



ARTISANAL BREWING
VENTURES

2026 BENEFITS ENROLLMENT GUIDE

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OUR BENEFITS PACKAGE



COST SHARE BENEFITS

- Medical/Rx Insurance
- Dental Insurance
- Vision Insurance



COMPANY PAID BENEFITS

- Basic Life and AD&D
- Short-Term Disability
- Long-Term Disability



EMPLOYEE PAID BENEFITS

- Health Savings Account (HSA) for those on the HDHP plan
- Healthcare Flexible Spending Account with Debit Card
- Dependent Care Flexible Spending Account
- Voluntary Life and AD&D
- Voluntary Accident Insurance
- Voluntary Critical Illness/Specified Disease Insurance
- Pet Insurance

ENROLLMENT & ELIGIBILITY

Am I Eligible?

- All regular full-time Employees working a minimum of 30-hours per week
- Your legal spouse or domestic partner
- Children up to age 26, regardless of full-time student status or marital status
- Unmarried children of any age who, prior to age 26, has been declared incapable of self-support due to mental or physical disability



What You Need To Do

- ✓ Eligible Employees can participate in the Artisanal Brewing Ventures benefit plans on the 1st day of the month following your date of hire.
- ✓ Be sure to make your elections **within 2 weeks of your hire date.** If you do not make elections, then you may not be able to enroll in any benefits until the next open enrollment period.
- ✓ **Once you've made selections, you may not change your benefits during the year unless you experience an IRS Section 125 approved qualifying life event.** Section 125 governs how employers provide benefits to Employees on a pre-tax basis.
- ✓ Your election or waiver of coverage is your acknowledgement that you understand these requirements.



IMPORTANT REMINDER!

Enter qualifying events into UKG within 30-days of a qualified life event to obtain approval for any benefit changes mid-year. After 30-days, no benefit changes will be permitted, and you will have to wait until the next open enrollment period. Evidence of the event is **REQUIRED**.

An annual open enrollment will occur in November for a January 1st effective date for those wanting to make changes.





SOUTHERN TIER
BREWING CO.

DRINK
BEER
*eight days
a week*

MEDICAL | UNITED HEALTHCARE (UHC)

SERVICES – In Network	PPO PLAN (FSA eligible)	SUREST PLAN (FSA eligible)	HDHP PLAN* (HSA eligible)
Deductible	Embedded	N/A	Aggregate
<ul style="list-style-type: none"> Individual Family 	\$2,000 \$4,000	\$0 \$0	\$2,800 \$5,600
Out-of-Pocket Maximum	Embedded	Embedded	Embedded
<ul style="list-style-type: none"> Individual Family Member Family 	\$5,000 \$5,000 \$10,000 (Includes deductible, coinsurance and copays)	\$9,000 \$9,000 \$18,000 (Includes deductible, coinsurance and copays)	\$6,500 \$6,500 \$13,100 (Includes deductible and coinsurance)
CATEGORY OF SERVICE			
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Teladoc Virtual Visit	No charge	No Charge	0% after deductible
Primary Care Office Visit	\$25 copay	\$50-\$160 copay	20% after deductible
Specialist Office Visit	\$75 copay	\$50-\$160 copay	20% after deductible
Mental Health or Substance Use Office Visit	\$75 copay	\$50 copay	20% after deductible
Urgent Care Facility	\$50 copay	\$110 copay	20% after deductible
Emergency Room Visit	\$300 copay then 20% after deductible	\$1,200 copay	20% after deductible
Inpatient Services	20% after deductible	\$80-\$5,500 copay (varies based on services)	20% after deductible
Outpatient Services	20% after deductible	\$80-\$5,500 copay (varies based on services)	20% after deductible
PRESCRIPTION DRUGS			
Retail (up to a 30-day supply)			
Tier 1	\$10 copay	\$20 copay	20% after deductible
Tier 2	\$35 retail / \$150 specialty	\$90 retail / \$200 specialty	20% after deductible
Tier 3	\$75 retail / \$350 specialty	\$150 retail / \$500 specialty	20% after deductible
Tier 4	\$250 retail / \$500 specialty	N/A	20% after deductible
Mail Order (up to a 90-day supply)			
	2.5 copays based on tier	2.5 copays based on tier	20% after deductible

*HDHP – This plan has an Aggregate Deductible which means if you elect family coverage, the entire family deductible must be met before the plan begins to pay. The Out-of-Pocket Limit is Embedded which means that if you have family coverage, no individual family member will pay more than the individual out-of-pocket limit before the plan pays. Once a single family member reaches their individual out of pocket maximum, the plan begins covering that member's eligible expenses, even if the family out of pocket maximum has not been met.

