



AN AFFORDABLE ERISA COMPLIANT EMPLOYER SPONSORED HEALTH PLAN

USA HEALTH PLANS

MVP PLANS

Bronze, Silver, Gold

**Includes Minimum Essential Coverage
plus additional Health Care Services**

*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

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 that does not buy or sell products or services but 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 may legally "aggregate" small employers together

without becoming a Multiple Employer Welfare Association (MEWA) or acting as a Multiple Employer Trust (MET). The SB/A CoOp sponsors the unique ERISA Employer Healthcare Benefits 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

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 group employer marketplace. Each group employer CoOp Member can sponsor a Partially Self-Funded ERISA Employer Welfare Benefit Plan for the benefit of its employees and their dependents. Called the “SB/A Cooperative MVP Plan,” it is an ERISA compliant health plan in conjunction with Preventive Care Benefits,

To participate and take advantage of the USA Health Plan options, the following is required:

1. Broker completes the USA Health Plans Compensation form, Broker W-9, and Broker Information Form – this is a one-time requirement.
2. Employer completes the Group Information Form.
3. Employees complete the Employee Enrollment Application. For larger employer groups, Employers can submit an electronic eligibility census.

for sponsoring employers to offer their employees. The employer’s claim exposure is protected via an “Aggregate Stop Loss Fund (ASLF)” owned by the SB/A CoOp Employer Members.

The purpose for which the SB/A CoOp is organized is 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. To act primarily as the legal agent for all the 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 SB/A CoOp and who are compensated by SB/A CoOp, market the SB/A CoOp and “The SB/A MVP Plans.”

*A Minimum of 4 Employees Enrolled
with 70% Group Participation*

MVP Plan - Bronze Summary Plan of Benefits

MVP Bronze: No Maternity

Bronze No Maternity

PPO Network	First Health
Deductible	None *Deductible may apply to Brand Rx
Annual Out-of-Pocket Maximum	\$8,000 / \$16,000
ACA Preventive & Wellness	Covered 100%
Telemedicine	\$0 Copay
Primary Care (Wellness)	\$0 Copay
Primary Care (Sick Visit)	\$50 Copay 4 visits per year
Specialist (Includes Outpatient Behavior Health)	\$75 Copay 4 visits per year
Urgent Care	\$75 Copay 2 visits per year
Physical & Occupational Therapy	\$75 Copay 4 visits per year
Lab & X-Ray (Non-Hospital Based)	\$75 Copay 3 visits per year
Complex Medical Imaging (MRI / CT Scan)	\$750 Copay 1 visit per year
Surgery - Outpatient	\$750 Copay 1 per year
Surgery - Inpatient	\$750 Copay 2 per year
Emergency room	\$750 Copay 1 visit per year
Inpatient - Hospitalization & ICU	\$1,500 Copay per Admission 5 Days Maximum per year
Maternity Global Services Facility and Professional Fees	N/A
Generic Rx - Tier 1 (Preventative)	\$0 Copay
Generic Rx - Tier 2 (Non-Preventative)	40% Coinsurance
Brand Rx - Tier 3 (Preferred)	\$500 Deductible
Brand Rx - Tier 4 (Non-Preferred)	40% Coinsurance \$500 Benefit Cap on Eligible Prescription per Month
Specialty Rx	Not Covered

