



AN AFFORDABLE ACA QUALIFIED AND ERISA COMPLIANT HEALTH PLAN SOLUTION

FMA FREEDOM SELECT PLANS

Plans A, B, and B250

Includes Minimum Essential Coverage
plus Preventive Care Benefits


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

**SERVICE
FLEXIBILITY
INTEGRITY**

Sponsored by:
SB/A Cooperative

Administered by:
Free Market Administrators, LLC

FMA
FREE MARKET
ADMINISTRATORS

SERVE YOU 

Partners of FMA Freedom Select Plans

Free Market Administrators, LLC

Free Market Administrators, LLC (FMA) is a Third Party Administrator headquartered in Addison, Texas.

- FMA was created with over 100 years of experience in health care at the Senior Executive Level.
- FMA is committed to creating value for our broad client base of both fully insured, major medical, and self-funded clients.
- FMA remains focused on not only exceeding the highest ethical standards and upholding the utmost integrity for our clients, but also redefining the way our clients look at the world of health care benefits.
- FMA has over 40,000 members
- FMA works with all major leasable PPO networks plus access to Reference Based Pricing.

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 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 health plan for sponsoring employers offered in conjunction

with Preventive Care Benefits. The employer’s claim exposure is protected via an “Aggregate Stop Loss Fund (ASLF).”

Each SB/A CoOp Employer Member has its own SB/A Cooperative Sponsored Freedom Plan funded claim account administered by Free Market Administrators, the Plan Administrator. The employer’s maximum claim liability is limited to the 12-month level funding of its claim account.

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.”

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 (\$2.00/month).
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 SB/A Sponsored Freedom Plan Employee Enrollment Form. For larger employer groups, Employers can submit an electronic eligibility spreadsheet.

Annual Maximum Benefit Individual \$10,000 Family \$20,000	<h1 style="margin: 0;">FMA Freedom Select Plan A</h1> <h2 style="margin: 0;">Summary Plan of Coverage</h2>	Requires 3 or more Enrolled
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PPO Network	PHCS / PNOAe
BASIC BENEFITS	
Deductible - Individual / Family	None
Telemedicine – 24 Hr Virtual Clinic Includes 3 Behavioral Health Consultations per plan year	\$0 Copay for Telemedicine
Primary Care Physician (PCP) Office Visits Providers limited to Family Practice, Internal Medicine, Pediatrician, OB/GYN – office and other outpatient services.	3 PCP Visits at \$20 Copay per person per year. All other visits subject to Coinsurance.
Specialist Care	Subject to Coinsurance
Prescription Drugs Generic / Brand	Subject to Coinsurance \$500 Maximum on any Prescription/mo.
Inpatient & Outpatient Hospital	Subject to Coinsurance
Behavioral Health Care Inpatient/Outpatient Limited to 30 Days	Subject to Coinsurance
Chiropractic Care (Limited to Spinal Adjustments)	Subject to Coinsurance
Medical Imaging & X-Ray	Subject to Coinsurance
Emergency Room & Ambulance	Subject to Coinsurance
Urgent Care Facility	Subject to Coinsurance
Durable Medical Equipment	Subject to Coinsurance
ACA Preventive Care Services - Minimum Essential Coverage (MEC) Adult, Women, Child - Immunization, Screenings, & Services MEC not subject to Annual Maximum or Coinsurance Percentages	Preventive Care coverage paid at 100%
Careington Dental & Vision Discounted Benefits provided by Free Market Administrators as an additional benefit.	Included at No Additional Cost Discount Fee Schedule
BASIC BENEFITS SUMMARY	
Coinsurance on Base Plan (Percentage of Covered Benefits by Plan)	50% of \$10,000
Annual Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Family
Annual Maximum Benefit Covered	\$10,000 Individual \$20,000 Family
Out of Network Coverage	See Provisions and Exclusions