WHEN & WHERE TO GET HEALTH CARE

1

Telehealth Virtual Visits

- **Average wait time:** 5 minutes.
- Available 24/7/365.
- Basic physician care from your PC, phone, laptop or tablet.

2

Retail Health Clinics

- **Average wait time:** 15 minutes.
- Available extended hours.
- Basic care from a nurse practitioner.

3

Primary Care Physician

- Scheduled visits.
- Diagnose & treat a range of issues for the whole family
- Refer you to the right care when you need a specialist.

4

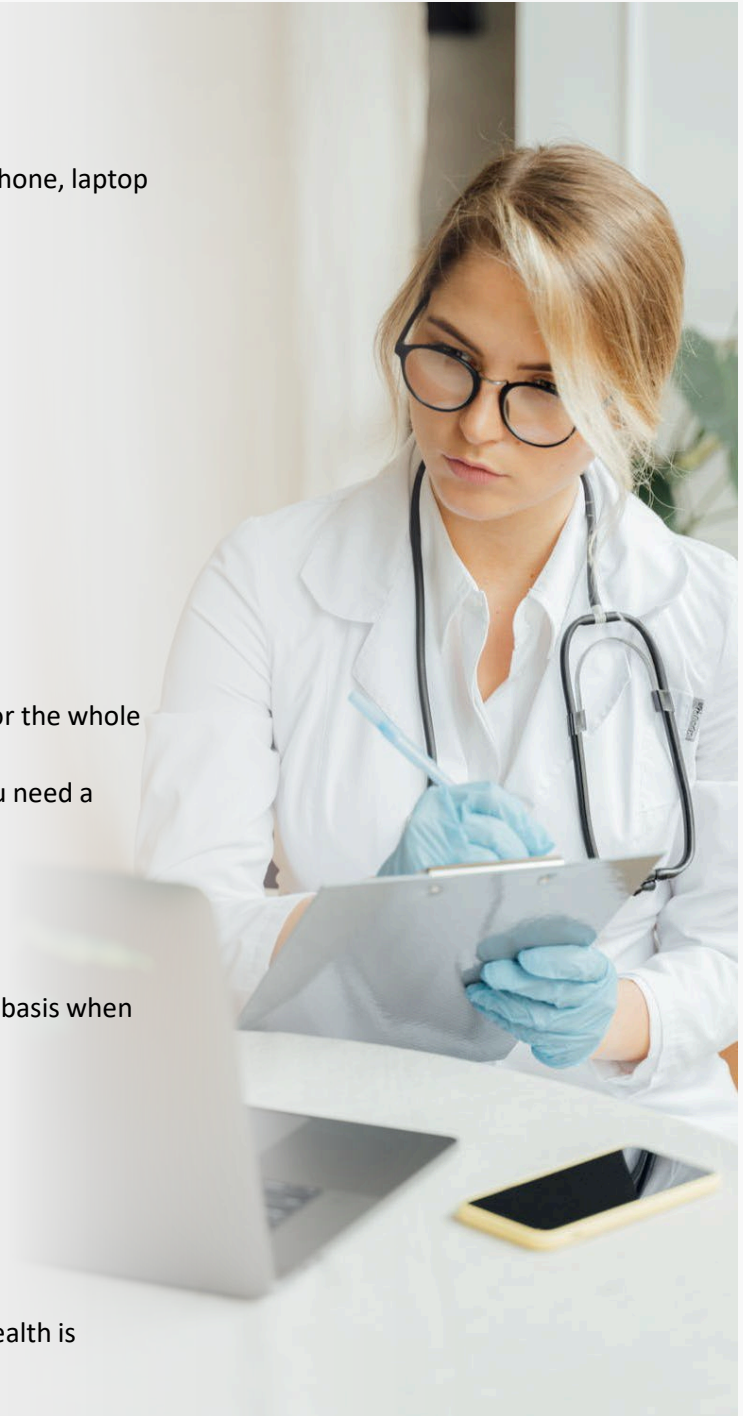
Urgent Care Clinic

- **Average wait time:** 45 minutes.
- Immediate quality care on a walk-in basis when your doctor is unavailable.

5

Emergency Room

- **Average wait time:** 4 hours.
- Available 24/7/365.
- Emergency care when your life or health is threatened.



