

# Benefits Summary 2022 www.artech.com

### **Benefits Eligibility**A





### **HDHP/HSA Plan**A

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### In-Network Benefits (Aetna Open Access POS II)

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#### Out-of-Network BenefitsA

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### **HSA Bank Account**

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### **Benefits Snapshot**A

**Plan Options** 

### Meritain Health Medical PlansA

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### **Capital Rx Prescription Coverage**A

### **MetLife Dental Plans**A

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- ◆ A A

#### **VSP Vision Plan**A

### **NYL Employer Paid Plans**

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- n A A n**A**

### **NYL Voluntary Plans**

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#### **NYL Value-Add Services**

### Kemper Worksite BenefitsA

#### Aetna EAP

**WEX HSA** 

**WEX Dependent Care FSA** 

**WEX Commuter Benefits** 

### Bi-Weekly RatesA

<b>Employee Only</b>	\$ 265.48
Employee/Spouse	\$ 616.42
Employee /Child(ren)	\$ 543.04
Family	\$ 844.87
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## **HDHP/HSA Plan**A

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## Value HDHP/HSA PlanA

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### In-Network Benefits (Aetna Open Access POS II)

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### **Out-of-Network Benefits**A

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### Bi-Weekly RatesA

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

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### **Premium PlanA**

### In-Network Benefits (Aetna Open Access POS II)

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### **Out-of-Network Benefits**

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### Bi-Weekly RatesA

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

#### **Provider Choice**

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

### **Dental Plans**A

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### MetLife High Dental PlanA

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### **Insurance Covers:**A

- √ 100% Preventive Services ) y n A&A :AAn A AAn A;Ay;AA √ 90% Basic Services )fb ;A ;A Α ;A A A fb ;An 60% Major Services ) ;A Α A fb Α 50% OrthodontiaA A AAfbn A
  - High Plan Bi-Weekly Rates

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

### **MetLife Low Dental Plan**A

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#### **Insurance Covers:**A

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✓ 100% Preventive Services ) y n A&A :AAn A A A n A ;Ay ;A 80% Basic Services )fb ;A ;A A Α √ 50% Major Services ) ;A ;A ;A fb

### Low Plan Bi-Weekly RatesA

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

## **Vision Plan**A

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### ///www.Bi-Weekly RatesA

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Employee Only	\$ 3.59
Employee/Spouse	\$ 5.76
Employee Child(ren)	\$ 5.87
Family	\$ 9.48
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## Accidental Death & Dismemberment Coverage (Employer Paid)A

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## **Voluntary Life/AD&DA**

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## **Voluntary Short-Term Disability**A

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## **Voluntary Long-Term Disability**A

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## Dependent Care Flexible Spending Account (DCFSA)A

Dependent Care Flexible Spending Account (DCFSA)A n A A YAAA Α A AfbA A yAfb A A A AΑ Α AAAfb n A A AA уÆс AG Α Æfb A A Αy ;A A A Α ΑА A A Afb A AW A n Afb An Ac Afb AAr fb Α A A Α Α Afb A; Ac fb A Α An A w Aw A ;A A, Anc Af 🍇 An ;Ac Α A A Α Αn Ac A ;Ac A Afb AA

#### **Qualifying Person**

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

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Eligible ExpensesA	Annual Contribution LimitsA	Benefit
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## **Commuter Benefits Account (Parking & Transit)**

#### Monthly Contribution Limit: \$280 per account

## 401(k) PlanA

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### **Eligibility Requirements**

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CAAAAA

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#### **Enrollment**A

#### **2022 Contribution Limits**

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; A AnynnAc An An AcA y Afb A fb A Acr A



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## **Contacts**A

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For more information on Artech's benefits, please send an email to <u>benefits@artech.com.</u> A

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