



Dual Option Benefits for Employers with 100+ Employees

AN AFFORDABLE ERISA COMPLIANT EMPLOYER SPONSORED HEALTH PLAN



MVP PLAN
Bronze Plus, Silver, and Gold
with Cancer Rider and HI Extension
Includes ACA Minimum Essential Coverage
plus additional Health Care Services

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

- SERVICE**
- FLEXIBILITY**
- INTEGRITY**

Facilitated by:
SB/A Cooperative



Reinsured by:
Magna Insurance Company



Administered by:
Reflect Health

Pharmacy Benefits by:
Serve You Rx



Partners of MVP Plan

Reflect Health (TPA)

TPA infrastructure designed to deliver performance and compassion. Experience and Leadership to deliver confidence, empathy, and back-end accuracy.

Reflect Health Benefits Hub supports four key service pillars:

- ◆ **Back-Office Administration:** Custom-fit plan administratively designed to mirror your strategy. Reflect Health manages the complex in enrollment, fulfillment, billing and more.
- ◆ **Enterprise-Grade Network Access:** Gain access to premium national networks and specialty care solutions, with pricing and scale that's often out of reach for self-funded plans.
- ◆ **Reflect Health Marketplace:** A curated ecosystem of best-in-class solutions – from cost sharing tools to member experience enhancements. Better, smarter, faster, simpler.
- ◆ **Empathy Driven Service:** Our team is dedicated to understanding your needs and those of your members, ensuring every interaction feels personal, supportive, and human.



Transparent Health


Transparent Health Group, founded in 2008, provides top-shelf multilingual concierge customer service and technology services that enhance the customer service experience in the health insurance industry. Our concierge benefit provides full plan navigation in multiple languages for all benefits in the health plan design:

Welcome Call (Outbound Member Benefit Review) - Establish service relationship, answer questions, review benefits, confirm preferred providers, annual outreach to review benefits.

Inbound Member and Service Resolution - Assist Members in finding eligible providers, understanding patient responsibility and coverage, providing claims assistance, and utilizing cost savings programs.

Provider Eligibility and Claims - Assist providers in determining Member eligibility and providing plan overview, coverage information and claims support.

Data Analytics - Monthly status reports of all provider activity will be submitted to Client and Sponsor.

SERVE YOU 

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 over 66,000 pharmacies nationwide and is a wholly-owned mail order pharmacy.

Veridy



A fully automated and integrated partner solution for individual billing and payment processing needs. The Veridy system manages enrollments, generates invoices, processes payments, and distributes funds. Self-service member/employee portal for viewing key policy data, updating information.

Broker/Agent of Record and Vendor portal to view book of business including policies, invoices and payments. Brokers and Agents of Record can view statements and personnel information.

MVP Plan - Bronze Plus

Summary Plan of Benefits

Bronze Plus

PPO Network	First Health
Deductible	None *Deductible may apply to Brand Rx
Annual Out-of-Pocket Maximum	\$8,000 / \$16,000
ACA Preventive & Wellness	Covered 100%
Telemedicine	\$0 Copay
Primary Care (Wellness)	\$0 Copay
Primary Care (Sick Visit)	\$50 Copay 4 visits per year
Specialist (Includes Outpatient Behavior Health)	\$75 Copay 4 visits per year
Urgent Care	\$75 Copay 2 visits per year
Physical & Occupational Therapy	\$75 Copay 4 visits per year
Lab & X-Ray (Non-Hospital Based)	\$75 Copay 3 visits per year
Complex Medical Imaging (MRI / CT Scan)	\$750 Copay 1 visit per year
Surgery - Outpatient	\$750 Copay 1 per year
Surgery - Inpatient	\$750 Copay 2 per year
Emergency room	\$750 Copay 1 visit per year
Inpatient - Hospitalization & ICU	\$1,500 Copay per Admission 5 Days Maximum per year
Maternity Global Services Facility and Professional Fees	\$3,400 Copay Childbirth / Delivery
Generic Rx - Tier 1 (Preventative)	\$0 Copay
Generic Rx - Tier 2 (Non-Preventative)	40% Coinsurance
Brand Rx - Tier 3 (Preferred)	\$500 Deductible
Brand Rx - Tier 4 (Non-Preferred)	40% Coinsurance \$500 Benefit Cap on Eligible Prescription per Month
Specialty Rx	Not Covered

