



AN AFFORDABLE ERISA COMPLIANT EMPLOYER SPONSORED HEALTH PLAN

USA HEALTH PLANS

MVP PLANS

Bronze Plus, Silver, Gold

for Groups of 50+

**Includes Minimum Essential Coverage
plus additional Health Care Services.
Plans meet Minimum Value as defined
by the Affordable Care Act**

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

**For
Groups
50+ EE**

SERVICE

FLEXIBILITY

INTEGRITY

Facilitated by:
SB/A Cooperative

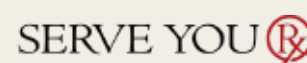


Reinsured by:
Magna Insurance Company



Administered by:
The Loomis Company

Pharmacy Benefits by:
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 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,

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.”

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.

50% Participation
Eligible Full-Time Employees

MVP Plan - Bronze Plus

Summary Plan of Benefits

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
Inpatient - Hospitalization & ICU *Additional Benefit <i>See HI Extension Program on page 6</i>	Plan pays \$2,000 per day, up to 365 days Day 6 through discharge date
Maternity Global Services Facility and Professional Fees	\$1,500 Copay Childbirth / Delivery
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

50% Participation
Eligible Full-Time Employees

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
Inpatient Hospitalization & ICU *Additional Benefit - <i>See HI Extension Program on page 6</i>	Plan pays \$2,000 per day, up to 365 days Day 8 through Discharge Date	Plan pays \$2,000 per day, up to 365 day Day 11 through Discharge Date
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

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 MVP 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 1-7	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 1-10	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.

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

Plan Provisions and Exclusions

- MVP Bronze Plus, Silver, and Gold Plans have provisions and exclusions that may impact eligibility for enrollee benefits.
- Participation Requirement for All SB/A Products – Subject to Stated Product Minimums and Additional Requirements provided by SB/A:
 - o **Option 1:** 50% of Eligible Full-Time Employees (30 Hours or More/Week) less Verifiable Qualified ACA Coverage Elsewhere - Part-Time Employees May be Eligible if Approved
 - o **Option 2:** 25% of Eligible Full-Time Employees (30 Hours or More/Week) less Verifiable Qualified ACA Coverage Elsewhere, if:
 1. Employers are offering another ACA Qualified Medical Benefit Program alongside SB/A or Employee waives and is covered by “Other Qualified Coverage” (Example: Spouse Plan, Exchange, Govt. Program, etc.) and Waiver Information is collected.
 2. Employer contributes the greater of 50% of the SB/A Cooperative Single Employee Funding Rate or the Same Dollar Amount as the other ACA Qualified Medical Benefit Program
 3. Employer utilizes approved Third-Party Enrollment Platform & Communication Approach (more below)
 4. Employer utilizes Written Comprehensive Benefits On-boarding Communication Program approved by SB/A
- Minimum 4+ enrollment is required.
- Prior-authorization is required for Major Diagnostic, In/Out Patient Surgery and Hospitalization.
- 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:

- Outpatient Drugs, Kidney Dialysis, Chemotherapy, and all other Infusion Therapy is excluded from coverage under Outpatient Benefit Provisions.
- 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
- 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;

EMPLOYER GROUP MVP PLAN COST
includes the HI Extension Program

USAHP MVP PLAN BRONZE PLUS:

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Bronze MVP	\$400.67	\$645.15	\$606.94	\$815.18
Bronze Extension	\$28.33	\$53.85	\$52.06	\$83.82
BRONZE TOTAL	\$429.00	\$699.00	\$659.00	\$899.00

USAHP MVP PLAN SILVER:

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Silver MVP	\$503.53	\$827.34	\$778.29	\$1,054.55
Silver Extension	\$23.39	\$43.94	\$42.49	\$68.06
SILVER TOTAL	\$526.92	\$871.28	\$820.78	\$1,122.61

USAHP MVP PLAN GOLD:

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Gold MVP	\$606.60	\$1,019.68	\$957.41	\$1,294.73
Gold Extension	\$16.43	\$29.95	\$29.00	\$45.82
GOLD TOTAL	\$623.03	\$1,049.63	\$986.41	\$1,340.55

Visit our website at MyHCPartners.com