



**AN AFFORDABLE ACA QUALIFIED AND ERISA COMPLIANT HEALTH PLAN SOLUTION**

## EMPLOYER GROUP HEALTH PLANS

# **MPV 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, 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.

### **Each SB/A CoOp Employer Member**

has its own SB/A Cooperative Sponsored MVP Plan funded claim account administered by the Loomis Company, the Contract Administrator. The employer’s maximum claim liability is limited to the 12-month level funding of its claim account.

**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 SB/A Employer Group Plan options, the following is required:**

1. Broker completes the SB/A CoOp 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 spreadsheet.

*Requires  
4 or more enrolled*

## MVP Plan - Bronze

### Summary Plan of Benefits

*MVP Bronze: No Maternity  
Not ACA Qualified*

#### 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 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

*Requires  
4 or more enrolled*

## 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 7 Days Maximum per year	\$750 Copay 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	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, 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;
- 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



**EMPLOYER GROUP MVP PLAN COST****EMPLOYER GROUP MVP PLAN BRONZE:**

Minimum 4 EE	Estimated Enrollment	Fixed + Claim Funding = Total	Cost Per Selection
Employee Only	_____	X (\$241.35 + \$205.09) = \$446.44 =	_____
Employee + Spouse	_____	X (\$299.35 + \$389.67) = \$689.02 =	_____
Employee + Child(ren)	_____	X (\$294.35 + \$358.90) = \$653.25 =	_____
Employee + Family	_____	X (\$354.35 + \$512.72) = \$867.07 =	_____

**EMPLOYER GROUP MVP PLAN SILVER:**

Minimum 4 EE	Estimated Enrollment	Fixed + Claim Funding = Total	Cost Per Selection
Employee Only	_____	X (\$261.35 + \$293.68) = \$555.03 =	_____
Employee + Spouse	_____	X (\$324.35 + \$557.99) = \$882.34 =	_____
Employee + Child(ren)	_____	X (\$319.35 + \$513.94) = \$833.29 =	_____
Employee + Family	_____	X (\$384.35 + \$734.20) = \$1,118.55 =	_____

**EMPLOYER GROUP MVP PLAN GOLD:**

Minimum 4 EE	Estimated Enrollment	Fixed + Claim Funding = Total	Cost Per Selection
Employee Only	_____	X (\$281.35 + \$381.75) = \$663.10 =	_____
Employee + Spouse	_____	X (\$354.35 + \$725.33) = \$1,079.68 =	_____
Employee + Child(ren)	_____	X (\$349.35 + \$668.06) = \$1,017.41 =	_____
Employee + Family	_____	X (\$409.35 + \$954.38) = \$1,363.73 =	_____