



AN AFFORDABLE ERISA COMPLIANT EMPLOYER SPONSORED HEALTH PLAN

MVP PLANS

Bronze, Bronze Plus, Silver, Gold for Groups of 4-49

Bronze Plus, Silver, Gold for Groups of 50+

Includes Minimum Essential Coverage plus additional Health Care Services

For Groups 50+ 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*

SERVICE

FLEXIBILITY

INTEGRITY

Facilitated by:

SB/A Cooperative



Reinsured by:

Magna Insurance Company



Administered by:

S&S Health

Pharmacy Benefits by:

Serve You Rx

SERVE YOU

70% Participation Eligible Full-Time Employees,
Less Qualified Waivers. Minimum of 4 EE Enrolled

For
Groups
4-49 EE

MVP Plan - Bronze

Summary Plan of Benefits

MVP Bronze:
NO Maternity

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 per Admission 5 Days Maximum per year |
| Inpatient Hospitalization & ICU *Additional Benefit - <i>See HI Extension Program on Page 4</i> | Plan pays \$2,000 per day, up to 365 days Day 6 through Discharge Date |
| 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 |

MVP Plan - Bronze Plus

Summary Plan of Benefits

Bronze Plus

| 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 |
| Maternity Global Services Facility and Professional Fees | \$3,400 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 |

70% Participation Eligible Full-Time Employees,
Less Qualified Waivers. Minimum of 4 EE 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 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, 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:
 - **Option 1:** 70% of Eligible Full-Time Employees (30 Hours or More/Week) less Verifiable Qualified ACA Coverage Elsewhere - Part-Time Employees May be Eligible if Approved
 - **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 Rates 4-49 Eligible EE

For
Groups
4-49
Eligible EE

MVP PLAN BRONZE:

| Tier | Bronze | HI Extension | Premium |
|-----------------------|----------|--------------|----------|
| Employee Only | \$499.99 | \$28.33 | \$528.32 |
| Employee + Spouse | \$722.57 | \$53.85 | \$776.42 |
| Employee + Child(ren) | \$686.80 | \$52.06 | \$738.86 |
| Employee + Family | \$899.12 | \$83.82 | \$982.94 |

MVP PLAN BRONZE PLUS:

| Tier | Bronze Plus | HI Extension | Premium |
|-----------------------|-------------|--------------|------------|
| Employee Only | \$515.49 | \$28.33 | \$543.82 |
| Employee + Spouse | \$767.52 | \$53.85 | \$821.37 |
| Employee + Child(ren) | \$730.18 | \$52.06 | \$782.24 |
| Employee + Family | \$950.37 | \$83.82 | \$1,034.19 |

MVP PLAN SILVER:

| Tier | Silver | HI Extension | Premium |
|-----------------------|------------|--------------|------------|
| Employee Only | \$608.58 | \$23.39 | \$631.97 |
| Employee + Spouse | \$935.69 | \$43.94 | \$979.63 |
| Employee + Child(ren) | \$886.84 | \$42.49 | \$929.33 |
| Employee + Family | \$1,170.60 | \$68.06 | \$1,238.66 |

MVP PLAN GOLD:

| Tier | Gold | HI Extension | Premium |
|-----------------------|------------|--------------|------------|
| Employee Only | \$716.65 | \$16.43 | \$733.08 |
| Employee + Spouse | \$1,133.23 | \$29.95 | \$1,163.18 |
| Employee + Child(ren) | \$1,070.96 | \$29.00 | \$1,099.96 |
| Employee + Family | \$1,415.78 | \$45.82 | \$1,461.60 |

Employer Group MVP Rates 50+ EE

For
Groups
50+
Eligible EE

MVP PLAN BRONZE PLUS:

| Tier | Bronze Plus | HI Extension | Premium |
|-----------------------|-------------|--------------|----------|
| Employee Only | \$471.99 | \$28.33 | \$500.32 |
| Employee + Spouse | \$732.52 | \$53.85 | \$777.37 |
| Employee + Child(ren) | \$686.18 | \$52.06 | \$738.24 |
| Employee + Family | \$902.87 | \$83.82 | \$986.69 |

MVP PLAN SILVER:

| Tier | Silver | HI Extension | Premium |
|-----------------------|------------|--------------|------------|
| Employee Only | \$565.08 | \$23.39 | \$588.47 |
| Employee + Spouse | \$891.89 | \$43.94 | \$935.83 |
| Employee + Child(ren) | \$842.84 | \$42.49 | \$885.33 |
| Employee + Family | \$1,123.10 | \$68.06 | \$1,191.16 |

MVP PLAN GOLD:

| Tier | Gold | HI Extension | Premium |
|-----------------------|------------|--------------|------------|
| Employee Only | \$668.15 | \$16.43 | \$684.58 |
| Employee + Spouse | \$1,084.23 | \$29.95 | \$1,114.18 |
| Employee + Child(ren) | \$1,021.96 | \$29.00 | \$1,050.96 |
| Employee + Family | \$1,363.28 | \$45.82 | \$1,409.10 |