



AN AFFORDABLE ERISA COMPLIANT EMPLOYER SPONSORED HEALTH PLAN

USA HEALTH PLANS

VALUE BRONZE INDIVIDUAL 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*

SERVICE
FLEXIBILITY
INTEGRITY

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



SERVE YOU 

Partners of Value Bronze Individual 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 “Value Bronze Individual 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 Value Bronze Individual Plans.”

Value Bronze Individual Plan

Summary Plan of Benefits

HOSPITAL BENEFITS

Inpatient Hospital Services <i>12/12 Pre-Ex Applies</i>	\$1,500 Co-pay per Day, then 100% Limited to five (5) days per plan year combined with inpatient mental health and inpatient substance abuse.
Maternity Services <i>12/12 Pre-ex Applies</i> Includes, but is not limited to facility, professional and physician fees for uncomplicated maternity related care.	\$3,500 Co-pay, then 100%
Emergency Room <i>12/12 Pre-ex Applies</i>	\$2,500 Co-pay, then 100% Limited to one (1) visit per plan year

MENTAL HEALTH & SUBSTANCE ABUSE BENEFITS

Inpatient Mental Health Treatment <i>12/12 Pre-ex Applies</i>	\$1,500 Co-pay per Day, then 100% Limited to five (5) days per plan year combined with inpatient hospital due to medical and surgical services, inpatient mental health hospitalization and inpatient substance abuse.
Mental Health Treatment (Office Setting) <i>Pre-Ex Covered Day 1</i>	\$100 Co-Pay, then 100% Limited to four (4) visits per plan year combined with mental health and substance abuse and specialist office visits.
Inpatient Substance Abuse Treatment <i>12/12 Pre-ex Applies</i>	\$1,500 Co-pay per Day, then 100% Limited to five (5) days per plan year combined with inpatient hospital due to medical and surgical services, inpatient mental health hospitalization and inpatient substance abuse
Substance Abuse Treatment (Office Setting) <i>Pre-Ex Covered Day 1</i>	\$100 Co-pay, then 100% Limited to four (4) visits per plan year combined with mental health and substance abuse and specialist office visits.

MISCELLANEOUS SERVICES AND SUPPLIES BENEFITS

Home Health Care <i>12/12 Pre-ex Applies</i>	\$100 Co-pay, then 100% Limited to six (6) visits per plan year
Ambulance Service <i>12/12 Pre-ex Applies</i>	\$750 Co-pay, then 100% Limited to one (1) ambulance trip per plan year
Clinical Trials	Paid as any other benefit

PROFESSIONAL SERVICES BENEFITS

SURGICAL SERVICES	
Inpatient <i>12/12 Pre-ex Applies</i>	\$1,500 Co-pay, then 100% Limited to two (2) procedures per plan year
Outpatient Facility and Professional Fees <i>12/12 Pre-ex Applies</i>	\$1,500 Co-pay, then 100% Limited to one (1) procedure per plan year
Office	\$75 Co-pay, then 100% Limited to one (1) procedure per plan year

continued ...
Summary Plan of Benefits

PROFESSIONAL SERVICES BENEFITS *continued*

Physician's Office Visits Includes family and general physician, internist and OB/GYN physician <i>Pre-Ex Covered Day 1</i>	\$75 Co-pay, then 100% Limited to three (3) visits per plan year
Specialist's Office Visits <i>Pre-Ex Covered Day 1</i>	\$150 Co-pay, then 100% Limited to three (3) visits per plan year combined with mental health and substance abuse office visits.
Urgent Care <i>Pre-Ex Covered Day 1</i>	\$150 Co-pay, then 100% Limited to two (2) visits per plan year
Diagnostic X-ray & Laboratory Expenses <i>Non-hospital based</i> <i>Pre-Ex Covered Day 1</i>	\$150 Co-pay, then 100% Limited to three (3) tests/procedures per plan year
Advanced Imaging <i>12/12 Pre-ex Applies</i>	\$1,000 Co-pay, then 100% Limited to one (1) visit per plan year

REHABILITATION THERAPY BENEFITS

Physical Therapy <i>12/12 Pre-ex Applies</i>	\$100 Co-pay, then 100% Limited to a combined four (4) visits per plan year
Occupational Therapy <i>12/12 Pre-ex Applies</i>	\$100 Co-pay, then 100% Limited to a combined four (4) visits per plan year

PRESCRIPTION DRUG BENEFITS *(available through a separate Pharmacy Benefit Manager)*

Plan Year Deductible: Per Covered Person	\$500	\$500
	Retail Covered Person Pays 30-day supply (After Deductible)	Mail-Order Covered Person Pays Up to 90-day supply (After Deductible)
Generic* (tier-1) <i>Pre-Ex Covered Day 1</i>	50% (Deductible Waived)	50% (Deductible Waived)
Preferred Brand (tier-2) <i>12/12 Pre-ex Applies</i>	50%	50%
Non-Preferred (tier-3) <i>12/12 Pre-ex Applies</i>	50%	50%
Specialty Medications (tier-4)**	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

Plan Provisions:

- Value Bronze Individual Plans have provisions and exclusions that may impact eligibility for enrollee benefits.
- Employees must sign the appropriate employee application.
- Does not qualify as insurance
- Plan covers services provided by First Health PPO network providers – non-First Health PPO providers are not covered by the plan
- Conditions that existed or have been treated within 12 months prior to the members' coverage effective date are excluded for 12 months from the members' coverage effective date – the exclusion applies to:
 - o Inpatient and outpatient facilities for medical, surgical, substance abuse and mental health services, Maternity Services and Birthing, Home Health Care, Emergency Room Services, Advanced Imaging, Physical and Occupational Therapy, Preferred Brand (Tier 2) and Non-Preferred Brand (Tier 3) prescriptions
 - o Physician and Specialist Office Visit Services and Generic Drugs are not subject to the 12 /12 Pre-Existing Condition Limitation
- Intensive Care Unit, Cardiac Care Unit, and Neonatal Intensive Care Unit (ICU, CCU, and NICU) charges are covered at standard semi-private room rates
- Maternity Genetic Testing is subject to the 12 /12 Pre-Existing Condition Limitation and is limited to a \$500 allowable amount upon being eligible
- Emergency Room Co-pay is waived if admitted, however the Inpatient Services are subject to \$1500 Co-pay per Day
- All Inpatient and Outpatient Facility services are subject to pre-notification and prior authorization approval by plan administrator
- Visit limitations apply – consult benefit summary
- Eligible prescription drugs are subject to \$500 allowable amount per 30-day retail prescription per month (\$1500 allowable amount per 90-day prescription) – The \$500 30-day and \$1500 90-day allowable amount is subject to member 50% coinsurance – amounts more than the allowable amount are member responsibility

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

VALUE BRONZE INDIVIDUAL PLAN COST

VALUE BRONZE INDIVIDUAL PLAN:

Individual	Individual + Spouse	Individual + Child(ren)	Individual + Family
\$523.94	\$834.97	\$792.63	\$1,038.32

