



AN AFFORDABLE ACA QUALIFIED AND ERISA COMPLIANT HEALTH PLAN SOLUTION

PLAN INCLUDES:

- First Health Network
- Guaranteed Issue
- No deductible
- First Dollar Benefits
- No waiting periods

Minimum Essential Coverage

SB/A MEC Plan

With ACA Minimum Essential Coverage

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

Plan Distributor:

USA Health Plans



SERVE YOU

**SERVICE
FLEXIBILITY
INTEGRITY**

Partners of SB/A MEC 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. 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.

To participate and take advantage of the SB/A MEC Plan the following is required:

1. Broker completes appointment with USA Health Plans.
2. Employers complete the Group Enrollment Form & become member of the SB/A CoOp.
3. Enrollee completes the Group Health Application to join the plan. No medical questions.

The Employer’s maximum claim liability is limited to the 12-month level funding of its claim account. Member Employers own the fund and may receive a defined surplus on a calendar basis (12/18) in accordance with Fiduciary responsibility.

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.

Distributed By



The SB/A Cooperative

Efficiency | Savings | Simplicity | Freedom

| | Plan 1 | Plan 2 |
|---|---|---|
| Plan Network | First Health | First Health |
| Deductible Individual / Family | NO Deductible All Services covered 100% | NO Deductible All Services covered 100% |
| SB/A MEC Preventative Services Providers limited to Family Practice, Internal Medicine, Pediatrics, – office and other outpatient services. | Covered 100% Routine WellCare – As Provided under the Affordable Care Act Adult, Women, Child - Immunization, Screenings, & Services | Covered 100% Routine WellCare – As Provided under the Affordable Care Act Adult, Women, Child - Immunization, Screenings, & Services |
| SB/A MEC Prescription Drugs | Covered 100% ACA Mandated Prescriptions Drugs i.e. Birth Control | Covered 100% ACA Mandated Prescriptions Drugs i.e. Birth Control |
| Quest Select (Benefit separate from SB/A MEC) | N/A | Unlimited Diagnostic Labs @ Quest Diagnostics \$0 Copay for over 1200 different labs Visit Any Quest Location |
| | RATES | RATES |
| Member Only | \$99 /mo | \$119 /mo |
| Member + Spouse | \$135 /mo | \$165 /mo |
| Member + Child(ren) | \$125 /mo | \$159 /mo |
| Member + Family | \$159 /mo | \$209 /mo |

Please Note: 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, the Schedule of Benefits will govern. This is a generic representation of benefits and is only intended as an advertisement to licensed insurance Agents & Brokers. Official Plan Documents and or Summary of Benefits may differ and will govern.

Quest Diagnostics™

Control the cost of your healthcare.

\$0 Copay Labs!



This Quest Diagnostics™ is a value-added health benefit that can help save you money on outpatient laboratory testing. When you show your healthcare provider your Quest Diagnostics™ card to obtain outpatient testing, there is no cost to you! There are no copays, no deductibles, and no coinsurance*.

Location Directory

Member Portal

Your Member Portal is a great resource! On the portal you can:

- Have a complete list of labs included in your **QuestSelect™** benefit.
- Find test results to share with your healthcare provider.

To receive the benefits of the Quest Diagnostics™ Advanced program, you must present your Quest Diagnostics™ card or healthcare ID card with the Quest Diagnostics™ logo on it at the time of each service, and request your provider send your laboratory testing order to Quest Diagnostics.

The Quest Diagnostics™ laboratory benefit covers routine outpatient testing. It does NOT cover:

- Testing ordered during hospitalization.
- Lab work that is needed on an emergency or (STAT) basis.
- Testing completed at another laboratory.
- Time-sensitive esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests.

This Quest Diagnostic™ program provides you with \$0 Copay for outpatient laboratory testing.

This is NOT insurance. This is not a replacement of insurance. This is a noninsurance, subscription-based program and is not Major Medical or Medicare Supplement coverage. If you and/or your healthcare provider choose to send testing to any laboratory other than Quest Diagnostics, the Quest Diagnostics™ benefit will not apply.

Saving with Quest Diagnostics™ is simple.

1. At your appointment, show your Member ID card and ask for your lab work to be sent to Quest.
2. If the office doesn't use Quest for testing, you can ask your provider to call the Quest Diagnostics™ Lab Line to request a pickup. **You can ask your provider for a written order to have your lab work collected at an approved Quest Patient Service Center (PSC) location.**
3. The sample is collected at the healthcare provider's office or PSC and is sent to Quest Diagnostics for processing.
4. Testing is completed by Quest and results are sent to your provider. You can also access your results through MyQuest™ online.

**For more information about
your Quest Diagnostics™
laboratory benefit, visit
QuestSelect.com or call:
1.800.646.7788**

Frequently Asked Questions

Q. What is the Quest Diagnostics Advanced Lab Program™?

A. The Quest Diagnostic Advanced Lab Program is also called **QuestSelect™**. This program allows you to obtain outpatient laboratory testing* at no cost to you. When your doctor orders lab testing, you can show your **QuestSelect™** card and use your **QuestSelect™** benefit. Your physician or phlebotomist must indicate that you have **QuestSelect™** coverage on a Quest Diagnostics requisition which accompanies your specimens to Quest Diagnostics.

Q. Is the use of QuestSelect™ mandatory?

A. No. This is a member-driven program. However, if you choose not to use **QuestSelect™**, your normal deductible and coinsurance costs will apply, and you will lose out on the \$0 Copay feature of this program.

