

Benefits Eligibility^A

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Afb n An A A A An A A A wA A
A A A A A w A Ac Afb w Afb n A Afb A
fb An Afb A A Afb w A c An A A A
A A c A A A c A A A A Afb A
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HDHP/HSA PlanA

A c A A A) A A A A A ;A A
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w A A A A w A fb A fb A n A y A A
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In-Network Benefits (Aetna Open Access POS II)

- A w A w A w
➤ c A\$; A A\$; A n
➤ A n A / A A c j A A A c A
➤ A\$ A A A
➤ A ; A A A A A c j A A
➤ c A A
➤ A A A c j A A A c A
➤ A A f b A c
➤ N y n n A A f b A c A A\$; A A A
A \$; A n
➤ A A f b A A A A
➤ n A f b n A y n n

Out-of-Network BenefitsA

- $\begin{aligned} & \quad c \wedge \neg A ; \quad A \wedge \neg A ; \quad \neg A \wedge \neg A \\ & \quad A \wedge \neg A \wedge \neg A \quad c \wedge A \\ & \quad \neg b \wedge \neg A \wedge \neg n \wedge \neg A ; \quad A \wedge \neg A ; \quad \neg A \wedge \neg A \\ & \quad) \quad c \wedge A \quad A \end{aligned}$

HSA Bank Account

- Ac A AA fbb A A Y
 A A A A w A ;A A y w A A
 n A c A A y fb A A Ac An
 A A A) A y;A A
 c A A A y

Benefits SnapshotA

Plan Options

Meritain Health Medical Plans^A

- ♦ / A ~~AA~~
 ♦ W A / A ~~AA~~
 ♦ n n A A

Capital Rx Prescription CoverageA

MetLife Dental PlansA

- | | | |
|---|---|---|
| ◆ | A | A |
| ◆ | A | A |

VSP Vision PlanA

NYL Employer Paid Plans

- $\& A w$
- $n A A n A$

NYL Voluntary Plans

- fb/ & A A A fbA
- n A c A
- n A c A)

NYL Value-Add Services

Kemper Worksite BenefitsA

- $A \vdash A$; $A \vdash A$

Aetna EAP

WEX HSA

WEX Dependent Care FSA

~~WEX~~ Commuter Benefits

Bi-Weekly Rates^A

Employee Only	\$ 265.48
Employee/Spouse	\$ 616.42
Employee /Child(ren)	\$ 543.04
Family	\$ 844.87

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Employee Only	\$ 315.45
Employee/Spouse	\$ 662.44
Employee /Child(ren)	\$ 583.58
Family	\$ 946.34

Premium PlanA

In-Network Benefits (Aetna Open Access POS II)

- A w Afb A w wA w
- ✓ n n A A Av Afb A
- ✓ A w wA y n Afb A
- ✓ An n
- ✓ A A A n n n ;A ;A
- A c
- ✓ n A A Ay A w wA
- A w ;A w
- c A A\$; A A\$; AG n
- n A A A\$ A
- A\$ A
- n A n A\$ A
- A A A\$ A
- A A A A A A A c j A A
- A c A A A
- A\$ /\$ /\$ A
- A Afb A c
- y n n A fb A c A A
- A A\$; AG n
- A A fb A A A A
- n Afb n A y n n

Out-of-Network Benefits

- c A\$; A A\$; AG n
- A Afb A c
- N y n n A fb A c A A
- \$; A A\$; AG n

Bi-Weekly RatesA

Employee Only	\$ 379.38
Employee/Spouse	\$ 796.70
Employee /Child(ren)	\$ 701.86
Family	\$ 1,138.14

Provider Choice

- W A A A w :A w ;Afb A A A A
- ;A A A n ;A An A A Afb A w
- A A A A A A A A
- A w c A A A fb A n ;A A A A A
- An A Afb A A A Afbn An
- A A Afb AG n A
- W A y n A A n c A AG n A A n A
- G n A A w A fb n
- A A n wA w A ;An Afb
- A fb A A A A A A A A A
-) A A A Av fbA A A AA A A
- Afb A ;Av A
- n / fb / n/n n /



For more information on Artech's benefits, please send an email to benefits@artech.com.

