



Band of Hands

2024 Employee Benefits Guide

An overview of the wide variety of benefits provided by Band of Hands to help you enjoy increased well-being and financial security.

Medical

Dental

Vision



Prepared by OHM Benefit & Insurance Solutions for Band of Hands.



Benefit & Insurance Solutions

As an employee of our company enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2024 plan year, we have worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and we are offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

Should you have any questions, please contact our broker, OHM Benefit & Insurance Solutions at 1-877-650-0808.

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations and exclusions set forth in each insurance carrier's or provider's contract.

Important Contacts

OHM BENEFIT & INSURANCE SERVICES:

Jason Sandler 1-877-650-0808 Ext. 101 jason@ohmbenefits.com
 Lusi Gyadikyan 1-877-650-0808 Ext. 120 lusi@ohmbenefits.com
 Melissa Renteria 1-877-650-0808 Ext. 103 melissa@ohmbenefits.com

Medical – Aetna	
Member Services	(877) 204-0431
Carrier Website	www.aetna.com
Medical– Kaiser	
Member Services	(866) 973-4588
Carrier Website	www.kaiserpermanente.org
Dental – Ameritas	
Member Services	(800) 487-5553
Carrier Website	www.ameritas.com
Vision – Avesis	
Member Services	(800) 828-9341
Carrier Website	www.avesis.com

Enrollment Information

Who may enroll

All full-time employees working at least 30 hours per week and their eligible dependents may participate in our benefit programs. Your eligible dependents include:

- Spouse or Domestic Partner
- Adult children 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 30 days of a qualified change in family status as defined by the IRS (see below)

Changes to enrollment

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 30 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 30 days from the family status change, you must wait until the next annual open enrollment period.

Deductions

Deductions for all benefits are taken on a pre-tax basis.



Medical

Summary of Coverage – HMO Options (California Employees Only)

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.

Benefits	HMO Bronze CA \$75/125 8550	AVN HMO Silver CA \$50/70 0	HMO Gold CA \$25/50 500
<u>Your Costs:</u>	In-Network	In-Network	In-Network
Annual Deductible: Individual / Family	\$8,550/\$17,100	\$0	\$500/\$1,000
Annual Out of Pocket Maximum: Individual / Family	\$8,550/\$17,100	\$8,700/\$17,400	\$8,200/\$16,400
Deductible Included in Out of Pocket Maximum?	Yes	Yes	Yes
Office Visit: Primary Care / Specialist	\$75/\$125	\$50/\$70	\$25/\$50
Preventive Services:	No Charge	No Charge	No Charge
Lab, X-Ray, CT/MRI:	\$125/\$400	\$70/50%	\$25/\$60/\$300
Emergency Room Copay:	0%	50%	\$500
Urgent Care Copay:	\$125 Co-pay	\$70 Co-pay	\$50 Co-pay
Hospitalization : Inpatient	0%	50%	20%
Hospitalization: Outpatient	0%	50%	20%
Out of Network Payment Method:	N/A	N/A	N/A
Prescription Deductible	Subject to Plan Deductible	None	None
Generic / Tier 1	\$35 Co-pay	\$25 Co-pay	\$15 Co-pay
Brand Name / Tier 2	0%	50%; \$250 max/script	\$50 Co-pay
Non-Formulary Brand / Tier 3	0%	50%; \$250 max/script	\$80 Co-pay
Specialty / Tier 4	0%	50%; \$250 max/script	30%; \$250 max/script

*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.

Contact Band of Hands for premium information



Medical

Summary of Coverage – PPO Options (Available to All Employees)

The PPO option eliminates the PCP requirement to give you more freedom of choice and ease of access.

Benefits	\$8,300 Deductible Plan	\$2,500 Deductible Plan	\$500 Deductible Plan
Your Costs:	In-Network	In-Network	In-Network
Annual Deductible: Individual / Family	\$8,300/\$16,600	\$2,500/\$5,000	\$500/\$1,000
Annual Out of Pocket Maximum: Individual / Family	\$8,900/\$17,800	\$8,600/\$17,200	\$8,500/\$17,000
Deductible Included in Out of Pocket Maximum?	Yes	Yes	Yes
Office Visit: Primary Care / Specialist	\$85/\$95	\$55/\$90	\$20/\$50
Preventive Services:	No Charge	No Charge	No Charge
Lab, X-Ray, CT/MRI:	\$85/50%	\$55/\$90/35%	\$50/25%/25%
Emergency Room Copay:	50%	35%	25%
Urgent Care Copay:	\$95 Co-pay	\$55 Co-pay	\$50 Co-pay
Hospitalization : Inpatient	50%	35%	25%
Hospitalization: Outpatient	50%	35%	25%
Out of Network Payment Method:	N/A	N/A	N/A
Prescription Deductible	None	None	None
Generic / Tier 1	\$30 Co-pay	\$20 Co-pay	\$15 Co-pay
Brand Name / Tier 2	\$100 Co-pay	\$75 Co-pay	\$55 Co-pay
Non-Formulary Brand / Tier 3	\$150 Co-pay	\$105 Co-pay	\$80 Co-pay
Specialty / Tier 4	50%; \$500 max/script	30%; \$250 max/script	25%; \$250 max/script

*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.