Things to Think About

- Non-emergency care delivered in the Emergency Room (ER) costs 5 times more than in a doctor's office or clinic.
- Research studies indicate that between 8-27% of ER visits could have been treated in a less expensive care setting.
- ER doctors do not typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment.
- Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote consistent, preventive and quality care.

DENTAL | METLIFE

Artisanal Brewing Ventures' dental plans are administered by MetLife. You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits

	LOW PLAN	HIGH PLAN
Calendar Year Benefit Maximum		
	\$1,000 Per covered individual	\$2,000 Per covered individual
Calendar Year Deductible (does not apply to Preventive Care Services)		
Individual	\$50	\$50
Family	\$150	\$150
CATEGORY OF SERVICE		
Preventive Care Services (Oral exams, cleanings, and x-rays)	Covered at 100% Not subject to deductible*	Covered at 100% Not subject to deductible*
Basic Services (Fillings, root canals, endodontics, periodontics, extractions)	20% after deductible*	20% after deductible*
Major Services (Inlays, onlays, crowns, bridgework, dentures, implants)	50% after deductible*	50% after deductible*
Orthodontia (Child Coverage)	Not covered	50% \$1,500 lifetime maximum

*Out-of-network claims will be paid at 90% of Usual & Customary. Usual & Customary charges are based on prevailing cost of services within geographic areas for the insurance company.

VISION | MET LIFE

Artisanal Brewing Ventures' vision plan is administered by MetLife, utilizing the providers in the **Superior** network, or **VSP** network for the Lakewood Division. You may seek treatment from the provider of your choice, but you will realize your biggest savings by visiting in-network providers whenever possible. Please see the summary below for an outline of covered services.

	IN-NETWORK	OUT-OF-NETWORK*
Eye Exam	\$10 copay	Up to \$45
Standard Lenses (instead of contacts) Single Bifocal Trifocal Lenticular Progressive	\$25 copay \$25 copay \$25 copay \$25 copay Member cost vary by prescription, option chosen, and retail location	Up to \$30 Up to \$50 Up to \$65 Up to \$100 Member cost vary by prescription, option chosen, and retail location
Frames	\$130 allowance, then 20% discount	Up to \$70
Contact Lenses (Instead of glasses) Elective Medically Necessary**	\$130 allowance, then 10% discount Covered at 100%	Up to \$105 Up to \$210
Frequency Exam Lenses Contacts Frames	Based on Date of Service 12 months 12 months 12 months 24 months	

*Out-of-network amounts are reimbursed to member.

**Contact lenses may be deemed medically necessary when vision cannot be corrected with glasses due to extreme vision problems. Contact lenses will be deemed elective when vision can be corrected by glasses, but contacts are worn.

HEALTH SAVINGS ACCOUNT | FLORES

If you enroll in the High-Deductible Health Plan (HDHP), you should consider contributing to a Health Savings Account (HSA) administered by Flores & Associates. With an HSA, you can gain more control over your health care expenses. Contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged. **This plan is not available for those enrolled in a PPO Plan or the Surest Plan, including one other than those offered through Artisanal Brewing Ventures.**

Company Contribution

Artisanal Brewing Ventures will contribute annually based on coverage tier for those enrolled in the HDHP with HSA plan an employee match up to.

- \$500/year for Employee only
- \$1,000 for Employee + Spouse or Child(ren)
- \$1,500 for Employee + Family

Eligibility Requirements

- Must be enrolled in a High-Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare
- Must not be covered by other medical insurance which does not meet definition of HDHP such as a Healthcare Flexible Spending Account (FSA), Health Reimbursement Account (HRA), Tricare, VA benefits (including your spouse’s).
- May not be claimed as a dependent on another individual’s tax return.

Your Tax-Free Contribution

You can contribute funds from your paycheck pre-taxed up to the yearly IRS limits.



Pay Expenses

You can use your HSA to pay for eligible expenses on a tax-free basis. For example:

- Deductibles
- Prescriptions
- Coinsurance
- Dental & Vision Expenses

A full list is available at www.irs.gov



Saving for the future

You can also save your funds for the future and allow them to earn interest.

How much can you contribute?	2026 IRS Contribution Limits*	Company Contribution Match (up to)	Employee Maximum Contribution up to**
Employee	\$4,400	\$500	\$3,900
Employee + Spouse***	\$8,750	\$1,000	\$7,750
Employee + Child(ren)	\$8,750	\$1,000	\$7,750
Family***	\$8,750	\$1,500	\$7,250

*IRS Limits include any Company match.

