AN AFFORDABLE ACA QUALIFIED AND ERISA COMPLIANT HEALTH PLAN SOLUTION

Standard Plan

SB/A CORE HEALTH PLAN

With ACA Minimum Essential Coverage

PLANS D and E

Maximizing savings and providing cutting-edge solutions to help you effectively manage your health care costs

SERVICE
FLEXIBILITY
INTEGRITY

Facilitated by:
SB/A Cooperative
Administered by:
The Loomis Company

SERVE YOU Rx

Partners of SB/A Core Health Plan

Third Party Administrator (TPA)

Third Party Administrator (TPA) is defined as an organization that handles the administrative duties of a self-funded health benefits plan. SB/A CoOp partners with top Third Party Administrators to function as contract administrator on behalf of an Employer's self-funded health plan program.

Organizations such as SB/A CoOp outsource TPAs to facilitate those administrative duties such as billing, claims processing, employee enrollment, and maintain compliance with state and federal regulations. TPA functions and authorities are set by a fiduciary.

A TPA provides access to contracted Preferred Provider Organization healthcare networks, pharmacy PBMs and telemedicine. SB/A CoOp TPA partnership specializes in traditional and level funded programs. The TPA partnership integrates medical management data with the claims adjudication process to allow for seamless customer service and one point contact for service needs.

SB/A CoOp

The SB/A CoOp is a non-profit "Agency" Cooperative Corporation. The SB/A CoOp Inc., acts as the "Legal Collective Agent" of all the Cooperative Members to facilitate advantageous contractual relationships for and between the Members. The SB/A CoOp sponsors unique ERISA Employer Healthcare Benefit Plans that are ACA qualified when attached to ACA Minimum Essential Coverage.

Serve You Rx

Since 1987, Serve You Rx has been the pharmacy benefit manager (PBM) of choice for employee benefit brokers and consultants, their clients, including employers, unions, coalitions, and governmental entities, as well as third party administrators who are looking for a valuable partner to effectively manage prescription drug costs. **Serve You Rx** offers:

- Stability
- Consistency
- Flexibility
- Customized plan designs
- Consultative clinical support
- Robust trend management programs and strategies
- Exceptionally focused member and client service
- Quality-driven, **Serve You Rx** owned and operated mail service and specialty pharmacies
- Over 66,000 pharmacies nationwide
- Privately owned and headquartered in Milwaukee, Wisconsin
- Wholly-owned mail order pharmacy

SERVE YOU Rx

The SB/A Cooperative

Efficiency | Savings | Simplicity | Freedom

The SB/A CoOp was formed in 2017 as a non-profit "Agency" Cooperative Corporation to provide for employer/employee health care benefits in the small and large employer marketplace. Each group employer SB/A CoOp Member can sponsor a partially self-funded ERISA Employer Welfare Benefits Plan for the benefit of its employees and their dependents.

SB/A CoOp may legally "aggregate" small business employers and protect claim exposure via an "Aggregate Stop Loss Fund" (ASLF) owned by the SB/A CoOp Employer Members. Each SB/A CoOp Employer Member has its own SB/A Cooperative sponsored and funded claim account administered by a contracted Third Party Administrator.

To participate and take advantage of the SB/A Core Health Plans and Freedom ICON Plans, the following is required:

1. Employers and Brokers must become Members of the SB/A CoOp. Complete the Membership Agreement.
2. Employers complete the Group Information form.
3. Employees complete the Group Health Application. No medical application.
4. Brokers and Agents of Record; contact SB/A CoOp for appointment.

The Employer's maximum claim liability is limited to the 12–month level funding of its claim account. Member Employers own the fund and may receive a defined surplus on a calendar basis (12/18) in accordance with Fiduciary responsibility.

The Small Business Agency Cooperative was organized to foster the development of partially self-funded healthcare benefit arrangements which include the use of Level Funded ERISA compliant "Limited Benefit Plans", the use of Employer funded "Aggregate Stop Loss " coverage and reinsurance consistent with applicable State and Federal laws, including ERISA.

SB/A CoOp acts primarily as the legal agent for all Cooperative Members in arranging for and facilitating ERISA compliant and ACA qualified employer/employee health benefit plans that are administered by a legal Third Party Administrator (TPA).

