



## AN AFFORDABLE ERISA COMPLIANT MEMBER GROUP SPONSORED HEALTH PLAN

### MVP Plans

#### Bronze, Silver, Gold

Includes Minimum Essential Coverage  
plus additional Health Care Services

### Freedom ICON V Plan

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*

Facilitated by:  
**SB/A Cooperative**

Reinsured by:  
**Magna Insurance Company**



**SERVICE  
FLEXIBILITY  
INTEGRITY**

**SERVE YOU**

## Partners of MVP Plans & Freedom ICON 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 a member group self-funded health plan program.

Organizations such as SB/A CoOp outsource TPAs to facilitate those administrative duties such as billing, claims processing, member 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” member groups 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 Member 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 member benefit brokers and consultants, their clients, including associations, 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 exposure to provide for member group health care benefits in the small and large group marketplace. Each Member Group CoOp Member can sponsor a Partially Self-Funded ERISA Employer Welfare Benefit Plan for the benefit of its members 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 MVP or the Freedom ICON Plan options, the following is required:**

1. Broker completes the Compensation form, Broker W-9, and Broker Information Form – this is a one-time requirement.
2. Member group completes the Group Information Form.
3. Members complete the Member Enrollment Application. For larger groups, member groups must submit an electronic eligibility census.

for sponsoring member groups to offer their members. The member group’s claim is protected via an “Aggregate Stop Loss Fund (ASLF)” owned by the SB/A CoOp 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 member group 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 member 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.”

## 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<br>4 visits per year                                            |
| Specialist<br>(Includes Outpatient Behavior Health)         | \$75 Copay<br>4 visits per year                                            |
| Urgent Care                                                 | \$75 Copay<br>2 visits per year                                            |
| Physical & Occupational Therapy                             | \$75 Copay<br>4 visits per year                                            |
| Lab & X-Ray (Non-Hospital Based)                            | \$75 Copay<br>3 visits per year                                            |
| Complex Medical Imaging<br>(MRI / CT Scan)                  | \$750 Copay<br>1 visit per year                                            |
| Surgery - Outpatient                                        | \$750 Copay<br>1 per year                                                  |
| Surgery - Inpatient                                         | \$750 Copay<br>2 per year                                                  |
| Emergency room                                              | \$750 Copay<br>1 visit per year                                            |
| Inpatient - Hospitalization & ICU                           | \$1,500 Copay per Admission<br>5 Days Maximum per year                     |
| Maternity Global Services<br>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<br>\$500 Benefit Cap on Eligible<br>Prescription per Month |
| Specialty Rx                                                | Not Covered                                                                |

## MVP Plan - Silver & Gold

### Summary Plan of Benefits

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

## MVP Plan Provisions and Exclusions

- MVP Bronze, Silver, and Gold Plans have provisions and exclusions that may impact eligibility for member benefits.
- Members must sign the appropriate member 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



## Minimum Essential Coverage ACA Annual Benefits

| All Member Plans – MEC Covered Services                                                          |                                           | Minimum Essential Coverage<br>(MEC Plan)<br>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                                                                     | 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 Eligible                  |                                           |                                                                            |
| 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%                                                            |

## SB/A CoOp Health Benefit Plans & Rates

### BENEFIT PLANS:

### MEMBER:

|                 |          |
|-----------------|----------|
| MVP Bronze..... | \$503.19 |
| MVP Silver..... | \$611.78 |
| MVP Gold .....  | \$719.85 |

### BENEFIT PLANS:

### MEMBER + SPOUSE:

|                  |            |
|------------------|------------|
| MVP Bronze ..... | \$745.77   |
| MVP Silver.....  | \$939.09   |
| MVP Gold .....   | \$1,136.43 |

### BENEFIT PLANS:

### MEMBER + CHILD(REN):

|                 |            |
|-----------------|------------|
| MVP Bronze..... | \$710.00   |
| MVP Silver..... | \$890.04   |
| MVP Gold .....  | \$1,074.16 |

### BENEFIT PLANS:

### MEMBER + FAMILY:

|                 |            |
|-----------------|------------|
| MVP Bronze..... | \$923.82   |
| MVP Silver..... | \$1,175.30 |
| MVP Gold .....  | \$1,420.48 |