MVP Plan - Silver

Summary Plan of Benefits

Silver

PPO Network	First Health
Deductible	None *Deductible may apply to Brand Rx
Annual Out-of-Pocket Maximum	\$7,000 / \$14,000
ACA Preventive & Wellness	Covered 100%
Telemedicine	\$0 Copay
Primary Care (Wellness)	\$0 Copay
Primary Care (Sick Visit)	\$35 Copay 6 visits per year
Specialist (Includes Outpatient Behavior Health)	\$50 Copay 6 visits per year
Urgent Care	\$50 Copay 3 visits per year
Physical & Occupational Therapy	\$50 Copay 6 visits per year
Lab & X-Ray (Non-Hospital Based)	\$50 Copay 4 visits per year
Complex Medical Imaging (MRI / CT Scan)	\$500 Copay 2 visits per year
Surgery - Outpatient	\$500 Copay 2 per year
Surgery - Inpatient	\$500 Copay 2 per year
Emergency room	\$500 Copay 1 visit per year
Inpatient - Hospitalization & ICU	\$1,000 Copay per Admission 7 Days Maximum per year
Maternity Global Services Facility and Professional Fees	\$2,300 Copay Childbirth / Delivery
Generic Rx - Tier 1 (Preventative)	\$0 Copay
Generic Rx - Tier 2 (Non-Preventative)	30% Coinsurance
Brand Rx - Tier 3 (Preferred)	\$250 Deductible 30% Coinsurance
Brand Rx - Tier 4 (Non-Preferred)	\$500 Benefit Cap on Eligible Prescription per Month
Specialty Rx	Not Covered

MVP Plan - Gold

Summary Plan of Benefits

Gold

PPO Network	First Health
Deductible	None *Deductible may apply to Brand Rx
Annual Out-of-Pocket Maximum	\$6,000 / \$12,000
ACA Preventive & Wellness	Covered 100%
Telemedicine	\$0 Copay
Primary Care (Wellness)	\$0 Copay
Primary Care (Sick Visit)	\$25 Copay 8 visits per year
Specialist (Includes Outpatient Behavior Health)	\$35 Copay 8 visits per year
Urgent Care	\$35 Copay 4 visits per year
Physical & Occupational Therapy	\$35 Copay 8 visits per year
Lab & X-Ray (Non-Hospital Based)	\$35 Copay 5 visits per year
Complex Medical Imaging (MRI / CT Scan)	\$375 Copay 3 visits per year
Surgery - Outpatient	\$375 Copay 3 per year
Surgery - Inpatient	\$375 Copay 3 per year
Emergency room	\$375 Copay 2 visits per year
Inpatient - Hospitalization & ICU	\$750 Copay per Admission 10 Days Maximum per year
Maternity Global Services Facility and Professional Fees	\$1,700 Copay Childbirth / Delivery
Generic Rx - Tier 1 (Preventative)	\$0 Copay
Generic Rx - Tier 2 (Non-Preventative)	20% Coinsurance
Brand Rx - Tier 3 (Preferred)	No Deductible
Brand Rx - Tier 4 (Non-Preferred)	20% Coinsurance \$500 Benefit Cap on Eligible Prescription per Month
Specialty Rx	Not Covered



HI Extension Program for SB/A MVP Plan Designs

Hospital Indemnity Benefit

The following benefits are payable when a Participant has a qualified Hospital confinement. To receive benefits, each Participant must be enrolled in this program and complete the applicable Elimination / Waiting Period. Unless otherwise indicated below, any benefit amount, limitation, or benefit maximum applies to each Participant.

employees. However, recognizing these programs have some limitations, the HI Extension Program (elected at the employer level) was created with SB/A to provide a vital tax-free benefit to help offset potential out-of-pocket costs. Benefits are designed to provide protection when an MVP plan’s hospital benefits are exhausted.

