



AN AFFORDABLE ACA QUALIFIED AND ERISA COMPLIANT HEALTH PLAN SOLUTION

FOR SB/A INDEPENDENT AFFILIATES

ICON SERIES

SB/A ICON I, II, V PLANS

**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*

Facilitated by:
SB/A Cooperative

Administered by:
The Loomis Company

**SERVICE
FLEXIBILITY
INTEGRITY**

SERVE YOU



Partners of SB/A ICON 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.

SB/A CoOp

The SB/A CoOp is a non-profit "Agency" Cooperative Corporation. The SB/A CoOp Inc., 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 sponsors unique ERISA Employer Healthcare Benefit 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 employer marketplace. Each group employer SB/A CoOp Member can sponsor a partially self-funded ERISA Employer Welfare Benefits Plan for the benefit of its employees and their dependents.

SB/A CoOp may legally “aggregate” small business employers and protect claim exposure via an “Aggregate Stop Loss Fund” (ASLF) owned by the SB/A CoOp Employer Members. Each SB/A CoOp Employer Member has its own SB/A Cooperative sponsored and funded claim account administered by a contracted Third Party Administrator.

The Employer’s maximum claim liability is limited to the 12-month level funding of its claim account.

The Small Business Agency Cooperative was organized 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.

SB/A CoOp acts primarily as the legal agent for all 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 the SB/A CoOp and who are compensated by the SB/A CoOp, may market the SB/A CoOp and its group health and welfare benefit plans.

To participate and take advantage of the SB/A ICON Plans, the following is required:

1. Independent Affiliates must become Members of the SB/A CoOp.
2. Independent Affiliates must complete the Group Information form.
3. Independent Affiliates complete the Group Application. No medical application.

SB/A ICON I and ICON II Plans

Summary Plan of Benefits

	SB/A ICON I Inpatient Hospital \$1,000 /Admission Plan	SB/A ICON II Inpatient Hospital \$2,000 /Admission Plan
Telemedicine - Online and Telephonic Physician Calls 24/7/365	\$0 Copay Unlimited Calls	\$0 Copay Unlimited Calls
Network	PHCS Specific Services Network	PHCS Specific Services Network
Plan Deductible	None	None
Member Annual Out-of-Pocket Maximum	None	None
Primary Care Physician Office Visits General Practice, Pediatric, Internal Medicine	In-Network Provider: \$35 Copay Out-of-Network: Not Covered	In-Network Provider: \$35 Copay Out-of-Network: Not Covered
Specialist Office Visits	In-Network Provider: \$75 Copay Out-of-Network: Not Covered	In Network Provider: \$75 Copay Out-of-Network: Not Covered
Urgent Care Visits	In-Network Provider: \$125 Copay Out-of-Network: Not Covered	In Network Provider: \$125 Copay Out-of-Network: Not Covered
Emergency Room Visits	\$250 Copay In-Network Provider Coverage up to \$1,000 per Incident Out-of-network Not Covered	\$250 Copay In-Network Provider Coverage up to \$1,000 per Incident Out-of-network Not Covered
Outpatient Surgery	In-Network Provider Coverage Up to \$500 if medically necessary Maximum of 2 Admissions per Plan Year Out-of-Network: Not Covered	In-Network Provider Coverage Up to \$1,000 if medically necessary Maximum of 2 Admissions per Plan Year Out-of-Network: Not Covered
Inpatient Medical & Surgical Hospitalization; Surgical and Professional Services	In-Network Provider Coverage if Admitted up to \$1,000 per Admission if medically Necessary Maximum of 2 Admissions per Plan Year Out-of-Network: Not Covered	In-Network Provider Coverage if Admitted up to \$2,000 per Admission if Medically Necessary Maximum of 2 Admissions per Plan Year Out-of-Network: Not Covered
Mental Health	In-Network Coverage up to \$250/day If Medically Necessary Maximum of 7 Days per Plan Year Out-of-Network: Not Covered	In-Network Coverage up to \$250/day If Medically Necessary Maximum of 7 Days per Plan Year Out-of-Network: Not Covered
Prescription Medications	In-Network Provider: 50% Coinsurance For 30 Day Supply - Generic Only Brand Rx - 100% Patient Pay Responsibility	In-Network Provider: 50% Coinsurance For 30 Day Supply - Generic Only Brand Rx - 100% Patient Pay Responsibility
ACA Minimum Essential Coverage ¹ (MEC) (Please see Minimum Essential Coverage in full brochure)	Covered at 100%	Covered at 100%

¹ Employer groups with 50 or more employees will have unlimited annual ACA MEC Benefits versus \$1,000 Annual Maximum for Groups less than 50.

