AN AFFORDABLE ACA QUALIFIED AND ERISA COMPLIANT HEALTH PLAN SOLUTION

sb/afreedomplans
for SB/A CoOp Members
An ERISA Health Plan Solution

Introducing ...

SB/A CORE HEALTH PLAN

Plans A, B, C, D, and E – With SB/A MEC

PLANS INCLUDE:

First Health Network

Everyone qualifies - no medical underwriting

No deductible plus first dollar coverage

Minimum Essential Coverage (MEC) Annual Benefit

50-80% coinsurance, pharmacy,
full inpatient/outpatient hospitalization,
medical and surgical professional services,
emergency room, urgent care, labs and x-rays,
ambulance, maternity, mental health and
substance abuse

No waiting periods for base plans

EMPLOYERS:

- Your staff can purchase the amount of coverage they believe best fits their needs and lifestyle.
- Attract and retain valuable employees with a comprehensive medical benefits program.
- Employer sponsored Freedom Plans are exempt from regulations on offering benefits to part-time or 1099 employees.
- If annual coverage needs are expected to exceed the SB/A Core Health Plans' annual limitations, employees may consider additional industry available options.
- Potential return of unused claim funds.
- SB/A Core Health Plans utilize the First Health Network, one of the largest nationwide preferred provider networks.
- Available to associations and employers with a minimum of 4 enrolled and 70% participation of eligibles.

To learn more about the
SB/A Core Health Plans, contact:

Facilitated by:
SB/A Cooperative

Administered by:
S&S Health

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Partners of SBA Core Health Plans

S & S Health (TPA)

TPA infrastructure designed to deliver performance and compassion. Experience and Leadership to deliver confidence, empathy, and back-end accuracy.

S&S Health Benefits Hub supports four key service pillars:

- **Back-Office Administration:** Custom-fit plan administratively designed to mirror your strategy. S&S Health manages the complex in enrollment, fulfillment, billing and more.
- **Enterprise-Grade Network Access:** Gain access to premium national networks and specialty care solutions, with pricing and scale that's often out of reach for self-funded plans.
- **S&S Health Marketplace:** A curated ecosystem of best-in-class solutions – from cost sharing tools to member experience enhancements. Better, smarter, faster, simpler.
- **Empathy Driven Service:** Our team is dedicated to understanding your needs and those of your members, ensuring every interaction feels personal, supportive, and human.

Transparent Health

Transparent Health Group, founded in 2008, provides top-shelf multilingual concierge customer service and technology services that enhance the customer service experience in the health insurance industry. Our concierge benefit provides full plan navigation in multiple languages for all benefits in the health plan design:

Welcome Call (Outbound Member Benefit Review) - Establish service relationship, answer questions, review benefits, confirm preferred providers, annual outreach to review benefits.

Inbound Member and Service Resolution - Assist Members in finding eligible providers, understanding patient responsibility and coverage, providing claims assistance, and utilizing cost savings programs.

Provider Eligibility and Claims - Assist providers in determining Member eligibility and providing plan overview, coverage information and claims support.

Data Analytics - Monthly status reports of all provider activity will be submitted to Client and Sponsor.

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 over 66,000 pharmacies nationwide and is a wholly-owned mail order pharmacy.

Veridy

A fully automated and integrated partner solution for individual billing and payment processing needs. The Veridy system manages enrollments, generates invoices, processes payments, and distributes funds.

Self-service member/employee portal for viewing key policy data, updating information.

Broker/Agent of Record and Vendor portal to view book of business including policies, invoices and payments. Brokers and Agents of Record can view statements and personnel information.

SB/A Core Health

Plans A, B, C, D, and E

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Base Plan Coverage on all SB/A Core Health plans include the following:

PPO Network	First Health Network
Deductible - Individual / Family	None
Telemedicine - Online and Telephonic Physician Calls 24/7/365	$0 Copay
Primary Care Physician (PCP) Office Visits Providers limited to Family Practice, Internal Medicine, Pediatrics, OB/GYN, – office and other outpatient services.	3 PCP Visits at $20 Copay* per person per year. All other visits Subject to Coinsurance.
Specialist Care	Subject to Coinsurance
Prescription Drugs Generic / Brand	Subject to Coinsurance $500 Plan Benefit Maximum Allowed per Prescription per 30 Day Supply
Inpatient & Outpatient Hospital	Subject to Coinsurance
Mental / Behavioral Health Inpatient / Outpatient Limited to 30 Days or Visits	Subject to Coinsurance
Chiropractic Care (Limited to Spinal Adjustments)	Subject to Coinsurance
Medical Imaging, X-Ray, and Labs	Subject to Coinsurance
Emergency Room & Ambulance	Subject to Coinsurance
Urgent Care Facility	Subject to Coinsurance
Durable Medical Equipment	Subject to Coinsurance
ACA Preventive Care Services - Minimum Essential Coverage (MEC) **Adult, Women, Child - Immunization, Screenings, & Services** MEC not subject to Annual Maximum or Coinsurance Percentages (*Please see Minimum Essential Coverage in full brochure)*	MEC coverage paid at 100%

