



VALUE BRONZE

For SB/A CoOp Members

SBA Value Bronze

- **Guaranteed Issue**
- **First Health Network**
- **Includes Maternity**
- **365 Day Hospital Extension Benefit**

No Sale States:

AK, HI, MT, ND, NY, RI, SD, VT, WV

SBA Value Bronze

Deductible	None		
Out of Pocket Max	Individual \$6,000 / Family \$12,000		
Telemedicine	\$0 Consult Fee		
Preventative	Covered 100%		
Primary Care	\$75 Copay - (3 per year)		
Specialist	\$150 Copay - (3 per year)		
Urgent Care	\$150 Copay - (2 per year)		
*Physical & Occupational Therapy	\$100 Copay - (4 per year)		
Mental Health & Substance Abuse	\$100 Copay - (4 per year)		
X-Ray & Lab	\$150 Copay - (3 per year)		
Prescription Drugs	Plan pays 50% - (up to \$500 /mo per drug) (Brand Name Drugs subject to \$500 RX deductible)		
*Advanced Imaging CT / MRI	\$1,000 Copay - (1 per year)		
*Surgery - Outpatient	\$1,500 Copay - (1 per year)		
*Surgery - Inpatient	\$1,500 Copay - (2 per year)		
*Emergency Room	\$2,500 Copay - (1 per year)		
*Inpatient Hospitalization	\$1,500 Copay - (5 Days per year)		
*Inpatient Hospitalization (Hospital Extension Benefit Rider)	Plan Pays \$2,000 per day, up to 365 days. (Day 6 through discharge)		
*Maternity / Pregnancy	\$3,500 Copay		
RATES			
Member Only	Member + SP	Member + CH	Member + FAM
\$499	\$845	\$799	\$1,075

* Where listed means a 12-month wait for pre-existing conditions apply