



AN AFFORDABLE ERISA COMPLIANT EMPLOYER SPONSORED HEALTH PLAN

USA HEALTH PLANS

## VALUE BRONZE INDIVIDUAL PLAN

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*

SERVICE  
FLEXIBILITY  
INTEGRITY

Facilitated by:  
**SB/A Cooperative**  
Administered by:  
**The Loomis Company**



SERVE YOU 

## Partners of Value Bronze Individual Plan

### 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.

### SB/A CoOp

**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 becoming a Multiple Employer Welfare Association (MEWA) or acting as a Multiple Employer Trust (MET). The SB/A CoOp sponsors the unique ERISA Employer Healthcare Benefits Plans that are ACA qualified when attached to ACA Minimum Essential Coverage.

### 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:

- Stability
- Consistency
- Flexibility
- Customized plan designs
- Consultative clinical support
- Robust trend management programs and strategies
- Exceptionally focused member and client service
- Quality-driven, **Serve You Rx** owned and operated mail service and specialty pharmacies
- Over 66,000 pharmacies nationwide
- Privately owned and headquartered in Milwaukee, Wisconsin
- Wholly-owned mail order pharmacy

## 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 “Value Bronze Individual 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 Value Bronze Individual Plans.”

**To participate and take advantage of the USA Health Plan options, the following is required:**

1. Broker completes the USA Health Plans Compensation form, Broker W-9, and Broker Information Form – this is a one-time requirement.
2. Employer completes the Group Information Form.
3. Employees complete the Employee Enrollment Application. For larger employer groups, Employers can submit an electronic eligibility census.

## Value Bronze Individual Plan

### Summary Plan of Benefits

#### HOSPITAL BENEFITS

**Inpatient Hospital Services**

*12/12 Pre-Ex Applies*

\$1,500 Co-pay per Day, then 100%

Limited to five (5) days per plan year combined with inpatient mental health and inpatient substance abuse.

**Maternity Services**

*12/12 Pre-ex Applies*

*Includes, but is not limited to facility, professional and physician fees for uncomplicated maternity related care.*

\$3,500 Co-pay,  
then 100%

**Emergency Room**

*12/12 Pre-ex Applies*

\$2,500 Co-pay, then 100%

Limited to one (1) visit per plan year

#### MENTAL HEALTH & SUBSTANCE ABUSE BENEFITS

**Inpatient Mental Health Treatment**

*12/12 Pre-ex Applies*

\$1,500 Co-pay per Day, then 100%

Limited to five (5) days per plan year combined with inpatient hospital due to medical and surgical services, inpatient mental health hospitalization and inpatient substance abuse.

**Mental Health Treatment**

(Office Setting) *Pre-Ex Covered Day 1*

\$100 Co-Pay, then 100%

Limited to four (4) visits per plan year combined with mental health and substance abuse and specialist office visits.

**Inpatient Substance Abuse Treatment**

*12/12 Pre-ex Applies*

\$1,500 Co-pay per Day, then 100%

Limited to five (5) days per plan year combined with inpatient hospital due to medical and surgical services, inpatient mental health hospitalization and inpatient substance abuse

**Substance Abuse Treatment**

(Office Setting) *Pre-Ex Covered Day 1*

\$100 Co-pay, then 100%

Limited to four (4) visits per plan year combined with mental health and substance abuse and specialist office visits.