Brokers/Agents that are Members of the SB/A CoOp and who are compensated by the SB/A CoOp, may market the SB/A CoOp and its group health and welfare benefit plans.

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Standard Plan

Annual Maximum Benefit
Individual $20,000 / Family $40,000
Extra Enhanced Ind. $130,000 / Fam. $260,000 (Min. 10+ D&E combined enrolled)

SB/A Core Health PLAN D

Summary Plan of Coverage

PPO Network	PHCS
BASIC BENEFITS SUMMARY	
Deductible - Individual / Family	None
Telemedicine - Online and Telephonic Physician Calls 24/7/365	$0 Copay
Primary Care Physician (PCP) Office Visits Providers limited to Family Practice, Internal Medicine, Pediatrics, – office and other outpatient services.	3 PCP Visits at $20 Copay per person per year. All other visits Subject to Coinsurance.
Specialist Care	Subject to Coinsurance
Prescription Drugs Generic / Brand	Generic and Brand Drugs are Subject to Coinsurance *See Provisions*
Inpatient & Outpatient Hospital	Subject to Coinsurance
Mental / Behavioral Health Inpatient / Outpatient Limited to 30 Days or Visits	Subject to Coinsurance
Chiropractic Care (Limited to Spinal Adjustments)	Subject to Coinsurance
Medical Imaging, X-Ray, and Labs	Subject to Coinsurance
Emergency Room & Ambulance	Subject to Coinsurance
Urgent Care Facility	Subject to Coinsurance
Durable Medical Equipment	Subject to Coinsurance
ACA Preventive Care Services - Minimum Essential Coverage (MEC) **Adult, Women, Child - Immunization, Screenings, & Services** MEC not subject to Annual Maximum or Coinsurance Percentages	MEC coverage paid at 100%
EXTRA ENHANCED BENEFITS	
Extra Inpatient Hospital & Outpatient Surgery and Professional Services Excludes Outpatient Drugs, Kidney Dialysis, Chemo Therapy, & All Other Infusion Therapy *(see Provisions and Exclusions)*	Covered at 100% If Admitted
Annual Maximum Benefit Covered	$20,000 Individual + $130,000 Extra Enhanced $40,000 Family + $260,000 Extra Enhanced (Minimum 5 Enrolled)
Limitations	See Provisions and Exclusions
BASIC & EXTRA ENHANCED BENEFIT SUMMARY	
Coinsurance on Base Plan (Percentage of Covered Benefits by Plan)	50% of First $10,000 80% of Next $10,000 100% of Next $130,000
Annual Out-of-Pocket Maximum	$7,000 Individual $14,000 Family (Minimum 5 Enrolled)
Annual Maximum Benefit Covered	Basic $20,000 Individual Basic $40,000 Family Enhanced $130,000 Individual Enhanced $260,000 Family
Out of Network Coverage	See Provisions and Exclusions

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Standard Plan

Annual Maximum Benefit
Individual $20,000 / Family $40,000
Extra Enhanced Ind. $230,000 / Fam. $460,000 (Min. 10+ D&E combined enrolled)

SB/A Core Health PLAN E
Summary Plan of Coverage

PPO Network	**PHCS**
BASIC BENEFITS SUMMARY	
Deductible - Individual / Family	None
Telemedicine - Online and Telephonic Physician Calls 24/7/365	$0 Copay
Primary Care Physician (PCP) Office Visits Providers limited to Family Practice, Internal Medicine, Pediatrics, – office and other outpatient services.	3 PCP Visits at $20 Copay per person per year. All other visits Subject to Coinsurance.
Specialist Care	Subject to Coinsurance
Prescription Drugs Generic / Brand	Generic and Brand Drugs are Subject to Coinsurance *See Provisions*
Inpatient & Outpatient Hospital	Subject to Coinsurance
Mental / Behavioral Health Inpatient / Outpatient Limited to 30 Days or Visits	Subject to Coinsurance
Chiropractic Care (Limited to Spinal Adjustments)	Subject to Coinsurance
Medical Imaging, X-Ray, and Labs	Subject to Coinsurance
Emergency Room & Ambulance	Subject to Coinsurance
Urgent Care Facility	Subject to Coinsurance
Durable Medical Equipment	Subject to Coinsurance
ACA Preventive Care Services - Minimum Essential Coverage (MEC) **Adult, Women, Child - Immunization, Screenings, & Services** MEC not subject to Annual Maximum or Coinsurance Percentages	MEC coverage paid at 100%
EXTRA ENHANCED BENEFITS	
Extra Inpatient Hospital & Outpatient Surgery and Professional Services Excludes Outpatient Drugs, Kidney Dialysis, Chemo Therapy, & All Other Infusion Therapy *(see Provisions and Exclusions)*	Covered at 100% If Admitted
Annual Maximum Benefit Covered	$20,000 Individual + $230,000 Extra Enhanced $40,000 Family + $460,000 Extra Enhanced (Minimum 5 Enrolled)
Limitations	See Provisions and Exclusions
BASIC & EXTRA ENHANCED BENEFIT SUMMARY	
Coinsurance on Base Plan (Percentage of Covered Benefits by Plan)	50% of First $10,000 80% of Next $10,000 100% of Next $230,000
Annual Out-of-Pocket Maximum	$7,000 Individual $14,000 Family (Minimum 5 Enrolled)
Annual Maximum Benefit Covered	Basic $20,000 Individual Basic $40,000 Family Enhanced $230,000 Individual Enhanced $460,000 Family
Out of Network Coverage	See Provisions and Exclusions

