

# AIS Architectural Image Systems, LLC

2026 Employee Rate Sheet | Effective 07/01/2026

Brought to you by  
**Bastion Insurance Group**  
 Open Enrollment Materials

## HOW THIS WORKS

**AIS is covering \$320.85 of your medical premium every month**, no matter which plan you choose. Pick the HMO and the company covers **your entire employee-only premium**. Pick the PPO, and the same \$320.85 credit is applied toward your higher premium.

The "Per Paycheck" column is what comes out of your paycheck, spread across **26 pay periods**. All medical, dental, and vision premiums are deducted **pre-tax** under our Section 125 plan, which lowers your taxable income.

## MEDICAL BCBS Blue Balance Funded (BBF) · HSA-Compatible

### ATBAP621 — Blue Advantage HMO HSA \$7,500

In-Network Only · \$7,500 deductible · HSA-eligible

COVERAGE TIER	TOTAL MONTHLY PREMIUM	AIS EMPLOYER CREDIT	YOUR MONTHLY COST	PER PAYCHECK (26)
Employee Only	\$320.85	-\$320.85	\$0.00	\$0.00
Employee + Spouse	\$694.50	-\$320.85	\$373.65	\$172.45
Employee + Child(ren)	\$666.27	-\$320.85	\$345.42	\$159.42
Employee + Family	\$1,039.93	-\$320.85	\$719.08	\$331.88

### ATBCP292 — Blue Choice PPO HSA \$5,000

In + Out-of-Network · \$5,000 deductible · HSA-eligible

COVERAGE TIER	TOTAL MONTHLY PREMIUM	AIS EMPLOYER CREDIT	YOUR MONTHLY COST	PER PAYCHECK (26)
Employee Only	\$453.24	-\$320.85	\$132.39	\$61.10
Employee + Spouse	\$981.10	-\$320.85	\$660.25	\$304.73
Employee + Child(ren)	\$941.20	-\$320.85	\$620.35	\$286.32
Employee + Family	\$1,469.05	-\$320.85	\$1,148.20	\$529.94

Both medical plans are Health Savings Account (HSA) compatible. 2026 HSA contribution limits are \$4,400 for single coverage and \$8,750 for family coverage. Contributions can be made pre-tax through payroll deduction in addition to your premium election.

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2026 Employee Rate Sheet | Dental & Vision

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**Dental, Vision, and Hospital Indemnity are administered by Principal.** AIS covers 100% of the Employee Only dental premium, so if you elect single coverage, dental is free for you. Vision and Hospital Indemnity are voluntary benefits, paid in full by the employee. All premiums are deducted pre-tax across 26 pay periods.

## DENTAL Principal · VSP / Standard Dental Network · AIS covers 100% of EO

<b>Principal Dental Plan</b> 100 / 80 / 50 · \$1,500 annual maximum · \$50 ind / \$150 fam deductible				
COVERAGE TIER	TOTAL MONTHLY PREMIUM	AIS EMPLOYER CREDIT	YOUR MONTHLY COST	PER PAYCHECK (26)
Employee Only	\$31.76	-\$31.76	\$0.00	\$0.00
Employee + Spouse	\$65.90	-\$31.76	\$34.14	\$15.76
Employee + Child(ren)	\$81.52	-\$31.76	\$49.76	\$22.97
Employee + Family	\$121.62	-\$31.76	\$89.86	\$41.47

## VISION Principal · VSP Network · 100% Voluntary (Employee Paid)

<b>Principal Vision Plan</b> VSP network · \$10 exam copay · \$25 materials copay · \$150 frame and contact allowance				
COVERAGE TIER	TOTAL MONTHLY PREMIUM	AIS EMPLOYER CREDIT	YOUR MONTHLY COST	PER PAYCHECK (26)
Employee Only	\$6.23	\$0.00	\$6.23	\$2.88
Employee + Spouse	\$14.30	\$0.00	\$14.30	\$6.60
Employee + Child(ren)	\$16.18	\$0.00	\$16.18	\$7.47
Employee + Family	\$26.24	\$0.00	\$26.24	\$12.11

Rates effective 07/01/2026 through 06/30/2027. Final benefit details and exclusions are governed by the carrier certificates. Questions can be directed to your HR team or to Bastion Insurance Group.

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2026 Employee Rate Sheet | Hospital Indemnity

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**Hospital Indemnity helps protect against the cost of a hospital stay.** Because both medical plans carry high deductibles (\$7,500 HMO / \$5,000 PPO), Hospital Indemnity pays a lump sum at admission and a daily benefit during your stay, giving you cash to help cover the deductible exposure. The plan is HSA-compatible, has no pre-existing condition exclusion, and no pregnancy exclusion. It is voluntary, 100% employee-paid, and deducted pre-tax over 26 pay periods.

## HOSPITAL INDEMNITY **Principal · HSA-Compatible · 100% Voluntary (Employee Paid)**

**Principal Hospital Indemnity** \$1,000 admission · \$100 / day confinement · \$2,000 ICU admission · \$200 / day ICU · \$50 wellness benefit

COVERAGE TIER	TOTAL MONTHLY PREMIUM	AIS EMPLOYER CREDIT	YOUR MONTHLY COST	PER PAYCHECK (26)
<b>Employee Only</b>	\$16.63	\$0.00	<b>\$16.63</b>	<b>\$7.68</b>
<b>Employee + Spouse</b>	\$50.01	\$0.00	<b>\$50.01</b>	<b>\$23.08</b>
<b>Employee + Child(ren)</b>	\$29.00	\$0.00	<b>\$29.00</b>	<b>\$13.38</b>
<b>Employee + Family</b>	\$64.70	\$0.00	<b>\$64.70</b>	<b>\$29.86</b>

*Rates effective 07/01/2026 through 06/30/2027. All premiums deducted pre-tax under the AIS Section 125 plan unless an employee elects otherwise. Hospital Indemnity pays a lump sum benefit on hospital admission plus a daily benefit during confinement; benefits are paid directly to the employee and can be used however needed. Final benefit details and exclusions are governed by the carrier certificate. Questions can be directed to your HR team or to Bastion Insurance Group.*