*A Minimum of 4 Employees Enrolled
with 70% Group Participation*

MVP Plan - Silver & Gold

Summary Plan of Benefits

	Silver	Gold
PPO Network	First Health	First Health
Deductible	None *Deductible may apply to Brand Rx	None *Deductible may apply to Brand Rx
Annual Out-of-Pocket Maximum	\$7,000 / \$14,000	\$6,000 / \$12,000
ACA Preventive & Wellness	Covered 100%	Covered 100%
Telemedicine	\$0 Copay	\$0 Copay
Primary Care (Wellness)	\$0 Copay	\$0 Copay
Primary Care (Sick Visit)	\$35 Copay 6 visits per year	\$25 Copay 8 visits per year
Specialist (Includes Outpatient Behavior Health)	\$50 Copay 6 visits per year	\$35 Copay 8 visits per year
Urgent Care	\$50 Copay 3 visits per year	\$35 Copay 4 visits per year
Physical & Occupational Therapy	\$50 Copay 6 visits per year	\$35 Copay 8 visits per year
Lab & X-Ray (Non-Hospital Based)	\$50 Copay 4 visits per year	\$35 Copay 5 visits per year
Complex Medical Imaging (MRI / CT Scan)	\$500 Copay 2 visits per year	\$375 Copay 3 visits per year
Surgery - Outpatient	\$500 Copay 2 per year	\$375 Copay 3 per year
Surgery - Inpatient	\$500 Copay 2 per year	\$375 Copay 3 per year
Emergency room	\$500 Copay 1 visit per year	\$375 Copay 2 visits per year
Inpatient - Hospitalization & ICU	\$1,000 Copay per Admission 7 Days Maximum per year	\$750 Copay per Admission 10 Days Maximum per year
Maternity Global Services Facility and Professional Fees	\$2,300 Copay Childbirth / Delivery	\$1,700 Copay Childbirth / Delivery
Generic Rx - Tier 1 (Preventative)	\$0 Copay	\$0 Copay
Generic Rx - Tier 2 (Non-Preventative)	30% Coinsurance	20% Coinsurance
Brand Rx - Tier 3 (Preferred)	\$250 Deductible 30% Coinsurance	No Deductible 20% Coinsurance
Brand Rx - Tier 4 (Non-Preferred)	\$500 Benefit Cap on Eligible Prescription per Month	\$500 Benefit Cap on Eligible Prescription per Month
Specialty Rx	Not Covered	Not Covered

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 as Provided in the Affordable Care Act MEC	
1. Abdominal Aortic Aneurysm	Covered at 100%
2. Alcohol Misuse	Covered at 100%
3. Aspirin	Covered at 100%
4. Blood Pressure	Covered at 100%
5. Cholesterol	Covered at 100%
6. Colorectal Cancer	Covered at 100%
7. Depression	Covered at 100%
8. Type 2 Diabetes	Covered at 100%
9. Diet Counseling	Covered at 100%
10. Obesity	Covered at 100%
11. Sexually Transmitted Infection (STI)	Covered at 100%
12. Syphilis	Covered at 100%
13. HIV	Covered at 100%
14. Tobacco Use	Covered at 100%
15. Immunization Vaccines	Covered at 100%
Women Preventative Services – Screenings and Services Listed Below are Eligible	
1. Anemia	Covered at 100%
2. Bacteriuria Urinary Tract	Covered at 100%
3. BRCA	Covered at 100%
4. Breast Cancer Mammography	Covered at 100%
5. Breast Cancer Chemoprevention	Covered at 100%
6. Breastfeeding	Covered at 100%
7. Cervical Cancer	Covered at 100%
8. Chlamydia Infection	Covered at 100%
9. Contraception	Covered at 100%
10. Domestic and Interpersonal Violence	Covered at 100%
11. Folic Acid Supplements	Covered at 100%
12. Gestational Diabetes	Covered at 100%
13. Gonorrhea	Covered at 100%
14. Hepatitis B	Covered at 100%
15. Human Immunodeficiency Virus (HIV)	Covered at 100%
16. Human Papillomavirus (HPV) DNA Test	Covered at 100%
17. Osteoporosis	Covered at 100%
18. Rh Incompatibility	Covered at 100%
19. Tobacco Use	Covered at 100%
20. Sexually Transmitted Infections (STI)	Covered at 100%
21. Syphilis	Covered at 100%
22. Well Woman Visits	Covered at 100%
Child Preventative Services – Screenings and Services Listed Below are Eligible	
1. Alcohol and Drug Use	Covered at 100%
2. Autism	Covered at 100%
3. Behavioral	Covered at 100%
4. Blood Pressure	Covered at 100%
5. Cervical Dysplasia	Covered at 100%
6. Congenital Hypothyroidism	Covered at 100%
7. Depression	Covered at 100%
8. Developmental	Covered at 100%
9. Dyslipidemia	Covered at 100%
10. Fluoride Supplements	Covered at 100%
11. Gonorrhea	Covered at 100%
12. Hearing	Covered at 100%
13. Height, Weight and Body Mass Index	Covered at 100%
14. Hematocrit or Hemoglobin	Covered at 100%
15. Hemoglobinopathies or Sickle Cell	Covered at 100%
16. HIV	Covered at 100%
17. Immunization Vaccines	Covered at 100%
18. Iron Supplements	Covered at 100%
19. Lead Exposure	Covered at 100%
20. Medical History	Covered at 100%
21. Obesity	Covered at 100%
22. Oral Health	Covered at 100%
23. Phenylketonuria (PKU)	Covered at 100%
24. Sexually Transmitted Infection	Covered at 100%
25. Tuberculin Testing	Covered at 100%
26. Vision	Covered at 100%

Plan Provisions and Exclusions

- MVP Bronze, Silver, and Gold Plans have provisions and exclusions that may impact eligibility for enrollee benefits.
- Employees must sign the appropriate employee application.
- Does not qualify as insurance
- 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.