#### MISCELLANEOUS SERVICES AND SUPPLIES BENEFITS

**Home Health Care**

*12/12 Pre-ex Applies*

\$100 Co-pay, then 100%

Limited to six (6) visits per plan year

**Ambulance Service**

*12/12 Pre-ex Applies*

\$750 Co-pay, then 100%

Limited to one (1) ambulance trip per plan year

**Clinical Trials**

Paid as any other benefit

#### PROFESSIONAL SERVICES BENEFITS

**SURGICAL SERVICES**
**Inpatient**

*12/12 Pre-ex Applies*

\$1,500 Co-pay, then 100%

Limited to two (2) procedures per plan year

**Outpatient Facility and Professional Fees**

*12/12 Pre-ex Applies*

\$1,500 Co-pay, then 100%

Limited to one (1) procedure per plan year

**Office**

\$75 Co-pay, then 100%

Limited to one (1) procedure per plan year

*continued ...*  
**Summary Plan of Benefits**

**PROFESSIONAL SERVICES BENEFITS** *continued*

<b>Physician's Office Visits</b> Includes family and general physician, internist and OB/GYN physician Pre-Ex Covered Day 1	\$75 Co-pay, then 100% Limited to three (3) visits per plan year
<b>Specialist's Office Visits</b> Pre-Ex Covered Day 1	\$150 Co-pay, then 100% Limited to three (3) visits per plan year combined with mental health and substance abuse office visits.
<b>Urgent Care</b> Pre-Ex Covered Day 1	\$150 Co-pay, then 100% Limited to two (2) visits per plan year
<b>Diagnostic X-ray &amp; Laboratory Expenses</b> Non-hospital based Pre-Ex Covered Day 1	\$150 Co-pay, then 100% Limited to three (3) tests/procedures per plan year
<b>Advanced Imaging</b> 12/12 Pre-ex Applies	\$1,000 Co-pay, then 100% Limited to one (1) visit per plan year

**REHABILITATION THERAPY BENEFITS**

<b>Physical Therapy</b> 12/12 Pre-ex Applies	\$100 Co-pay, then 100% Limited to a combined four (4) visits per plan year
<b>Occupational Therapy</b> 12/12 Pre-ex Applies	\$100 Co-pay, then 100% Limited to a combined four (4) visits per plan year

**PRESCRIPTION DRUG BENEFITS** *(available through a separate Pharmacy Benefit Manager)*

<b>Plan Year Deductible:</b> Per Covered Person	\$500	\$500
	<b>Retail Covered Person Pays 30-day supply (After Deductible)</b>	<b>Mail-Order Covered Person Pays Up to 90-day supply (After Deductible)</b>
<b>Generic*</b> (tier-1) Pre-Ex Covered Day 1	50% (Deductible Waived)	50% (Deductible Waived)
<b>Preferred Brand</b> (tier-2) 12/12 Pre-ex Applies	50%	50%
<b>Non-Preferred</b> (tier-3) 12/12 Pre-ex Applies	50%	50%
<b>Specialty Medications</b> (tier-4)**	Not Covered	Not Covered

## 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

### Plan Provisions:

- Value Bronze Individual Plans have provisions and exclusions that may impact eligibility for enrollee benefits.
- 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
- Plan covers services provided by First Health PPO network providers – non-First Health PPO providers are not covered by the plan
- Conditions that existed or have been treated within 12 months prior to the members' coverage effective date are excluded for 12 months from the members' coverage effective date – the exclusion applies to:
  - o Inpatient and outpatient facilities for medical, surgical, substance abuse and mental health services, Maternity Services and Birthing, Home Health Care, Emergency Room Services, Advanced Imaging, Physical and Occupational Therapy, Preferred Brand (Tier 2) and Non-Preferred Brand (Tier 3) prescriptions
  - o Physician and Specialist Office Visit Services and Generic Drugs are not subject to the 12 /12 Pre-Existing Condition Limitation
- Intensive Care Unit, Cardiac Care Unit, and Neonatal Intensive Care Unit (ICU, CCU, and NICU) charges are covered at standard semi-private room rates
- Maternity Genetic Testing is subject to the 12 /12 Pre-Existing Condition Limitation and is limited to a \$500 allowable amount upon being eligible
- Emergency Room Co-pay is waived if admitted, however the Inpatient Services are subject to \$1500 Co-pay per Day
- All Inpatient and Outpatient Facility services are subject to pre-notification and prior authorization approval by plan administrator
- Visit limitations apply – consult benefit summary
- Eligible prescription drugs are subject to \$500 allowable amount per 30-day retail prescription per month (\$1500 allowable amount per 90-day prescription) – The \$500 30-day and \$1500 90-day allowable amount is subject to member 50% coinsurance. Amounts more than the allowable amount are member responsibility.

### 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

## VALUE BRONZE INDIVIDUAL PLAN COST

### VALUE BRONZE INDIVIDUAL PLAN:

**Individual**

**\$523.94**

**Individual  
+ Spouse**

**\$834.97**

**Individual  
+ Child(ren)**

**\$792.63**

**Individual  
+ Family**

**\$1,038.32**