**If you are age 55 or older, you may make an additional pre-tax catch-up contribution of \$1,000 per year.

***If you are married and your spouse is enrolled in an HDHP and has an HSA, the combined total of you and your spouse’s HSA cannot exceed the federal maximum for family level coverage.

All HSA participants will receive an HSA debit card from Flores & Associates. Use your debit card for eligible medical, dental, or vision expenses. Please retain all receipts to verify expenses. Visit: www.flores247.com

FLEXIBLE SPENDING ACCOUNT | FLORES

Artisanal Brewing Ventures continues to offer Health Care and Dependent Care Flexible Spending Accounts (FSAs), administered by Flores & Associates. FSAs allow you to pay for eligible health care and dependent care expenses with pre-tax dollars which can increase your take-home pay. The Dependent Care FSA is offered to everyone, no matter what medical plan you may be covered under, through Artisanal Brewing Ventures or elsewhere.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

HEALTH CARE FSA

- May be used to pay for eligible medical, dental, prescription, dental, and vision expenses not fully covered by the insurance plans for you and your tax eligible dependents.
- **If you are enrolled in an HDHP Plan, you are not eligible to participate in the Health Care FSA.**

DEPENDENT CARE FSA

- May be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return.
- Eligible expenses include:
 - Child or adult daycare
 - After school care
 - Nursery school
 - Nanny or babysitter
- You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

2026 IRS CONTRIBUTION LIMITS	MINIMUM	MAXIMUM	ROLLOVER
Health Care FSA	\$100	\$3,400	\$680
Dependent Care FSA	\$100	\$7,500 (or \$3,750 if married and filing separately)	Not Available

FSA Rollover

Artisanal Brewing Ventures allows participants to carry over up to \$640 in unused money in the Health Care FSA at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess will be forfeited, so plan accordingly.

	EXPENSE INCURRED	SUBMIT EXPENSE FOR REIMBURSEMENT
Health Care FSA	January 1, 2026 – December 31, 2026	January 1, 2026 – March 31, 2027
Dependent Care FSA	January 1, 2026 – December 31, 2026	January 1, 2026 – March 31, 2027

COST OF COVERAGE - 2026

UHC Medical – \$2,000 PPO Plan	WEEKLY Deduction	BI-WEEKLY Deduction	SEMI-MONTHLY Deduction
Employee Only	\$100.02	\$200.04	\$216.71
Employee + Spouse	\$204.79	\$409.57	\$443.70
Employee + Child(ren)	\$185.74	\$371.48	\$402.44
Family	\$290.51	\$581.01	\$629.43
UHC Medical – \$9,000 Surest Plan	WEEKLY Deduction	BI-WEEKLY Deduction	SEMI-MONTHLY Deduction
Employee Only	\$40.23	\$80.46	\$87.16
Employee + Spouse	\$148.11	\$296.23	\$320.91
Employee + Child(ren)	\$134.35	\$268.70	\$291.09
Family	\$210.05	\$420.11	\$455.12
UHC Medical – \$2,800 HDHP Plan	WEEKLY Deduction	BI-WEEKLY Deduction	SEMI-MONTHLY Deduction
Employee Only	\$46.65	\$93.29	\$101.06
Employee + Spouse	\$143.08	\$286.16	\$310.00
Employee + Child(ren)	\$129.79	\$259.57	\$281.20
Family	\$202.90	\$405.79	\$439.61
METLIFE Low Dental Plan	WEEKLY Deduction	BI-WEEKLY Deduction	SEMI-MONTHLY Deduction
Employee Only	\$1.57	\$3.14	\$3.41
Employee + Spouse	\$3.19	\$6.38	\$6.91
Employee + Child(ren)	\$4.48	\$8.95	\$9.70
Family	\$6.54	\$13.08	\$14.18
METLIFE High Dental Plan	WEEKLY Deduction	BI-WEEKLY Deduction	SEMI-MONTHLY Deduction
Employee Only	\$2.13	\$4.25	\$4.61
Employee + Spouse	\$4.32	\$8.63	\$9.35
Employee + Child(ren)	\$6.05	\$12.11	\$13.12
Family	\$8.85	\$17.70	\$19.17
METLIFE Vision Plan	WEEKLY Deduction	BI-WEEKLY Deduction	SEMI-MONTHLY Deduction
Employee Only	\$1.25	\$2.50	\$2.71
Employee + Spouse	\$2.00	\$4.00	\$4.34
Employee + Child(ren)	\$2.04	\$4.09	\$4.43
Family	\$3.29	\$6.59	\$7.13



SIXPOINT
BREWERY

SIXPOINT
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BREWERY

LIFE AND AD&D | USABLE LIFE

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Artisanal Brewing Ventures provides full-time Employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance administered through USABLE Life. Please remember to review and update your beneficiary designation annually.