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Standard Plan

Minimum Essential Coverage ACA Annual Benefits

All Employer Plans – MEC Covered Services		Minimum Essential Coverage (MEC Plan) In-Network Provider (PPO) Only
Annual Deductible		None
Member Annual Out-of-Pocket Maximum		None
Co-Insurance Percentage covered (Plan Pays Based on Contracted Amounts)		100%
Pharmacy Benefit		100% of ACA mandated prescription, i.e. Birth Control
Annual Maximum of Covered Services		No Annual Maximum
Routine Well Care – As Provided Under the Affordable Care Act (ACA)		
Adult Preventative Services - Screenings and Services Listed Below are Eligible		
1. Abdominal Aortic Aneurysm	9. Diet Counseling	Covered at 100%
2. Alcohol Misuse	10. Obesity	Covered at 100%
3. Aspirin	11. Sexually Transmitted Infection (STI)	Covered at 100%
4. Blood Pressure	12. Syphilis	Covered at 100%
5. Cholesterol	13. HIV	Covered at 100%
6. Colorectal Cancer	14. Tobacco Use	Covered at 100%
7. Depression	15. Immunization Vaccines	Covered at 100%
8. Type 2 Diabetes		Covered at 100%
Women Preventative Services – Screenings and Services Listed Below are Eligible		
1. Anemia	12. Gestational Diabetes	Covered at 100%
2. Bacteriuria Urinary Tract	13. Gonorrhea	Covered at 100%
3. BRCA	14. Hepatitis B	Covered at 100%
4, Breast Cancer Mammography	15. Human Immunodeficiency Virus (HIV)	Covered at 100%
5. Breast Cancer Chemoprevention	16. Human Papillomavirus (HPV) DNA Test	Covered at 100%
6. Breastfeeding	17. Osteoporosis	Covered at 100%
7. Cervical Cancer	18. Rh Incompatibility	Covered at 100%
8. Chlamydia Infection	19. Tobacco Use	Covered at 100%
9. Contraception	20. Sexually Transmitted Infections (STI)	Covered at 100%
10. Domestic and Interpersonal Violence	21. Syphilis	Covered at 100%
11. Folic Acid Supplements	22. Well Woman Visits	Covered at 100%
Child Preventative Services – Screenings and Services Listed Below are Eligibile		
1. Alcohol and Drug Use	14. Hematocrit or Hemoglobin	Covered at 100%
2. Autism	15. Hemoglobinopathies or Sickle Cell	Covered at 100%
3. Behavioral	16. HIV	Covered at 100%
4. Blood Pressure	17. Immunization Vaccines	Covered at 100%
5. Cervical Dysplasia	18. Iron Supplements	Covered at 100%
6. Congenital Hypothyroidism	19. Lead Exposure	Covered at 100%
7. Depression	20. Medical History	Covered at 100%
8. Developmental	21. Obesity	Covered at 100%
9. Dyslipidemia	22. Oral Health	Covered at 100%
10. Fluoride Supplements	23. Phenylketonuria (PKU)	Covered at 100%
11. Gonorrhea	24. Sexually Transmitted Infection	Covered at 100%
12. Hearing	25. Tuberculin Testing	Covered at 100%
13. Height, Weight and Body Mass Index	26. Vision	Covered at 100%

