



AN AFFORDABLE ACA QUALIFIED AND ERISA COMPLIANT HEALTH PLAN SOLUTION



ICON SERIES

FREEDOM ICON I

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

Call David at 516-240-8877 and/or
Lenny at 516-240-8864
craftbrewinsurance@sbbinsure.com
<https://nysba.linked.exchange>

**SERVICE
FLEXIBILITY
INTEGRITY**



Facilitated by: **SB/A Cooperative**



breckpoint
LEAD TOGETHER

Administered by: **Breckpoint**

Partners of SB/A Core Health Plan

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 CoOp

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 becoming a Multiple Employer Welfare Association (MEWA) or acting as a Multiple Employer Trust (MET). The SBA CoOp sponsors the unique ERISA Employer Healthcare Benefits 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 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 “SB/A Cooperative Sponsored Freedom Plan,” it is an ERISA compliant health plan in conjunction with Preventive Care Benefits, for sponsoring employers to offer their employees. The

employer’s claim exposure is protected 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 Freedom Plan funded claim account administered by Breckpoint, Inc, the Contract Administrator. The employer’s maximum claim liability is limited to the 12-month level funding of its claim account. The Member Employers own the funds and will receive the defined surplus on a calendar year basis following a (12/18) accounting period.

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

1. Broker and Employers must join the SB/A CoOp – complete the SB/A CoOp Membership Agreement and pay the annual \$24 membership fee.
2. Broker completes the SB/A CoOp Compensation form, Broker W-9, and Broker Information Form – this is a one-time requirement.
3. Employer completes the Group Information Form.
4. Employees complete the Employee Enrollment Application. For larger employer groups, Employers can submit an electronic eligibility spreadsheet.

The purpose for which the SB/A CoOp is organized is 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. To act primarily as the legal agent for all the 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 SBA CoOp and who are compensated by SB/A CoOp, market the SB/A CoOp and “The SB/A Freedom Plans.”

**Requires
3 or more enrolled**

Freedom ICON I Plan Summary Plan of Benefits

	Freedom ICON I Inpatient Hospital \$1,000/Admission Plan	Freedom ICON I 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 If Admitted Maximum Benefit \$1,000 Out-of-Network: Not Covered	In-Network Provider Coverage If Admitted Maximum Benefit \$1,000 Out-of-Network: Not Covered
Inpatient Medical & Surgical Hospitalization; Surgical and Professional Services	In-Network Provider Coverage up to \$1,000 per Admission Maximum of 10 Admissions per Plan Year Out-of-Network: Not Covered	In-Network Provider Coverage up to \$2,000 per Admission Maximum of 10 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
Minimum Essential Coverage (MEC) <i>(Please see Minimum Essential Coverage on page 5)</i>	Covered at 100%	Covered at 100%

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	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%

Plan Provisions and Exclusions

- ICON I and ICON II 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.

Benefit Exclusions:

- 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;
- 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;
- 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



The Freedom ICON I Plan Cost & SB/A CoOp Authorization

FREEDOM ICON I PLAN - Option 1:

◆ **Inpatient Hospital \$1,000/Admission Plan**

Minimum 3 EE	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	=	_____

FREEDOM ICON I PLAN - Option 2:

◆ **Inpatient Hospital \$2,000/Admission Plan**

Minimum 3 EE	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 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," "The Freedom ICON I 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: _____