Dental PlansA



MetLife High Dental PlanA

➤ \$ A /\$ AG n A A c Afb A
 c A An j A w A
 ➤ \$; A An y n n Ac fb A) A w An n c
 ➤ A A AAG AN fbA A
 w A A n fb n / n c fb n AA

Insurance Covers:A

- ✓ **100% Preventive Services**) y n A & A : A A n A
A A n A ; A y ; A A
- ✓ **90% Basic Services**) fb ; A ; A A
; A A A
- ✓ **60% Major Services**) ; A ; A n A
A fb A
- ✓ **50% Orthodontia** A A A A fb n A
n y n n A A ; A
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High Plan Bi-Weekly Rates

Employee Only	\$ 25.99
Employee/Spouse	\$ 52.18
Employee/Child(ren)	\$ 63.58
Family	\$ 89.76

MetLife Low Dental PlanA

➤ \$ A /\$ AG n A A A c Afb A
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Insurance Covers:A

- ✓ **100% Preventive Services**) y n A&A : A A n A
A A n A ;A ;A A
- ✓ **80% Basic Services**) fb ;A ;A A A
A fb A
- ✓ **50% Major Services**) ;A ;A ;A
A
A fb A

Low Plan Bi-Weekly Rates^A

Employee Only	\$ 16.62
Employee/Spouse	\$ 33.32
Employee/Child(ren)	\$ 44.30
Family	\$ 61.00

Vision PlanA

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 c A A fb A A A A A A
 A w A A A
 ➤ A A fb . A A \$ A A A \$ A
 A A A y n ; fb A A w A w A w A A
 n A
 ➤ A A w c A A ; A A A
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 ➤ fb A w A A A A A A

~~XXXXXXXXXXXXXXXXXXXX~~**Bi-Weekly RatesA**

Employee Only	\$ 3.59
Employee/Spouse	\$ 5.76
Employee Child(ren)	\$ 5.87
Family	\$ 9.48

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Dependent Care Flexible Spending Account (DCFSA)

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Dependent Care Flexible Spending Account (DCFSA) A YA AA n A A A A Ab A A A A yAb A
A A A An An A A A A A c A A A A A A c AA Ab n A A A AA
yAc A AA A A A A A AG A A A Ay ;A A A A Ab A A A A A Ab A
c A A Ay AV A y n Ab An A fb n
A An Ac Ab A Ak fb A A A A A A A An A w A w A A ;A A A Ab A ;Ac fb A
A A r A n c n A fba An ;Ac A A A A An Ac A ;Ac A Ab n A ;A
w A Ab A A A c A fba fb AA

Qualifying Person

- A A A A A A AG A A wA n c n Ab A A A fba A fba Ak fb A Ak fb A AA
- A A A A A A fba A
 - A A A A A A A An A c A A Ab A n A A fba

Allowable Annual Maximum: \$5,000 (\$2,500 if married filing separate tax returns)

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 - C fb A Ab A A A
 - n A A A
 - n n A A n A



Eligible ExpensesA	Annual Contribution LimitsA	Benefit
Dependent Care FSAA A Ay A A A A ;Ab A A n A A A A n A A A A A A A A A Ab n A	N yn nA c A\$; A A A\$; Afa A Ab A A yA A	A A y c A n A

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Commuter Benefits Account (Parking & Transit)

A Commuter Benefits Account A A A A A A wAn A A c A A A Ay Ab A A nn A
A Ab nA A A A c Ab A Ac fbA fb A An A fba w A AAA n Ac A YA c An A A
A A A y n
A A A .A
➤ A A A y c A n A A A A n A A
➤ Ab A c A A nn A A A yA A

Monthly Contribution Limit: \$280 per account

Ab A AA A Ab A A An Afa A A A A A A A A fb A A ;A ;A c A A A A
AA A A A A fba A fb n AA A c A A A fba fb n A A Ab A AA w Ac Ac fbA nn A A
n A / A A A fba "A A n A

401(k) Plan

Eligibility Requirements

Eligibility Requirements

Eligibility Requirements

Eligibility Requirements

Eligibility Requirements

Eligibility Requirements

Enrollment

Enrollment

2022 Contribution Limits

2022 Contribution Limits

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2022 Contribution Limits



2022 Contribution Limits