HI Extension	Benefit / Reimbursement Amount	Elimination / Waiting Period	Limitation
Bronze Plus HI Extension for MVP Bronze	\$2,000 per day (Day 6 through discharge date)	5 Days \$0 Benefit for days 1-5	up to 365 Days per condition (diagnosis)
Silver HI Extension for MVP Silver	\$2,000 per day (Day 8 through discharge date)	7 Days \$0 Benefit for days 1-7	up to 365 Days per condition (diagnosis)
Gold HI Extension for MVP Bronze	\$2,000 per day (Day 11 through discharge date)	10 Days \$0 Benefit for days 1-10	up to 365 Days per condition (diagnosis)

Plans shown have an initial benefit waiting period of 299 days for pregnancy. Benefits are available for most medically necessary treatment of an illness or injury that occur in a hospital facility. Benefits are not available for hospital confinement initiated during the Elimination Period. Please refer to the full Summary of Benefits for full plan Definition, Limitations, & Exclusions.

Please note: This is a generic representation of benefits and is only intended to serve as an initial proposal of benefits potentially available. 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 on Official Plan Documents, the Schedule of Benefits or Official Plan Documents will govern.

Cancer Coverage Rider for SB/A CoOp MVP Plans

Preventative Screening Tests and/or Procedures

Subject to MVP Plan coverage provisions

Hospital Confinement and Surgery

Limited to confinement period selected per MVP Plan provisions

Drugs and Medicines (While in the Hospital)

Generic and Brand Drugs per MVP Plan coverage provisions

Physician Visits

Primary and specialist visits subject to MVP Plan coverage provisions.

Benefits for Radiotherapy, Chemotherapy, or Immunotherapy

Treatment can be inpatient or outpatient facilities. Rider covers 20 treatments at 80% up to the MVP Plan stated out of pocket maximum. Rider covers up to \$100,000 of Radio, Chemo, and Immunotherapies. Payments will be made only when treatments are administered by or under the direction of a certified Oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system.

Large Group Eligibility is Subject to SB/A Approval - Mandatory for All Enrollees

Participation, Plan Provisions, and Exclusions

Participation Guidelines:

Participation Requirement Options Subject to Stated Product Minimums

Option 1: If the CoOp product is the only product, the participation requirement is 70% of Eligible Full-Time Employees, subject to the approval by the CoOp. Other provisions apply.

Option 2: If the CoOp plan is a secondary offering with another BUCA product, the participation requirement is 25% of Eligible Full-Time Employees. No Credit for less Verifiable Qualified ACA Coverage Elsewhere. Other provisions apply.

Provisions:

- MVP Bronze, Silver, and Gold Plan has provisions and exclusions that may impact eligibility for enrollee benefits.
- Prior-authorization is required for Major Diagnostic, In/Out Patient Surgery and Hospitalization.
- 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 except if deployed on active duty;
- 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

Employer Group MVP Rates 100+ EE



MVP PLAN BRONZE PLUS

Tier	Bronze Plus	HI Extension	Cancer Rider	Premium
Employee Only	\$471.99	\$30.64	\$40.00	\$542.63
Employee + Spouse	\$723.52	\$57.46	\$50.00	\$830.98
Employee + Child(ren)	\$686.18	\$55.56	\$45.00	\$786.74
Employee + Family	\$902.87	\$88.97	\$55.00	\$1,046.84

MVP PLAN SILVER

Tier	Silver	HI Extension	Cancer Rider	Premium
Employee Only	\$565.08	\$25.44	\$40.00	\$630.52
Employee + Spouse	\$891.89	\$47.05	\$50.00	\$988.94
Employee + Child(ren)	\$842.84	\$45.51	\$45.00	\$933.35
Employee + Family	\$1,123.10	\$72.38	\$55.00	\$1,250.48

MVP PLAN GOLD

Tier	Gold	HI Extension	Cancer Rider	Premium
Employee Only	\$668.15	\$18.13	\$40.00	\$726.28
Employee + Spouse	\$1,084.23	\$29.77	\$50.00	\$1,164.00
Employee + Child(ren)	\$1,021.96	\$31.33	\$45.00	\$1,098.29
Employee + Family	\$1,363.28	\$49.03	\$55.00	\$1,467.31