SB/A Core Health PLAN A

Annual Maximum Benefit
Individual $10,000 Family $20,000

BENEFIT SUMMARY

Coinsurance (Patient Responsibility)	50% of $10,000
Annual Out-of-Pocket Maximum	$5,000 Individual $10,000 Family
Annual Maximum Benefit Covered	$10,000 Individual $20,000 Family
Out of Network Coverage	See Provisions and Exclusions in Brochure

SB/A Core Health PLAN B

Annual Maximum Benefit
Individual $20,000 Family $40,000

BENEFIT SUMMARY

Coinsurance (Patient Responsibility)	50% of First $10,000 20% of Next $10,000
Annual Out-of-Pocket Maximum	$7,000 Individual $14,000 Family
Annual Maximum Benefit Covered	$20,000 Individual $40,000 Family
Out of Network Coverage	See Provisions and Exclusions in Brochure

SB/A Core Health PLAN C

Annual Maximum Benefit
Individual $20,000 / Family $40,000
Extra Enhanced Ind. $25,000 / Fam. $50,000

BENEFIT SUMMARY

Coinsurance on Base Plan (Patient Responsibility)	50% of First $10,000 20% of Next $10,000 0% of Next $25,000
Annual Out-of-Pocket Maximum	$7,000 Individual $14,000 Family
Annual Maximum Benefit Covered	$20,000 Individual + $25,000 Extra Enhanced $40,000 Family + $50,000 Extra Enhanced
Out of Network Coverage	See Provisions and Exclusions in Brochure

EXTRA ENHANCED BENEFITS

Extra Inpatient Hospital & Outpatient Surgery and Professional Services Excludes Outpatient Drugs, Kidney Dialysis, Chemo Therapy, & All Other Infusion Therapy	Covered at 100% If Admitted 20,000 Individual + $25,000 Extra Enhanced $40,000 Family + $50,000 Extra Enhanced
Annual Maximum Benefit Covered	$25,000 Individual $50,000 Family
Limitations	See Provisions and Exclusions

SB/A Core Health PLAN D

Plans D + E Combined Require Minimum 10+ EE

Annual Maximum Benefit
Individual $20,000 / Family $40,000
Extra Enhanced Ind. $130,000 / Fam. $260,000

BENEFIT SUMMARY

Coinsurance on Base Plan (Patient Responsibility)	50% of First $10,000 20% of Next $10,000 0% of Next $130,000
Annual Out-of-Pocket Maximum	$7,000 Individual $14,000 Family
Annual Maximum Benefit Covered	$20,000 Individual + $130,000 Extra Enhanced $40,000 Family + $260,000 Extra Enhanced

EXTRA ENHANCED BENEFITS

Extra Inpatient Hospital & Outpatient Surgery and Professional Services Excludes Outpatient Drugs, Kidney Dialysis, Chemo Therapy, & All Other Infusion Therapy *(see Provisions and Exclusions)*	Covered at 100% If Admitted $130,000 Individual / $260,000 Family
Annual Maximum Benefit Covered	$20,000 Individual + $130,000 Extra Enhanced $40,000 Family + $260,000 Extra Enhanced
Limitations	See Provisions and Exclusions
Out of Network Coverage	See Provisions and Exclusions in Brochure

SB/A Core Health PLAN E

Plans D + E Combined Require Minimum 10+ EE

Annual Maximum Benefit
Individual $20,000 / Family $40,000
Extra Enhanced Ind. $230,000 / Fam. $460,000

BENEFIT SUMMARY

Coinsurance on Base Plan (Patient Responsibility)	50% of First $10,000 20% of Next $10,000 0% of Next $230,000
Annual Out-of-Pocket Maximum	$7,000 Individual $14,000 Family
Annual Maximum Benefit Covered	$20,000 Individual + $230,000 Extra Enhanced $40,000 Family + $460,000 Extra Enhanced

