



## **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***

## 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.

### Breckpoint

**Breckpoint** is headquartered in Las Vegas, Nevada and has managed and operated self-funded risk pools across multiple industries since 2003 and has positioned itself as a leader for alternative risk options for employers of all sizes across the most needed lines of insurance. Within the employee benefit space specifically, Breckpoint administers limited benefit plan designs through its full service Third Party Administrator specializing in MEC enhanced products. Breckpoint

specializes and supports traditional and level funded programs for employer sponsored limited benefit plans and also provides advisors and employers stop loss options for traditional major medical offerings. Whether captives, limited benefits plans or medical stop loss, Breckpoint champions the transparency, control and long-term savings that comes with self-funding, partially self-funding, and alternative risk solutions.

## SB/A Freedom Dental Pro Plan

### Summary Plan of Coverage



*No waiting period applies before benefits can be used.  
Deductible waived for preventive services.*

Coverage	Benefit
Network	DenteMax
Out-of-Network Coverage	None
Individual / Family Deductible	\$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 (Dependents under age 19)	Member Pays 50% Coinsurance After Deductible
Orthodontia Lifetime Max	\$1,000
Maximum Benefit Paid Per Year (Dental and Orthodontia Benefits)	\$1,500

### SB/A Freedom Dental Pro Plan Rates

	Employee	EE + Spouse	EE + Children	EE + Family
Fixed Cost - Monthly	\$28.50	\$37.00	\$35.00	\$43.50
Claim Account Funding Monthly	\$16.00	\$35.20	\$28.80	\$48.00
<b>Total Per Employee Per Month</b>	<b>\$44.50</b>	<b>\$72.20</b>	<b>\$63.80</b>	<b>\$91.50</b>

#### Enrollment Provisions

Minimum 3 Enrolled Employees  
Requires Freedom ICON I or SB/A Core Health Plan Coverage  
Dependent Coverage is the Same as Freedom ICON I or SB/A Core Health Plan Coverage

## SB/A Freedom Dental & Vision Plan Summary Plan of Coverage

*No 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	75%
\$250.01 to \$1,800.00	50%
\$1,800.01 and up	0%

### SB/A Freedom Dental & Vision Plan Rates

	Employee	EE + Spouse	EE + Children	EE + Family
Fixed Cost - Monthly	\$23.50	\$26.00	\$26.00	\$28.50
Claim Account Funding Monthly	\$9.00	\$19.80	\$16.20	\$27.00
<b>Total Per Employee Per Month</b>	<b>\$32.50</b>	<b>\$45.80</b>	<b>\$42.20</b>	<b>\$55.50</b>

#### Enrollment Provisions

Minimum 3 Enrolled Employees  
Requires Freedom ICON I or SB/A Core Health Plan Coverage  
Dependent Coverage is the Same as Freedom ICON I or SB/A Core Health 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 Freedom ICON I or one of the SB/A Core Health Plans.
- 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.
- A minimum of 3 enrolled employees is required.
- 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.