Annual Maximum Benefit

Individual \$20,000

Family \$40,000

FMA Freedom Select Plan B
Summary Plan of Coverage
Requires 3 or more Enrolled

PPO Network	PHCS / PNOAe
BASIC BENEFITS	
Deductible - Individual / Family	None
Telemedicine – 24 Hr Virtual Clinic Includes 3 Behavioral Health Consultations per plan year	\$0 Copay for Telemedicine
Primary Care Physician (PCP) Office Visits Providers limited to Family Practice, Internal Medicine, Pediatrician, OB/GYN – office and other outpatient services.	3 PCP Visits at \$20 Copay per person per year. All other visits Subject to Coinsurance.
Specialist Care	Subject to Coinsurance
Prescription Drugs Generic / Brand	Subject to Coinsurance \$500 Maximum on any Prescription/mo.
Inpatient & Outpatient Hospital	Subject to Coinsurance
Behavioral Health Care Inpatient/Outpatient Limited to 30 Days	Subject to Coinsurance
Chiropractic Care (Limited to Spinal Adjustments)	Subject to Coinsurance
Medical Imaging & X-Ray	Subject to Coinsurance
Emergency Room & Ambulance	Subject to Coinsurance
Urgent Care Facility	Subject to Coinsurance
Durable Medical Equipment	Subject to Coinsurance
ACA Preventive Care Services - Minimum Essential Coverage (MEC) Adult, Women, Child - Immunization, Screenings, & Services MEC not subject to Annual Maximum or Coinsurance Percentages	Preventive Care coverage paid at 100%
Careington Dental & Vision Discounted Benefits provided by Free Market Administrators as an additional benefit.	Included at No Additional Cost Discount Fee Schedule
BASIC BENEFITS SUMMARY	
Coinsurance on Base Plan (Percentage of Covered Benefits by Plan)	50% of First \$10,000 80% of Next \$10,000
Annual Out-of-Pocket Maximum	\$7,000 Individual \$14,000 Family
Annual Maximum Benefit Covered	\$20,000 Individual \$40,000 Family
Out of Network Coverage	See Provisions and Exclusions

Annual Maximum Benefit Individual \$20,000 / Family \$40,000 Plus \$250,000 / \$500,000 Catastrophic	<h2 style="margin: 0;">FMA Freedom Select Plan B250</h2> <h3 style="margin: 0;">Summary Plan of Coverage</h3>	Requires 5 or more Enrolled
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PPO Network	PHCS / PNOAe
BASIC BENEFITS (Base Plan)	
Deductible - Individual / Family	None
Telemedicine – 24 Hr Virtual Clinic Includes 3 Behavioral Health Consultations per plan year	\$0 Copay for Telemedicine
Primary Care Physician (PCP) Office Visits Providers limited to Family Practice, Internal Medicine, Pediatrician, OB/GYN – office and other outpatient services.	3 PCP Visits at \$20 Copay per person per year. All other visits Subject to Coinsurance.
Specialist Care	Subject to Coinsurance
Prescription Drugs Generic / Brand	Subject to Coinsurance \$500 Maximum on any Prescription/mo.
Inpatient & Outpatient Hospital	Subject to Coinsurance
Behavioral Health Care Inpatient/Outpatient Limited to 30 Days	Subject to Coinsurance
Chiropractic Care (Limited to Spinal Adjustments)	Subject to Coinsurance
Medical Imaging & X-Ray	Subject to Coinsurance
Emergency Room & Ambulance	Subject to Coinsurance
Urgent Care Facility	Subject to Coinsurance
Durable Medical Equipment	Subject to Coinsurance
ACA Preventive Care Services - Minimum Essential Coverage (MEC) Adult, Women, Child - Immunization, Screenings, & Services MEC not subject to Annual Maximum or Coinsurance Percentages	Preventive Care coverage paid at 100%
Careington Dental & Vision Discounted Benefits provided by Free Market Administrators as an additional benefit.	Included at No Additional Cost Discount Fee Schedule

BASIC BENEFITS PLUS CATASTROPHIC SUMMARY	
Coinsurance on Base Plan (Percentage of Covered Benefits by Plan)	50% of First \$10,000 80% of Next \$10,000
Annual Out-of-Pocket Maximum	\$7,000 Individual \$14,000 Family
Annual Maximum Benefit Covered	\$20,000 Individual \$40,000 Family
Out of Network Coverage	See Provisions and Exclusions
Catastrophic Coverage	\$250,000 Individual / \$500,000 Family See Pages 6 & 7 for detail

FMA Freedom Select Plan B250 \$250,000 / \$500,000 Catastrophic Summary Plan of Coverage

\$250,000 / \$500,000 Catastrophic Benefits for Employers with 5 or more Enrolled

Benefit Amounts & Maximums	Benefit Amounts
Deductible	\$20,000 Deductible per Program Year
Single / Family Deductible Maximum per year	Single \$20,000 / Family \$40,000
Annual Benefit Maximum	\$250,000 Individual / \$500,000 Family
Lifetime Benefit Maximum	\$500,000 Individual / \$1,000,000 Family
Benefit Details	
Network Access	No Network (Reference Based Pricing)
Providers / Facilities	No Provider Restrictions
Emergency Room / Ambulance	Deductible Applies
PCP Visits, Specialist Visits, Urgent Care	No Benefit
Diagnostic / X-Ray / Labs	100% After Deductible
Hospitalization	100% After Deductible
Surgery Inpatient / Outpatient	2 month waiting period applies (no wait for life threatening emergencies) <ul style="list-style-type: none"> • 100% after Deductible is met, up to Max. per Year • No network requirements (Reference Based Pricing)

FMA Freedom Select Plan B250 \$250,000 / \$500,000 Catastrophic FAQs

Q. Are pre-existing conditions eligible for benefits on the Catastrophic program?

A. If an employee enrolls with a medical condition that would be considered a pre-existing condition, it will not be covered for the first 12 months from the program effective date.