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Medical



Summary of Coverage – HMO Options (California Employees Only)

Under any Kaiser plan, you must choose a Primary Care Physician (PCP). All of your care must be directed through your PCP, and any specialty care would also be coordinated through your PCP. Except in the case of emergency care, you will receive benefits only if you use Kaiser facilities.

Benefits	Bronze 60 HMO 6300/65 Ded	Silver 70 HMO 1900/65Ded	Gold 80 HMO 250/35Ded
Your Costs:	In-Network	In-Network	In-Network
Annual Deductible: Individual / Family	\$6,300 / \$12,600	\$1,900/\$3,800	\$250/\$500
Annual Out of Pocket Maximum: Individual / Family	\$8,600 / \$17,200	\$8,750 / \$17,500	\$7,800 / \$15,600
Deductible Included in Out of Pocket Maximum?	Yes	Yes	Yes
Office Visit: Primary Care / Specialist	\$65 / \$95 Deductible waived 1 st 3 visits	\$65/\$100	\$35/\$55
Preventive Services	No Charge	No Charge	No Charge
Lab, X-Ray, CT/MRI	\$40/40%/40%	\$30/\$75/\$400	\$35/\$55/\$250
Emergency Room	40%	45%	\$250
Urgent Care	\$65 Deductible waived 1 st 3 visits	\$65	\$35
Hospitalization: Inpatient	40%	45%	\$600
Hospitalization: Outpatient	40%	45%	\$335
Out of Network Payment Method:	N/A	N/A	N/A
Prescription Drugs			
Prescription Deductible	\$500 – all tiers	None	None
Generic / Tier 1	\$18	\$20	\$15
Brand Name / Tier 2	40%	\$100	\$40
Non-Formulary Brand / Tier 3	40%	\$100	\$40
Specialty / Tier 4	40%; \$500 max/script	20%; \$250 max/script	20%; \$250 max/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>			

Contact Band of Hands for premium information

Dental



Summary of Coverage (Available to All Employees)

Band of Hands offers employees a dental plan with one of the nation’s largest dental providers, Ameritas. This PPO option includes a vision indemnity benefit of up to \$150 per year!



Benefits	PPO	
<u>Your Costs:</u>	Premier PPO Network	Out-of-Network
Deductible: Individual / Family	\$ 50 / \$150	\$50 / \$150
Deductible Waived for Preventive?	Yes	Yes
Annual Maximum	\$1,500	\$1,500
Waiting Period	None	None
Preventive Services: Cleanings & X-Rays	No Charge	No Charge
Basic Services: Fillings/Composites	20% - 10% - 0% (yr 1- yr 2 - yr 3)	20%
Major Services: Crowns & Bridges	Yes-50%	Yes – 50%
Periodontal Services	20% - 10% - 0% (yr 1- yr 2 - yr 3)	20%
Endodontic Services	20% - 10% - 0% (yr 1- yr 2 - yr 3)	20%
Out of Network Payment Method	N/A	80 th UCR
Orthodontics	Not Covered	
VISION INDEMNITY	Up to \$150 per insured toward any covered eye care expense	
Employee Cost Per Month		
Employee & Dependents	Employee Only: \$41.68 Employee + Spouse: \$80.08 Employee + Child(ren): \$90.56 Employee + Family: \$128.96	

Vision



Summary of Coverage

Our vision plan provides professional vision care and high quality lenses and frames through a large network of both retail and private practice opticians. 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	PPO Option	
<u>Your Costs:</u>	In-Network	Out-of-Network Reimbursement
Exam Copay	\$10	Up to \$45, after copay is applied
Exam Frequency	12 Months	
Materials Copay	\$25	N/A
Lenses: Single / Bifocal / Trifocal	No Charge after Co-pay	Up to \$25/\$40/\$50
Lens Frequency	12 Months	
Frame Allowance	\$130	Up to \$45
Frame Frequency	24 Months	
Contact Lens Allowance	\$130	Up to \$110
Contact Lens Frequency	12 Months	
Employee Cost Per Month		
Employee & Dependents	Employee Only: \$5.78 Employee + Spouse: \$10.12 Employee + Child(ren): \$12.14 Employee + Family: \$15.04	