BENEFIT	HOURLY Employee	SALARIED Employee
Employee Life	\$15,000	1 times your base annual earnings, up to \$250,000
Basic AD&D Amount	Matches Employee Life Amount	
Age Reduction Schedule	35% at age 65 50% at age 70	
Waiver of Premium	Yes, if disabled prior to age 60	
Conversion	Included (must apply within 31 days of termination date)	

VOLUNTARY LIFE AND AD&D INSURANCE

If you wish to supplement your employer-provided life insurance benefit, you may purchase additional coverage. You pay the full cost of the additional coverage you elect. When you elect additional coverage for yourself, you may also elect coverage for your spouse and/or your dependent children.

As a new hire, you may elect voluntary coverage up to the guaranteed issue amount. If you elect coverage after your new hire enrollment window ends, or if you elect coverage that exceeds the guaranteed issue limits below, you may be asked to provide Evidence of Insurability. Your additional coverage will not be effective until it is approved by USABLE Life.

BENEFIT	VOLUNTARY LIFE AND AD&D INSURANCE
Employee Life and Matching AD&D Amount	\$10,000 increments up to the lesser of 5x annual earnings or \$500,000
Employee Guarantee Issue Amount	\$100,000
Spouse Life and Matching AD&D Amount	\$5,000 increments up to the lesser of 50% of Employee amount or \$100,000
Spouse Guarantee Issue Amount	\$25,000
Dependent Child and Matching AD&D Amount	\$1,000 – birth to 6 months \$1,000 increments to \$10,000 max – 6 months to age 26
Age Reduction Schedule	35% at age 65 50% at age 70
Waiver of Premium	Yes, if disabled prior to age 60
Conversion and Portability Options	Included (must apply within 31 days of termination date)

DISABILITY | USABLE LIFE

SHORT-TERM DISABILITY

Artisanal Brewing Ventures provides all full-time eligible Employees with Short-Term Disability (STD) Benefits administered through USABLE Life. **There is no cost to you for this valuable coverage.** Short-Term Disability benefits protect a portion of your income in the event of any non work-related accident or illness that keeps you from working.

BENEFIT	SHORT-TERM DISABILITY
Elimination Period	7 days for accident or illness
Benefits Duration	Up to 25 weeks
Benefits Percentage	60% of weekly income based on prior year W-2
Maximum Benefit	\$1,000 per week

LONG-TERM DISABILITY

Artisanal Brewing Ventures provides all full-time eligible Employees with Long-Term Disability Benefits administered through USABLE Life. **There is no cost to you for this valuable coverage.** Long-Term Disability (LTD) Benefits provide continued protection if you are still deemed disabled when STD benefits are exhausted.

BENEFIT	HOURLY Employee	SALARIED Employee
Elimination Period	180 days	
Benefits Duration	Benefits are paid to the later of either age 65 or Social Security Normal Retirement Age (SSNRA)	
Benefits Percentage	60% of monthly income	
Maximum Benefit	\$5,000 per month	\$10,000 per month
Definition of Disability	24 months own occupation, thereafter any occupation (Means the occupation, trade or profession in which the Employee was employed prior to the disability)	
Pre-existing Conditions*	Pre-existing conditions may not be covered by this plan	

*A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 3 months prior to your coverage effective date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.

IMPORTANT NOTICE

Notice Regarding Hospital Indemnity or Other Fixed Indemnity Insurance

IMPORTANT: THIS IS A FIXED INDEMNITY POLICY,
NOT HEALTH INSURANCE

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

LOOKING FOR COMPREHENSIVE HEALTH INSURANCE?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

QUESTIONS ABOUT THIS POLICY?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

ANCILLARY BENEFITS | UNUM

Artisanal Brewing Ventures offers Employees the option of purchasing Accident, Hospital Indemnity and Critical Illness through Unum. Coverages are available for you, your spouse and/or dependent children.