EXTRA ENHANCED BENEFITS

Extra Inpatient Hospital & Outpatient Surgery and Professional Services Excludes Outpatient Drugs, Kidney Dialysis, Chemo Therapy, & All Other Infusion Therapy *(see Provisions and Exclusions)*	Covered at 100% If Admitted $230,000 Individual / $460,000 Family
Annual Maximum Benefit Covered	$20,000 Individual + $230,000 Extra Enhanced $40,000 Family + $460,000 Extra Enhanced
Limitations	See Provisions and Exclusions
Out of Network Coverage	See Provisions and Exclusions in Brochure

SB/A MEC Plan

SB/A MEC Plan is included with SB/A Core Health Plans

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 Listed Below are Eligible		
1. Abdominal Aortic Aneurysm	9. Diet Counseling	Covered at 100%
2. Alcohol Misuse	10. Obesity	Covered at 100%
3. Aspirin	11. Sexually Transmitted Infection (STI)	Covered at 100%
4. Blood Pressure	12. Syphilis	Covered at 100%
5. Cholesterol	13. HIV	Covered at 100%
6. Colorectal Cancer	14. Tobacco Use	Covered at 100%
7. Depression	15. Immunization Vaccines	Covered at 100%
8. Type 2 Diabetes		Covered at 100%
Women Preventative Services – Screenings and Services Listed Below are Eligible		
1. Anemia	12. Gestational Diabetes	Covered at 100%
2. Bacteriuria Urinary Tract	13. Gonorrhea	Covered at 100%
3. BRCA	14. Hepatitis B	Covered at 100%
4, Breast Cancer Mammography	15. Human Immunodeficiency Virus (HIV)	Covered at 100%
5. Breast Cancer Chemoprevention	16. Human Papillomavirus (HPV) DNA Test	Covered at 100%
6. Breastfeeding	17. Osteoporosis	Covered at 100%
7. Cervical Cancer	18. Rh Incompatibility	Covered at 100%
8. Chlamydia Infection	19. Tobacco Use	Covered at 100%
9. Contraception	20. Sexually Transmitted Infections (STI)	Covered at 100%
10. Domestic and Interpersonal Violence	21. Syphilis	Covered at 100%
11. Folic Acid Supplements	22. Well Woman Visits	Covered at 100%
Child Preventative Services – Screenings and Services Listed Below are Eligibile		
1. Alcohol and Drug Use	14. Hematocrit or Hemoglobin	Covered at 100%
2. Autism	15. Hemoglobinopathies or Sickle Cell	Covered at 100%
3. Behavioral	16. HIV	Covered at 100%
4. Blood Pressure	17. Immunization Vaccines	Covered at 100%
5. Cervical Dysplasia	18. Iron Supplements	Covered at 100%
6. Congenital Hypothyroidism	19. Lead Exposure	Covered at 100%
7. Depression	20. Medical History	Covered at 100%
8. Developmental	21. Obesity	Covered at 100%
9. Dyslipidemia	22. Oral Health	Covered at 100%
10. Fluoride Supplements	23. Phenylketonuria (PKU)	Covered at 100%
11. Gonorrhea	24. Sexually Transmitted Infection	Covered at 100%
12. Hearing	25. Tuberculin Testing	Covered at 100%
13. Height, Weight and Body Mass Index	26. Vision	Covered at 100%

Core Health Plans A B C D E - Provisions and Exclusions

Base Plans

Preventative Care, Wellness Visits, Pap Smears, Flu Shots, Immunizations, and more.

Primary Care, Specialist, and Urgent Care Visits Plus X-rays, CT and MRI Scans, Lab and Diagnostic Services. Prescription Drugs – ACA at 100% (includes Birth Control), plus all others at indicated co-insurance up to threshold limit using the Serve You Rx pharmacy card at your favorite pharmacy.

- Participation Requirement for All SB/A Products – Subject to Stated Product Minimums and Additional Requirements provided by SB/A.
- Plans A, B, and C are available to employer groups or associations and require a minimum of 4 participants to bill.
- Plans D and E are available to employer groups with 10+ Minimum Enrolled in Plans D & E Combined.
- Prior-authorization is required for Major Diagnostic, In/Out Patient Surgery and Hospitalization.
- Inpatient / Outpatient Mental / Behavioral Health benefits limited to 30 days or visits.
- Pharmacy benefits are eligible for Rx discounts above base plan threshold.
- $500 Plan Benefit Maximum per Brand Prescription per 30 Day Supply.
- Employees must sign the appropriate employee application.
- No Medical Underwriting.
- No Pre-Existing Condition Exclusions on Base Plans.
- No Waiting Periods (includes Prenatal checks).
- Patient is eligible for “Contractual Discounts” in excess of Annual Maximum benefits as “Patient Pay Responsibility.”
- 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.

