

AN AFFORDABLE ERISA COMPLIANT HEALTH PLAN SOLUTION



Introducing ...

SB/A CORE HEALTH PLANS D & E

(To pair with Vital 110)

These Plans are Offered Exclusively through Health Compass

PLANS INCLUDE:

PHCS PPO Network

Everyone qualifies - no medical underwriting

No deductible plus first dollar coverage

**50-80% coinsurance, pharmacy,
full inpatient/outpatient hospitalization,
medical and surgical professional services,
emergency room, urgent care, labs and x-rays,
ambulance, maternity, mental health and
substance abuse**

No waiting periods for base plans

EMPLOYERS:

- Your staff can purchase the amount of coverage they believe best fits their needs and lifestyle.
- Attract and retain valuable employees with a comprehensive medical benefits program.
- Employer sponsored Health Benefit Plans are exempt from regulations on offering benefits to part-time or 1099 employees.
- If annual coverage needs are expected to exceed the SB/A Core Health Plans' and Freedom ICON Plans' annual limitations, employees may consider additional industry available options.
- SB/A Core Health Plans utilize the PHCS Network, one of the largest nationwide preferred provider networks.

**To learn more about the
SB/A Core Health Plans D & E visit:**

myHCpartners.com

Facilitated by:
SB/A Cooperative

Administered by:
The Loomis Company



Partners of SBA Core Health and Freedom ICON Plans

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 and pharmacy PBMs. 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 .

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 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 participates in a compliant SB/A Cooperative sponsored and funded collective claim account administered by a contracted Third Party Administrator.

To participate and take advantage of the SB/A Core Health Plans D & E, 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 packet.
3. Employees complete the Employee Enrollment 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 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.

SB/A Core Health Plans D & E

(To pair with Vital 110)

Base Plan Coverage on all SB/A Core Health plans include the following:

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PPO Network	PHCS
Deductible - Individual / Family	None
Primary Care Physician (PCP) Office Visits	Covered by Vital 110
Specialist Care	Subject to Coinsurance
Prescription Drugs	Generic Drugs Covered by Vital 110
Generic	Brand Drugs are not covered.
Inpatient & Outpatient Hospital	Subject to Coinsurance
Mental / Behavioral Health	Subject to Coinsurance
Inpatient / Outpatient Limited to 30 Days or Visits	
Chiropractic Care (Limited to Spinal Adjustments)	Subject to Coinsurance
Medical Imaging, X-Ray, and Labs	Medical Imaging and X-Rays are covered by Core Health Plan, Lab Services are covered by Vital 110
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)	Covered by Vital 110
Adult, Women, Child - Immunization, Screenings, & Services	
MEC not subject to Annual Maximum or Coinsurance Percentages	

SB/A Core Health PLAN D

Plans D + E Combined Require 10+ EE

Annual Maximum Benefit
 Individual \$20,000 / Family \$40,000
 Extra Enhanced Ind. \$130,000 / Fam. \$260,000

BENEFIT SUMMARY

Coinurance on Base Plan (Patient Responsibility)

50% of First \$10,000
 20% of Next \$10,000
 0% of Next \$130,000

Annual Out-of-Pocket Maximum

\$7,000 Individual
 \$14,000 Family

Annual Maximum Benefit Covered

Basic	\$20,000	Individual
Basic	\$40,000	Family
Extra Enhanced	\$130,000	Individual
Extra Enhanced	\$260,000	Family

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
 \$130,000 Individual / \$260,000 Family

Annual Maximum Benefit Covered

\$20,000 Individual + \$130,000 Extra Enhanced
 \$40,000 Family + \$260,000 Extra Enhanced

Limitations

See Provisions and Exclusions

Out of Network Coverage

See Provisions and Exclusions in Brochure

SB/A Core Health PLAN E

Plans D + E Combined Require 10+ EE

Annual Maximum Benefit
 Individual \$20,000 / Family \$40,000
 Extra Enhanced Ind. \$230,000 / Fam. \$460,000

BENEFIT SUMMARY

Coinurance on Base Plan (Patient Responsibility)