CRITICAL ILLNESS

- **Wellness Benefit Included:** \$50 for the \$10,000, \$75 for the \$20,000 and \$100 for the \$30,000 per insured person per calendar year.
- **Employee Benefit Options:** \$10,000, \$20,000 or \$30,000.
- **Spouse Benefit Options:** 50% of Employee's Coverage.
- **Child Benefit Options:** 50% of the Employee's benefit up to age 26.
- **Guarantee Issue:** Employee \$30,000
Spouse \$15,000
Child – All Amounts
- **Portable.**
- **Examples Of Covered Conditions:** cancer, heart failure, stroke, coronary by-pass graft surgery, end stage renal failure, major organ failure, brain tumor, and many more...

ACCIDENT INSURANCE

- 24-hour Coverage.
- **Wellness Benefit Included:** \$50 per insured person per calendar year.
- **Pays a set amount** based on the injury and treatment received.
- No medical questions or exams in order to be covered.
- **Coverage Options:** Employee, Employee & Spouse, Employee & Child(ren) or Family.
- Portable.

HOSPITAL INDEMNITY

- **Wellness Benefit Included:** \$50 per insured person per calendar year.
- **Hospital Admission:** \$1,000 per insured per calendar year.
- **Hospital Confinement:** \$100 per day, up to 365 day maximum per calendar year.
- **ICU Confinement:** \$100 per day, up to 30 day maximum per calendar year.
- Pre-existing limitation of 3 months prior/12 months covered.
- **Coverage Options:** Employee, Employee & Spouse, Employee & Child(ren) or Family.



PET INSURANCE | NATIONWIDE

Artisanal Brewing Ventures provides eligible full-time Employees with the opportunity to purchase Pet Insurance through Nationwide. You can apply for coverage when the time is right for you, not just during open enrollment. With Nationwide’s My Pet Protection, you can give your pet the best medical care possible. The top-rated cat and dog insurance plans cover accidents, illnesses, cancer, genetic conditions and more.

For more information, please visit: <https://benefits.petinsurance.com/artbrewventures>

BENEFIT CATEGORY	MY PET PROTECTION WITH WELLNESS	MY PET PROTECTION WITHOUT WELLNESS
Deductible	\$250	
Maximum Annual Benefit	\$7,500	
Accident	X	X
Injuries	X	X
Common Illnesses	X	X
Chronic Illnesses	X	X
Surgeries/Hospitalizations	X	X
X-rays/MRI/CT Scans	X	X
Prescription Medications	X	X
Wellness Exams	X	
Vaccinations	X	
Spay/Neuter	X	
Flea/Tick/Heartworm Prevention	X	
Routine Blood Test	X	

Additional My Pet Protection Resources

- Easy online account management
- Multiple-pet discounts when enrolling more than one pet
- Vet helpline unlimited 24/7 access to a veterinary professional
- VitusVet: mobile claims submission with the free VitusVet app
- Plan also available for birds, rabbits, reptiles and other exotic pets



Please see HR for full benefit information and rates

CONTACT INFORMATION

Service	Vendor	Phone Number	Website
Human Resources	Artisanal Brewing Ventures	272-CALL-ABV	HR@artbrewventures.com
Medical Plan or Prescription Drugs	United Healthcare / Surest	877-797-8812-UHC 866-683-6440 - Surest	www.myuhc.com UHC www.benefits.surest.com Surest Group # TBD
Health Savings Account (HSA)	Flores & Associates	800-532-3327	www.flores247.com
Flexible Spending Account (FSA)	Flores & Associates	800-532-3327	www.flores247.com
Dental	MetLife	800-275-4638	www.metlife.com Group # 5777630
Vision	MetLife	800-275-4638	www.metlife.com Group # 5777630
Life or Disability	USABLE Life	800-648-0271	www.usablelife.com Policy #50060631
Critical Illness	Unum	877-225-2712	www.unum.com Policy #957731
Accident	Unum	877-225-2712	www.unum.com Policy #957730
Hospital Indemnity	Unum	877-225-2712	www.unum.com Policy #957732
Pet Insurance – Nationwide	Artisanal Brewing Ventures	855-874-4944	https://benefits.petinsurance.com/artbrewventures
FMLA	FMLASource	877-462-3652	www.fmlasource.com



ARTISANAL BREWING VENTURES

This information offers a brief outline of benefits and covered services. A complete explanation of covered services, exclusions and limitations is available in your Summary Plan Descriptions.