



## **SB/A Dental Choice Plan & SB/A Dental Choice 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 Dental Choice 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 Dental Choice 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
<b>Total Per Employee Per Month</b>	<b>\$57.25</b>	<b>\$88.25</b>	<b>\$83.25</b>	<b>\$114.25</b>

#### Enrollment Provisions

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

## SB/A Dental Choice & 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 Dental Choice & 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
<b>Total Per Employee Per Month</b>	<b>\$52.00</b>	<b>\$79.00</b>	<b>\$75.00</b>	<b>\$102.00</b>

#### 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 Dental Choice Plan and SB/A Dental Choice & Vision Plan Provisions and Exclusions

- To be eligible to enroll in SB/A Dental Choice Plan or the SB/A Dental Choice & Vision Plan, member must enroll in an SB/A Medical Plan.
- SB/A Dental Choice Plan benefits are only eligible at an active DenteMax network provider.
- SB/A Dental Choice & 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 “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.”

### 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.