50% of First \$10,000
 20% of Next \$10,000
 0% of Next \$230,000

Annual Out-of-Pocket Maximum

\$7,000 Individual
 \$14,000 Family

Annual Maximum Benefit Covered

Basic	\$20,000	Individual
Basic	\$40,000	Family
Enhanced	\$230,000	Individual
Enhanced	\$460,000	Family

BENEFIT SUMMARY

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
 \$230,000 Individual / \$460,000 Family

Annual Maximum Benefit Covered

\$20,000 Individual + \$230,000 Extra Enhanced
 \$40,000 Family + \$460,000 Extra Enhanced

Limitations

See Provisions and Exclusions

Out of Network Coverage

See Provisions and Exclusions in Brochure

Core Health Plans D & E - Provisions and Exclusions

Preventative Care, Wellness Visits, Pap Smears, Flu Shots, Immunizations, and more.

Primary Care, Specialist, and Urgent Care Visits Plus X-rays, CT and MRI Scans, Lab and Diagnostic Services. Prescription Drugs – ACA at 100% (includes Birth Control), plus all others at indicated co-insurance up to threshold limit using the Serve You Rx pharmacy card at your favorite pharmacy.

- Inpatient / Outpatient Mental / Behavioral Health benefits limited to 30 days or visits annually.
- Pharmacy benefits are eligible for Rx discounts above base plan threshold.
- \$500 Plan Benefit Maximum per Brand Prescription per 30 Day Supply.
- Employees must sign the appropriate employee enrollment application.
- No Medical Underwriting.
- No Pre-Existing Condition Exclusions.
- No Waiting Periods (includes Prenatal checks).
- Plans D and E are available to employer groups with 10 or more combined enrolled.
- Patient is eligible for “Contractual Discounts” in excess of Annual Maximum benefits as “Patient Pay Responsibility.”
- 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/Outpatient Benefit Provisions & Exclusions (Plans D & E)

- Extra Enhanced Inpatient Hospital & Outpatient Hospital Surgery Benefit Services are in addition to base benefits.
- Annual Maximum benefit is limited to stated annual amounts – Plan D \$20,000 Individual / \$40,000 Family; Plan E \$20,000 Individual / \$40,000 Family
- Extra Enhanced Inpatient/Outpatient Benefit provision Plans D & E is effective 60 days after the effective date of the member.
- Extra Enhanced Inpatient Hospital & Outpatient Surgery Benefit Plan D – \$130,000 Individual / \$260,000 Family; Plan E \$230,000 Individual / \$460,000 Family
- Extra Enhanced provision Plans D & E are subject to a 12/6 pre-existing condition provision. Conditions which exist 12 months before the effective date will be excluded from coverage for the first 6 months of coverage.
- Pre-Existing Condition Requirement is applied to Extended Coverage Amounts above \$20,000 on Plans D & E.
- Mental/Behavioral Inpatient/Outpatient Healthcare benefits limited to 30 days or visits annually.
- Emergency Room, Lab, X-ray, Imaging are covered if admitted to an Inpatient Hospital stay.
- Maternity inpatient hospital and outpatient services are effective 10 months after the effective date.
- Outpatient Drugs, Kidney Dialysis, Chemo Therapy, 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.

RATES: SB/A Core Health Plans D and E

(To pair with Vital 110)

These Plans are Offered Exclusively through Health Compass

Plans D & E Require 10+ EE Combined Enrollment

SB/A CORE HEALTH PLAN D:

◆ Individual \$20,000 / Family \$40,000

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

	Estimated Enrollment		Price	=	Total
Employee Only	_____	X	\$550.00	=	_____
Employee + Spouse	_____	X	\$879.50	=	_____
Employee + Child(ren)	_____	X	\$833.75	=	_____
Employee + Family	_____	X	\$1,065.00	=	_____

SB/A CORE HEALTH PLAN E:

◆ Individual \$20,000 / Family \$40,000

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

	Estimated Enrollment		Price	=	Total
Employee Only	_____	X	\$655.00	=	_____
Employee + Spouse	_____	X	\$1,055.50	=	_____
Employee + Child(ren)	_____	X	\$996.25	=	_____
Employee + Family	_____	X	\$1,295.00	=	_____

