



SB/A FREEDOM HOSPITAL INDEMNITY PLAN



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

Call David at 516-240-8877 and/or
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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 Hospital Indemnity Plan

Summary Plan of Coverage

	Plan 1	Plan 2
Hospital / ICU Admission	\$1,000 per admission to a max of 1 admission per year, per insured, per covered family	\$2,000 per admission to a max of 1 admission per year, per insured, per covered family
Hospital / ICU Confinement	\$100 per day to a max of 30* days per year, per insured	\$200 per day to a max of 30* days per year, per insured
Dependent Age Limited	Child Birth to 26 Years	
Age Limitation	Coverage terminates upon turning 65	
Portability	N/A	
Treatments Covered	Sickness and Injury	
Treatment of Normal Pregnancy	Hospital Admission & Confinement benefits are not payable for birth within first 9 months of coverage. See Plan Limitations & Exclusions section below for details.	
Pre-Existing Condition Limitation	None	



Plan Provisions and Exclusions

- Not valid for the following SICs: 0190-0218, 0240-0249, 0290-0299, 0782-1069, 1220-1229, 1410-1419, 1760-1769, 2892, 2910-2919, 5520-5529, 5931, 5942, 7230-7291, 7393, 7830-7839, 7910-7939, 7996, 7999, 8360-8369
- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

- 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;
- Suicide or any intentionally self-inflicted injury;
- Elective surgery;
- 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. (This Exclusion does not apply to reconstructive surgery):
 - on an injured part of the body following infection or disease of the involved part;
 - of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;
- Care or treatment for mental or nervous disorders;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union;
- Surgery and treatment, procedures, products or services that are experimental or investigative.
- Hospital Confinement and/or Hospital Admission due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness.
- Treatment of a Covered Dependent Child's Children.
- 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.

SB/A Freedom Hospital Indemnity Plan Rates

	Total Cost
Option 1 - \$1,000	
Employee Only.....	\$42.50
Employee + Spouse.....	\$51.25
Employer + Child(ren)	\$53.00
Employee + Family	\$60.00
 Option 2 - \$2,000	
Employee Only.....	\$51.25
Employee + Spouse.....	\$67.50
Employer + Child(ren)	\$70.75
Employee + Family	\$83.75

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

