



## SB/A FREEDOM ACCIDENT PLAN



*Maximizing savings and providing cutting-edge solutions to help you effectively manage your health care costs*

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**SERVICE  
FLEXIBILITY  
INTEGRITY**



Facilitated by: **SB/A Cooperative**



**breckpoint**  
LEAD TOGETHER

Administered by: **Breckpoint**

## 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 Accident Plan

### Summary Plan of Coverage

#### ACCIDENT MEDICAL EXPENSE BENEFIT (AME)<sup>1</sup>

**SUMMARY:** The Accident Medical Expense benefit pays up to the Maximum Amount, after the Deductible, for medical charges resulting from a Covered Accident. The first treatment or service must occur within 60 days of the Covered Accident and all subsequent treatments must be incurred within 12 months of the Covered Accident.

	Option 1	Option 2
Scope of Coverage	24-Hour Accident Coverage	24-Hour Accident Coverage
Maximum Amount Per Accident	\$5,000	\$10,000
Deductible Per Accident	\$250	\$500
Initial Treatment Period	60 Days	60 Days
Benefit Period	12 Months	12 Months
Treatment Services or Supplies incurred for:	Maximum Amount	Maximum Amount
Hospital miscellaneous expensive during Hospital Confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies	Up to \$1,000 per Accident	Up to \$2,000 per Accident
Doctor's Fees for Surgery	Up to \$1,000 per Accident	Up to \$2,000 per Accident
Anesthesia Services	Up to \$500 per Accident	Up to \$1,000 per Accident
Doctor's visits, inpatient and outpatient, each visit	\$75	\$75
Hospital Emergency Care	\$75	\$75
Ambulance Expense	\$250	\$500
X-ray and other Diagnostic Tests	\$250	\$250
Durable Medical Equipment	\$100	\$100
Prescription Drugs	\$500	\$500
Dental Treatments for Injury to Sound Natural Teeth	\$250 per tooth up to a maximum of \$500	\$250 per tooth up to a maximum of \$500
Physical therapy	\$60 for first visit; \$30 for each visit thereafter	\$60 for first visit; \$30 for each visit thereafter

<sup>1</sup>Accident Medical Expense Benefit does not pay for reinjury or complications of an injury caused or contributed to by a condition that existed before the Accident.

## Plan Provisions, Limitations, and Exclusions

### The Policy does not provide benefits for:

- Treatment, services, or supplies which:
  - Are not medically necessary;
  - Are not prescribed by a doctor as necessary to treat an injury;
  - Are determined to be experimental/investigational in nature;
  - Are received without charge or legal obligation to pay;
  - Are received from persons employed or retained by any family member, unless otherwise specified; OR
  - Are not specifically listed as covered charges in the policy;
- Injury by acts of war, whether declared or not;
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew members, in a regularly scheduled commercial airline;
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law;
- Dental treatment, except as specifically stated;
- Injury sustained while committing or attempting to commit a felony;
- Prescription Drugs except as specifically stated;
- Suicide or attempted suicide while sane or insane;
- Intentionally self-inflicted injury;
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state of jurisdiction in which the injury occurs;
- Loss resulting from being under the influence of drugs or narcotics;
- Injury sustained while participating in or practicing for any professional, intercollegiate or sports activity, except as specifically provided;
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days;
- Injury sustained flying in an ultra-light, hang gliding, parachuting, or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATVs);
- Injury sustained where a covered person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program;
- Treatment in any Veteran's Administration or federal hospital, except if there is a legal obligation to pay;
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body;
- Covered Charges incurred outside of the United States or its possessions;
- Competing in motor races or competitions;
- Competing in water sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing, or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals;
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained with participating in a rodeo;
- Reinjury or complications on an injury caused or contributed to by a condition that existed before the accident;
- Repetitive motion injuries strains, hernia, tendonitis, bursitis, and heat exhaustion not related to a specific injury.

## SB/A Freedom Accident Plan Rates

	<b>Total Cost</b>
<b>Option 1 - \$5,000</b>	
Employee Only.....	\$43.75
Employee + Spouse.....	\$52.75
Employer + Child(ren) .....	\$55.00
Employee + Family .....	\$64.00

<b>Option 2 - \$10,000</b>	
Employee Only.....	\$52.50
Employee + Spouse.....	\$71.25
Employer + Child(ren) .....	\$75.00
Employee + Family .....	\$90.00

- Children are covered from ages 2 to 26
- Adult coverage ends at age 65
- Available in all 50 states & US territories