Extra Enhanced Benefits – Inpatient/Outpatient Benefit Provisions & Exclusions (Plan C, D, E)

- Extra Enhanced Inpatient Hospital & Outpatient Hospital Surgery Benefit Services are in addition to base benefits. Access to Extra Enhanced Benefits requires depletion of base plan.
- Annual Maximum benefit is limited to stated annual amounts – Plan C $25,000 Individual / $50,000 Family; Plan D $130,000 Individual / $260,000; Plan E $230,000 Individual / $460,000 Family
- Extra Enhanced Inpatient/Outpatient Benefit provision Plan C, D, E, is effective 60 days after the effective date of the member.
- Extra Enhanced Inpatient Hospital & Outpatient Surgery Benefit Plan C – $25,000 Individual / $50,000 Family, Plan D - $130,000 Individual / $260,000 Family, Plan E $230,000 Individual / $460,000 Family
- Extra Enhanced provision Plan C is subject to a 12/6 pre-existing condition provision. Conditions which exist 12 months before the effective date will be excluded from coverage for the first 6 months of coverage.
- Extra Enhanced provision Plan D & E are subject to a 12/12 pre-existing condition provision. Conditions which exist 12 months before the effective date will be excluded from coverage for the first 12 months of coverage. Pre-Existing Condition Requirement is applied to Extended Coverage Amounts above $20,000 on Plans C, D & E.
- Mental/Behavioral Inpatient/Outpatient Healthcare benefits limited to 30 days or visits.
- Emergency Room, Lab, X-ray, Imaging are covered if admitted to an Inpatient Hospital stay.
- Maternity inpatient hospital and outpatient services are effective 10 months after the effective date.
- Outpatient Drugs, Kidney Dialysis, Chemo Therapy, and all other Infusion Therapy is excluded from coverage under Extra Enhanced Inpatient Hospital & Outpatient Surgery Benefit provision.
- Observation stays are excluded from coverage

Exclusions from Coverage

- Any hospital confinement that began on or before the effective date is excluded from plan coverage.
- 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;
- Workers Compensation injuries and illness.
- Cosmetic surgery procedures – exceptions to some reconstructive surgeries.
- Bariatric/Gastric Sleeve surgery.
- Sex transformation / change surgery.

RATES: SB/A Core Health Plans A, B, C, D, & E

SB/A CORE HEALTH PLAN A: Required Minimum 4+ Enrolled

✦ Individual $10,000 / Family $20,000

	Estimated Enrollment		Rate		Cost Per Selection
Employee Only	_____	X	$326.25	=	_____
Employee + Spouse	_____	X	$517.25	=	_____
Employee + Child(ren)	_____	X	$498.75	=	_____
Employee + Family	_____	X	$641.25	=	_____

SB/A CORE HEALTH PLAN B: Required Minimum 4+ Enrolled

✦ Individual $20,000 / Family $40,000

	Estimated Enrollment		Rate		Cost Per Selection
Employee Only	_____	X	$397.75	=	_____
Employee + Spouse	_____	X	$657.55	=	_____
Employee + Child(ren)	_____	X	$626.75	=	_____
Employee + Family	_____	X	$830.75	=	_____

SB/A CORE HEALTH PLAN C: Required Minimum 4+ Enrolled

✦ Individual $20,000 / Family $40,000
with Extra Enhanced Benefit Individual $25,000 / Family $50,000

	Estimated Enrollment		Rate		Cost Per Selection
Employee Only	_____	X	$459.25	=	_____
Employee + Spouse	_____	X	$792.85	=	_____
Employee + Child(ren)	_____	X	$749.75	=	_____
Employee + Family	_____	X	$1,015.25	=	_____

Plans D & E Require 10+ EE Combined Enrollment
SB/A Cooperative Approval Required To Offer these plans

SB/A CORE HEALTH PLAN D:

✦ Individual $20,000 / Family $40,000
with Extra Enhanced Benefit Individual $130,000 / Family $260,000

	Estimated Enrollment		Rates		Cost Per Selection
Employee Only	_____	X	$590.80	=	_____
Employee + Spouse	_____	X	$920.30	=	_____
Employee + Child(ren)	_____	X	$874.55	=	_____
Employee + Family	_____	X	$1,105.80	=	_____

SB/A CORE HEALTH PLAN E:

✦ Individual $20,000 / Family $40,000
with Extra Enhanced Benefit Individual $230,000 / Family $460,000

	Estimated Enrollment		Fixed + Claim Funding = Total		Cost Per Selection
Employee Only	_____	X	$695.80	=	_____
Employee + Spouse	_____	X	$1,096.30	=	_____
Employee + Child(ren)	_____	X	$1,037.05	=	_____
Employee + Family	_____	X	$1,335.80	=	_____