legal expenses, except criminal • Identity restoration services • Divorce coverage is limited
<p>Pet Insurance</p> 	<p>Cost determined by age and breed of pet</p>		<p><i>Features:</i></p> <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
<p>Home & Auto</p> 	<p>Cost varies by product</p>		<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

