



Band of Hands

Employee Benefit Summary
January 1, 2022 – December 31, 2022



Medical

Dental

Vision

Congratulations!

As a full-time active employee, you are now eligible to participate in our comprehensive benefits program.

Congratulations on becoming part of Band of Hands! This benefits summary briefly highlights the benefits offered to all eligible employees and their dependents. If you have any questions about any of the benefits described here, please contact OHM Benefit & Insurance Solutions (OHM) at (877) 650-0808.

Contents			
Enrollment Information	2	Delta Dental Insurance	5
Resources and Contacts	3	VSP Vision Insurance	6
Aetna Medical Insurance	4		

Enrollment Information

Who may enroll

- All **full-time** employees working at least 30 hours per week may participate in our benefit program. Dependents are also eligible to enroll if they are your:
 - Spouse or Domestic Partner
 - Children (or you are their legal guardian) up to age 26 regardless of student or marital status

When you can enroll

Eligible employees may enroll at the following times:

- During open enrollment
- Employees may enroll on the first day of the month following 60 days of employment
- Within 31 days of a qualified change in family status as defined by the IRS (see below)

Changes to enrollment / Family status changes

Once you make your benefit elections, you cannot change them during the year unless you experience a qualified change in family status as defined by the IRS. Some common examples include:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- Loss of coverage from another health plan
- A change in your dependent's eligibility status
- A qualified medical child support order
- Contact OHM for other less-common situations

Note: Coverage for a new spouse or newborn child is not automatic. If you experience a change in family status, you have 31 days to update your coverage. Please contact OHM immediately to receive instructions on how to update your family status. If you do not update your coverage within 31 days from the family status change, you must wait until the next annual open enrollment period.

IMPORTANT CONTACTS & RESOURCES

OHM BENEFIT & INSURANCE SERVICES:

Jason Sandler
 Anna O’Ryan

1-877-650-0808 Ext. 101
 1-877-650-0808 Ext. 105

jason@ohmbenefits.com
anna@ohmbenefits.com

Medical – Aetna	
Member Services	(877) 204-0431
Carrier Website	www.aetna.com
Dental – Delta Dental	
Member Services	(888) 282-9501
Carrier Website	www.deltadental.com
Vision – VSP	
Member Services	(800) 877-7195
Carrier Website	www.vsp.com



Benefit & Insurance Solutions

Aetna Health Insurance Options



Under the Aetna HMO option, you must choose a Primary Care Physician (PCP) and/or a medical group. All of your care must be directed through your PCP or medical group. Any specialty care would be coordinated through your PCP and will typically require a referral and authorization. The POS option eliminates the PCP requirement to give you more freedom of choice and ease of access.



Benefits	PPO Bronze 50/50 8300 ded
<u>Your Costs:</u>	In-Network
Annual Deductible: Individual / Family	\$8,300 / \$16,600
Annual Out of Pocket Maximum: Individual / Family	\$8,550 / \$17,100
Deductible Included in Out of Pocket Maximum?	Yes
Office Visit: Primary Care / Specialist	\$85 (1 st visit only) / \$95 (after deductible)
Preventive Services:	No Charge
Lab, X-Ray, CT/MRI	\$85 (deductible waived) / 50% after deductible
Emergency Room	50% after deductible
Urgent Care	\$100 (deductible waived)
Hospitalization: Inpatient	50% after deductible
Hospitalization: Outpatient	50% after deductible
Prescription Drug Benefits*	
Prescription Deductible	Subject to plan deductible - Tiers 2-4
Generic / Tier 1	\$30
Brand Name / Tier 2	\$100 after deductible
Non-Formulary Brand / Tier 3	\$150 after deductible
Specialty / Tier 4	50% after deductible up to \$500/script
<p>*Prescription drugs will always be dispensed as ordered by your provider and by applicable state pharmacy regulations. However, you may have higher out-of-pocket expenses if you or your provider requests a brand-name drug when a lower-cost generic drug is available. In those situations, you will be responsible for the cost difference between the generic and the brand-name drug, in addition to your generic copayment. This cost difference does not contribute towards the out-of-pocket annual maximum.</p>	

Dental Insurance Options

We offer employees a dental plans with one of the nation's largest dental providers, Delta Dental.



Benefits	Premier Platinum PPO
Your Costs:	In Network
Deductible: Individual / Family	\$ 50 per person
Deductible Waived for Preventive?	Yes
Annual Maximum	\$1,500
Waiting Period	6 months for Basic, 12 months for Major
Preventive Services: Cleanings & X-Rays	Year 1: 20%; Year 2: 10%; Year 3: No Charge!
Basic Services: Fillings/Composites (All teeth)	Year 1: 40%; Year 2: 30%; Year 3: 20%
Major Services: Crowns & Bridges	Year 1: 100%; Year 2: 60%; Year 3: 50%
Periodontal Services	Year 1: 100%; Year 2: 60%; Year 3: 50%
Endodontic Services	Year 1: 100%; Year 2: 60%; Year 3: 50%
Out of Network Payment Method	UCR
Orthodontics	Children Only: 12 month wait / Year 1: 100%; Year 2: 60%; Year 3: 50%
Ortho Lifetime Maximum	\$350/yr benefit up to \$1,000 lifetime

Vision Benefits



Our vision plan provides professional vision care and high quality lenses and frames through a large network of private practice opticians as well as Costco locations. Stay in-network for the most cost savings. Although you may go out of network, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with the vision plan.



Benefits	VSP Choice Network	
<u>Your Costs:</u>	In-Network	Out-of-Network Reimbursement
Exam Copay	\$10	Up to \$34, after copay is applied
Exam Frequency	12 Months	
Materials Copay	\$25	Copay is applied 1 st to any reimbursement
Lenses: Single / Bifocal / Trifocal	No Charge after copay	Up to \$17-\$43 after copay is applied
Lens Frequency	12 Months	
Frame Allowance	\$200	Up to \$38.25, after copay is applied
Frame Frequency	12 Months	
Contact Lens Allowance	\$200	Up to \$100 after copay is applied
Contact Lens Frequency	12 Months	