SB/A ICON V Plan

Summary Plan of Benefits

Inpatient Hospital \$5,000 /Admission Plan

Telemedicine - Online and Telephonic Physician Calls 24/7/365	\$0 Copay Unlimited Calls
Network	PHCS Specific Services Network
Plan Deductible	None
Member Annual Out-of-Pocket Maximum	None
Primary Care Physician Office Visits General Practice, Pediatric, Internal Medicine	In-Network Provider: \$35 Copay Out-of-Network: Not Covered
Specialist Office Visits	In-Network Provider: \$75 Copay Out-of-Network: Not Covered
Urgent Care Visits	In-Network Provider: \$125 Copay Out-of-Network: Not Covered
Emergency Room Visits	\$250 Copay In-Network Provider Coverage up to \$1,000 per Incident Out-of-network Not Covered
Outpatient Surgery	In-Network Provider Coverage if Admitted Up to \$2,000 if medically necessary Maximum of 2 Admissions per Plan Year Out-of-Network: Not Covered
Inpatient Medical & Surgical Hospitalization; Surgical and Professional Services	In-Network Provider Coverage if Admitted up to \$5,000 per Admission if medically Necessary Maximum of 2 Admissions per Plan Year Out-of-Network: Not Covered
Mental Health	In-Network Coverage up to \$250/day If Medically Necessary Maximum of 7 Days per Plan Year Out-of-Network: Not Covered
Prescription Medications	In-Network Provider: 50% Coinsurance For 30 Day Supply - Generic Only Brand Rx - 100% Patient Pay Responsibility
ACA Minimum Essential Coverage ¹ (MEC) (Please see Minimum Essential Coverage in full brochure)	Covered at 100%

¹ Employer groups with 50 or more employees will have unlimited Annual Maximum versus \$1,000 Annual Maximum

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 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 Eligible		
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%

SB/A ICON I, II, and V - Plan Provisions and Exclusions

- SB/A ICON I, ICON II, and ICON V has provisions and exclusions that may impact eligibility for enrollee benefits.
- 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.
- Prescription medications: in-network provider only, 50% coinsurance for 30 day supply – generic only. Brand Rx – 100% patient pay responsibility.

Benefit Exclusions:

- 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;
- 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;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- 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



SB/A ICON I, II, V Plans

SB/A ICON I PLAN

◆ Inpatient Hospital \$1,000/Admission Plan

	Estimated Enrollment		Fixed + Claim Funding = Total		Cost Per Selection
Employee Only	_____	X	(\$148.00 + \$72.00) = \$220.00	=	_____
Employee + Spouse	_____	X	(\$168.00 + \$151.20) = \$319.20	=	_____
Employee + Child(ren)	_____	X	(\$168.00 + \$136.80) = \$304.80	=	_____
Employee + Family	_____	X	(\$188.00 + \$180.00) = \$368.00	=	_____

SB/A ICON II PLAN

◆ Inpatient Hospital \$2,000/Admission Plan

	Estimated Enrollment		Fixed + Claim Funding = Total		Cost Per Selection
Employee Only	_____	X	(\$148.00 + \$85.00) = \$233.00	=	_____
Employee + Spouse	_____	X	(\$168.00 + \$178.50) = \$346.50	=	_____
Employee + Child(ren)	_____	X	(\$168.00 + \$161.50) = \$329.50	=	_____
Employee + Family	_____	X	(\$188.00 + \$213.00) = \$401.00	=	_____

SB/A ICON V PLAN

◆ Inpatient Hospital \$5,000/Admission Plan

	Estimated Enrollment		Fixed + Claim Funding = Total		Cost Per Selection
Employee Only	_____	X	(\$158.00 + \$101.00) = \$259.00	=	_____
Employee + Spouse	_____	X	(\$178.00 + \$213.00) = \$391.00	=	_____
Employee + Child(ren)	_____	X	(\$178.00 + \$192.00) = \$370.00	=	_____
Employee + Family	_____	X	(\$198.00 + \$252.00) = \$450.00	=	_____

SB/A CoOp Employer Application

This SB/A CoOp Employer Application hereby authorizes SB/A CoOp as Legal Agent to facilitate the establishment of, and the Employees' enrollment in the Employer's "Self-Funded ERISA Compliant," SB/A Core Health and SB/A ICON Plans (as attached) at and for the Employer as detailed herein:

Employer Name: (print) _____

Employer Address: (print) _____

Employer Signature: _____ Date: _____

Broker Name: _____ Effective Date Requested: _____

SB/A Cooperative Acceptance by: _____ Date: _____