Q. Does QuestSelect™ replace current healthcare benefits?

A. No. This is a subscription program and is NOT insurance. This subscription gives you outpatient laboratory testing at no out-of-pocket cost to you* when you present your **QuestSelect™** card and ask to use **QuestSelect™**.

Q. What do I pay when I use the laboratory testing with QuestSelect™?

A. When you use **QuestSelect™**, you have a \$0 Copay for over 1,200 different blood, urine, cytology, pathology, and cultures that are included in the subscription.

Q. What tests are covered under QuestSelect™?

A. The **QuestSelect™** program covers diagnostic outpatient laboratory testing provided the tests have been ordered by your physician and you have requested to use **QuestSelect™**. Outpatient lab work includes:

- Blood testing (e.g., cholesterol, CBC).
- Urine testing (e.g., urinalysis).
- Cytology and pathology (e.g., pap smears, biopsies).
- Cultures (e.g., throat culture)

Q. What tests are NOT covered under QuestSelect™?

A. **QuestSelect™** does not cover:

- Lab work ordered during hospitalization.
- Lab work that is needed on an emergency (STAT) basis and time-sensitive, esoteric outpatient laboratory testing such as fertility testing, bone marrow studies and spinal fluid tests.
- Non-laboratory work such as mammography, x-ray, imaging, and dental work.
- Lab work performed without the use of your **QuestSelect™** benefit.
- Testing that is not approved and/or covered by your current health benefit plan.

Innovative Solutions



From developing new tests to leveraging data, technology, and informatics, Quest is building the future of diagnostics and testing services that help healthcare do more.



Better Outcomes

We're the engine at the heart of healthcare, bringing quality, speed, and technology together, so you can take action toward better health.

Improved Experiences



We understand the complexities of healthcare, and we make navigating those complexities more intuitive. In every way you engage with Quest, we're continuously working to make the healthcare experience easier, more seamless, and more insightful.



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SB/A MEC Plan (STAND ALONE)

SB/A MEC Plan is included with
Freedom ICON Plans & SBA Core Health 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 | Covered at 100% |
| 2. Alcohol Misuse | Covered at 100% |
| 3. Aspirin | Covered at 100% |
| 4. Blood Pressure | Covered at 100% |
| 5. Cholesterol | Covered at 100% |
| 6. Colorectal Cancer | Covered at 100% |
| 7. Depression | Covered at 100% |
| 8. Type 2 Diabetes | Covered at 100% |
| 9. Diet Counseling | Covered at 100% |
| 10. Obesity | Covered at 100% |
| 11. Sexually Transmitted Infection (STI) | Covered at 100% |
| 12. Syphilis | Covered at 100% |
| 13. HIV | Covered at 100% |
| 14. Tobacco Use | Covered at 100% |
| 15. Immunization Vaccines | Covered at 100% |
| Women Preventative Services – Screenings and Services Listed Below are Eligible | |
| 1. Anemia | Covered at 100% |
| 2. Bacteriuria Urinary Tract | Covered at 100% |
| 3. BRCA | Covered at 100% |
| 4. Breast Cancer Mammography | Covered at 100% |
| 5. Breast Cancer Chemoprevention | Covered at 100% |
| 6. Breastfeeding | Covered at 100% |
| 7. Cervical Cancer | Covered at 100% |
| 8. Chlamydia Infection | Covered at 100% |
| 9. Contraception | Covered at 100% |
| 10. Domestic and Interpersonal Violence | Covered at 100% |
| 11. Folic Acid Supplements | Covered at 100% |
| 12. Gestational Diabetes | Covered at 100% |
| 13. Gonorrhea | Covered at 100% |
| 14. Hepatitis B | Covered at 100% |
| 15. Human Immunodeficiency Virus (HIV) | Covered at 100% |
| 16. Human Papillomavirus (HPV) DNA Test | Covered at 100% |
| 17. Osteoporosis | Covered at 100% |
| 18. Rh Incompatibility | Covered at 100% |
| 19. Tobacco Use | Covered at 100% |
| 20. Sexually Transmitted Infections (STI) | Covered at 100% |
| 21. Syphilis | Covered at 100% |
| 22. Well Woman Visits | Covered at 100% |
| Child Preventative Services – Screenings and Services Listed Below are Eligible | |
| 1. Alcohol and Drug Use | Covered at 100% |
| 2. Autism | Covered at 100% |
| 3. Behavioral | Covered at 100% |
| 4. Blood Pressure | Covered at 100% |
| 5. Cervical Dysplasia | Covered at 100% |
| 6. Congenital Hypothyroidism | Covered at 100% |
| 7. Depression | Covered at 100% |
| 8. Developmental | Covered at 100% |
| 9. Dyslipidemia | Covered at 100% |
| 10. Fluoride Supplements | Covered at 100% |
| 11. Gonorrhea | Covered at 100% |
| 12. Hearing | Covered at 100% |
| 13. Height, Weight and Body Mass Index | Covered at 100% |
| 14. Hematocrit or Hemoglobin | Covered at 100% |
| 15. Hemoglobinopathies or Sickle Cell | Covered at 100% |
| 16. HIV | Covered at 100% |
| 17. Immunization Vaccines | Covered at 100% |
| 18. Iron Supplements | Covered at 100% |
| 19. Lead Exposure | Covered at 100% |
| 20. Medical History | Covered at 100% |
| 21. Obesity | Covered at 100% |
| 22. Oral Health | Covered at 100% |
| 23. Phenylketonuria (PKU) | Covered at 100% |
| 24. Sexually Transmitted Infection | Covered at 100% |
| 25. Tuberculin Testing | Covered at 100% |
| 26. Vision | Covered at 100% |