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Standard Plan

Plan Provisions and Exclusions

- Employer Contribution Minimum – Required minimum $100/employee/month
- Minimum Participation – 50% of eligible
- Minimum Enrollment by Plan
  - Plan D $150,000 / $300,000 – Minimum 10+ D&E combined enrolled employees
  - Plan E $250,000 / $500,000 – Minimum 10+ D&E combined enrolled employees
- No Waiting Period or Pre-Existing Condition Requirements for Base Covered Benefit
- Plans are not eligible for any pro-rata return of claim account surplus until after 24 months of enrollment
- Generic and Brand Drugs are Subject to Coinsurance - $500 per prescription per month per 30 day supply is the maximum eligible amount per prescription to be applied to the coinsurance percentage. Discounted prescription costs in excess of $500 are 100% the member's responsibility.
- Inpatient/Outpatient Behavioral Healthcare benefits limited to 30 days or visits
- Patient is eligible for "Contractual Discounts" in excess of Annual Maximum benefits as "Patient Pay Responsibility."
- Qualification for Plan D $300,000 or Plan E $500,000 maximum benefit, requires one person to meet the Plan D Individual $150,000 or Plan E Individual $250,000
- Notice: All Non-Network Providers involved in the emergency services or the legally required Continuum of Care will be accepted, and Providers will be paid at Network contractual rates

Extra Enhanced Benefits - Inpatient and Outpatient Benefit Provisions & Exclusions (Plan D & E):

- Extra Enhanced Inpatient Hospital & Outpatient Hospital Surgery Benefit Services are in addition to base benefits
- Annual Extra Enhanced Benefit is limited to stated annual amounts – Plan D $130,000 Individual / $260,000 Family, Plan E $230,000 Individual / $460,000 Family
- 24/24 Pre-Existing Condition Requirement is applied to Extended Coverage Amounts above $20,000 on Plans D & E
- Emergency Room, Lab, X-ray, and Imaging are covered if admitted to an Inpatient facility
- Extra Enhanced Inpatient/Outpatient Benefit provision is effective 60 days after the effective date of the member
- Maternity inpatient hospital and outpatient services are effective 10 months after the effective date
- Outpatient Drugs, Kidney Dialysis, Chemotherapy, and all other Infusion Therapy is excluded from coverage under Extra Enhanced Inpatient Hospital & Outpatient Surgery Benefit provision
- Observation stays are excluded from coverage

Exclusions from coverage:

- Any hospital confinement that began on or before the effective date is excluded from plan coverage
- Workers Compensation injuries and illness
- Cosmetic surgery procedures – exceptions to some reconstructive surgeries
- Bariatric/Gastric Sleeve surgery
- Sex transformation / change surgery

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Standard Plan

The SB/A Core Health Plan Cost

SB/A CORE HEALTH PLAN D:

Annual Co-Insurance Limit ✦ Individual $20,000 / Family $40,000

Minimum 10+ D&E Combined Enrolled

with Extra Enhanced Benefit Individual $130,000 / Family $260,000

	Estimated Enrollment		Fixed + Claim Funding = Total		Cost Per Selection
Employee Only	_____	X	($274.00 + $320.00) = $594.00	=	_____
Employee + Spouse	_____	X	($347.00 + $610.00) = $957.00	=	_____
Employee + Child(ren)	_____	X	($347.00 + $560.00) = $907.00	=	_____
Employee + Family	_____	X	($402.00 + $760.00) = $1,162.00	=	_____

SB/A CORE HEALTH PLAN E:

✦ Individual $20,000 / Family $40,000

Minimum 10+ D&E Combined Enrolled

with Extra Enhanced Benefit Individual $230,000 / Family $460,000

	Estimated Enrollment		Fixed + Claim Funding = Total		Cost Per Selection
Employee Only	_____	X	($284.00 + $425.00) = $709.00	=	_____
Employee + Spouse	_____	X	($362.00 + $785.00) = $1,147.00	=	_____
Employee + Child(ren)	_____	X	($352.00 + $740.00) = $1,092.00	=	_____
Employee + Family	_____	X	($417.00 + $995.00) = $1,412.00	=	_____