



SB/A Freedom Dental Pro Plan & SB/A Freedom Dental and Vision Plan

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



**SERVICE
FLEXIBILITY
INTEGRITY**

*Sponsored by: **SB/A Cooperative**
Administered by: **The Loomis Company***

SB/A Freedom Dental Pro Plan

Summary Plan of Coverage



*90 day waiting period applies before benefits can be used.
Orthodontia is excluded*

Coverage	Benefit
Network	DenteMax PPO
Out-of-Network Coverage	None
Individual / Family Deductible - Applies Annually	\$50 / \$150
Preventive/Diagnostic (X-rays, Cleanings, etc.)	Member Pays 0% Coinsurance
Basic Restorative (Fillings, Root Canals, etc.)	Member Pays 20% Coinsurance After Deductible
Major Restorative (Bridges, Crowns, etc.)	Member Pays 50% Coinsurance After Deductible
Orthodontia	Excluded
Maximum Benefit Paid Per Year Dental Benefits	\$1,500

SB/A Freedom Dental Pro Plan Rates

	Employee	EE + Spouse	EE + Children	EE + Family
Fixed Cost - Monthly	\$31.25	\$36.25	\$36.25	\$41.25
Claim Account Funding Monthly	\$26.00	\$52.00	\$47.00	\$73.00
Total Per Employee Per Month	\$57.25	\$88.25	\$83.25	\$114.25

Enrollment Provisions

Requires SB/A Group Medical Plan Enrollment.
Dependent Coverage is the same as SB/A Medical Plan.

SB/A Freedom Dental & Vision Plan

Summary Plan of Coverage

*90 day waiting period applies before benefits can be used.
Deductible waived for preventive services.*

Aggregated Expenses	Reimbursement Benefit
Up to \$150	100%
\$150.01 to \$250.00	80%
\$250.01 to \$1,500.00	50%
\$1,500.01 and up	0%

SB/A Freedom Dental & Vision Plan Rates

	Employee	EE + Spouse	EE + Children	EE + Family
Fixed Cost - Monthly	\$30.00	\$35.00	\$35.00	\$40.00
Claim Account Funding Monthly	\$22.00	\$44.00	\$40.00	\$62.00
Total Per Employee Per Month	\$52.00	\$79.00	\$75.00	\$102.00

Enrollment Provisions

Requires 70% of Eligibles Enrolled with a Minimum of 4 Enrolled Employees
Requires SB/A Group Medical Plan Enrollment
Dependent Coverage is the Same as SB/A Medical Plan Coverage

SB/A Freedom Dental Pro Plan and SB/A Freedom Dental & Vision Plan Provisions and Exclusions

- To be eligible to enroll in SB/A Freedom Dental Pro Plan or the SB/A Freedom Dental & Vision Plan, member must enroll in an SB/A Medical Plan.
- SB/A Freedom Dental Pro Plan benefits are only eligible at an active DenteMax network provider.
- SB/A Freedom Dental & Vision Plan is a reimbursement plan.
- Patient submits paid dental or vision bill for reimbursement - Loomis payments may not be assigned to the provider.
- Eligible services must be incurred on or after the effective date of coverage while enrolled in the dental coverage.
- Workers Compensation injuries and illness are excluded from eligibility.
- 90 day waiting period applies before benefits can be used.
- Orthodontia is excluded from benefit coverage.
- Basic Check-up - Limited to once every 6 months.
- Cleanings - Limited to once every 6 months,
- Bite Wing Check up X-Rays - Limited to one time annually.
- Full-mouth X-Rays - Limited to once every two years.
- Panoramic X-Rays - Limited to one time annually.

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 “The Employer Freedom Plan,” it is an ERISA health plan for sponsoring employers offered in conjunction with Minimum Essential Coverage. The employer’s claim exposure is protected via an “Aggregate Stop Loss Fund (ASLF)” owned by the SB/A CoOp Employer Members. Because The Employer Freedom Plan is an affordable partially self-funded plan, employers can offer it to full-time and part-time employees who qualify as long as they work an average of 16 hours per week.

To participate and take advantage of the The Employer Freedom Plan options, the following is required: broker and employers must join the SB/A CoOp, complete the SB/A CoOp Membership Agreement, and pay the annual \$24 membership fee.

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 become a Multiple Employer Welfare Association (MEWA) or acting as a Multiple Employer Trust (MET). The SB/A CoOp sponsors the unique ERISA Employer Health Care Benefits Plans that are ACA qualified when attached to ACA Minimum Essential Coverage and other affordable coverage options.

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.