



AN AFFORDABLE ERISA COMPLIANT EMPLOYER SPONSORED HEALTH PLAN

MVP PLANS Bronze Plus, 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*

Pharmacy Benefits by:
Serve You Rx

SERVE YOU 

SERVICE

FLEXIBILITY

INTEGRITY

Facilitated by:
SB/A Cooperative



Reinsured by:
Magna Insurance Company



Administered by:
Reflect Health



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.”

Partners of MVP Plan



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

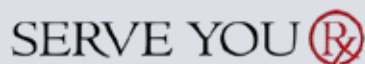
Transparent Health Group, founded in 2008, provides top-shelf multilingual concierge customer service and technology services that enhance the customer service experience in the health insurance industry. Our concierge benefit provides full plan navigation in multiple languages for all benefits in the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

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

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
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 Plus 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.

Plan Provisions and Exclusions

- MVP 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:** 60% 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. Employer must include HI-CI Extension Benefit alongside any MVP Plan Offering. Elected at Employer Level and not a voluntary option.
 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 or meets the ACA Affordability Requirements in any given plan year.
 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 50+ 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;