Benefit Exclusions:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection;
- Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training except if deployed on active duty;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- Surgery and treatment, procedures, products, or services that are experimental or investigative;
- Suicide;
- Surgery to correct vision or hearing, unless a result of a covered Injury, medically necessary surgery for glaucoma, cataracts or other sickness or injury;
- Dental care, dental x-rays, or dental treatment;
- Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit;
- Rest cures or custodial care, or treatment of sleep disorders;
- Cosmetic surgery (exceptions for some reconstructive or illness procedures):
- Workman's Compensation injuries and illnesses
- Sex transformation/surgery



HI Extension Program for SB/A MVP Plan Designs

Guaranteed Acceptance



Hospital Indemnity Benefit

The following benefits are payable when a Participant has a qualified Hospital confinement. To receive benefits, each Participant must be enrolled in this program and complete the applicable Elimination / Waiting Period. Unless otherwise indicated below, any benefit amount, limitation, or benefit maximum applies to each Participant.

MVP Programs are affordable and comprehensive for both employers and

employees. However, recognizing these programs have some limitations, the HI Extension Program (elected at the employer level was created with SB/A to provide a vital tax-free benefit to help offset potential out-of-pocket costs. Benefits are designed to provide protection when an MP plan's hospital benefits are exhausted.

HI Extension	Benefit / Reimbursement Amount	Elimination / Waiting Period	Limitation
Bronze HI Extension for MVP Bronze	\$2,000 per day (Day 6 through discharge date)	5 Days \$0 Benefit for days 1-5	up to 365 Days per condition (diagnosis)
Silver HI Extension for MVP Silver	\$2,000 per day (Day 8 through discharge date)	7 Days \$0 Benefit for days 1-5	up to 365 Days per condition (diagnosis)
Gold HI Extension for MVP Bronze	\$2,000 per day (Day 11 through discharge date)	10 Days \$0 Benefit for days 1-5	up to 365 Days per condition (diagnosis)

Plans shown have an initial benefit waiting period of 299 days for pregnancy. Benefits are available for most medically necessary treatment of an illness or injury that occur in a hospital facility. Benefits are not available for hospital confinement initiated during the Elimination Period. Please refer to the full Summary of Benefits for full plan Definition, Limitations, & Exclusions.

Please note: This is a generic representation of benefits and is only intended to serve as an initial proposal of benefits potentially available. Refer to the Schedule of Benefits for the official list of Benefits Coverage, Limitations, & Exclusions. If benefits outlined on this page differ from the Schedule of Benefits on Official Plan Documents, the Schedule of Benefits or Official Plan Documents will govern.

EMPLOYER GROUP MVP PLAN COST includes the HI Extension Program

USAHP MVP PLAN BRONZE:

Minimum 4 EE	Estimated Enrollment		Total	=	Cost Per Selection
Employee Only	_____	X	\$479.97	=	_____
Employee + Spouse	_____	X	\$745.24	=	_____
Employee + Child(ren)	_____	X	\$707.95	=	_____
Employee + Family	_____	X	\$948.77	=	_____

USAHP MVP PLAN SILVER:

Minimum 4 EE	Estimated Enrollment		Total	=	Cost Per Selection
Employee Only	_____	X	\$585.36	=	_____
Employee + Spouse	_____	X	\$930.14	=	_____
Employee + Child(ren)	_____	X	\$879.86	=	_____
Employee + Family	_____	X	\$1,186.85	=	_____

USAHP MVP PLAN GOLD:

Minimum 4 EE	Estimated Enrollment		Total	=	Cost Per Selection
Employee Only	_____	X	\$687.52	=	_____
Employee + Spouse	_____	X	\$1,115.59	=	_____
Employee + Child(ren)	_____	X	\$1,052.51	=	_____
Employee + Family	_____	X	\$1,413.13	=	_____