For example, if a person was treated for a heart condition in the 12 months prior to the program effective date, that would be considered a pre-existing condition. The program would not cover expenses for any services or treatments related to that person's heart condition for the first 12 months the employee is enrolled into the program.

Q. If an employee has a large family, are they eligible for the Catastrophic program?

A. Yes, families of any size are eligible.

Q. Does this program use a specific network?

A. No, medical expenses are paid directly to the hospital at referenced-based pricing reimbursement levels.

Q. Does Catastrophic allow inpatient hospital-based medical expenses?

A. The plan will allow the following inpatient hospital-based medical expenses for employees of this enhanced benefit level:

- Inpatient surgery (excludes elective surgeries)
- Hospital stays for inpatient substance abuse and mental health

Q. If Employees move to another state, will they be able to continue in the Catastrophic program?

A. Yes, employees will continue in their benefit program if they move to another state.

Note: The program is not available outside the United States and may not be used while traveling or relocating outside the United States.

Q. Are Employees allowed to make changes to their Catastrophic program?

A. Employees may only make changes to their program on their Annual Enrollment Date or if they experience a Qualified Event.

A Qualified Event is one of the following:

- Change in legal marital status – marriage, divorce, annulment, death of a spouse or legal separation
- Change in dependent children – birth, adoption, legal guardianship, or death of a child
- Loss of spousal coverage – loss of job, etc.
- Dependent children “age out” – child's age exceeds the age limitations of the membership

Q. What happens when an employee turns 65 years old?

A. Their benefits will be terminated at midnight on the day of their 65th birthday.

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%
Preventative Care	Covered at 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

- Preventative Care, Wellness Visits, Pap Smears, Flu Shots, Immunizations, and more
- Primary Care, Specialist, and Urgent Care Visits Plus X-rays, CT and MRI Scans, Lab and Diagnostic Services
- Prescription Drugs – ACA at 100% (includes Birth Control), plus all others at indicated co-insurance up to threshold limit using the Serve You Rx pharmacy card at your favorite pharmacy
- Inpatient/Outpatient Behavioral Health Care benefits limited to 30 days
- Pharmacy benefits are eligible for Rx discounts above base plan threshold
- Pharmacy prescription coverage is limited to \$500 per prescription per month
- Employee must be actively at work, not be hospitalized, and not be out on a Workman’s Comp claim for their coverage to be effective on their initial effective date
- Out-of-network provider charges will be subject to negotiated reimbursement and covered member may be subject to balance billing by the provider
- Certificates of coverage cannot be changed for 12 months from effective date except as regulated by law
- No Medical Underwriting is required
- No Pre-Existing Condition clauses apply to Plan A
- Pre-Existing Condition clauses apply to Plan B and Plan B250.
- Pre-Existing Conditions - A Pre-Existing condition is any medical condition for which you experience signs, symptoms, testing, treatment or take medication for, before enrolling. Any condition(s), as defined above, that was present 12-months prior to the policy effective date will be considered pre-existing condition(s) and ineligible for coverage during a period of 12-months from the policy effective date. Primary Care, Urgent Care, and Preventative visits, and Non-Specialty Prescriptions are not subject to the pre-existing condition(s).
- No Waiting Periods apply to Basic Benefit provisions
- All medical claims over \$5,000 are subject to claims auditor review for medical necessity, permissibility, and appropriateness of charges.
- Plans A and B are available to employer groups with 3 or more enrolled.
- Plan B250 is available to employer groups with 5 or more enrolled.
- Patient is eligible for “Contractual Discounts” in excess of Annual Maximum benefits as “Patient Pay Responsibility.”
- Maternity inpatient hospital and outpatient services are effective 10 months after the effective date.

Exclusions from coverage:

- Any hospital confinement that began on or before the effective date is excluded from plan coverage
- Workers Compensation injuries and illness
- Cosmetic surgery procedures – exceptions to some reconstructive surgeries
- Bariatric/Gastric Sleeve surgery
- Sex transformation / change surgery



FMA Freedom Select Plans A and B

EMPLOYER APPLICATION

Plan A: PCP MEC \$10,000 Individual / \$20,000 Family

	No. Enrolled	Fixed Cost	+	Claim Account	+	Total Cost	
Age 18 to 49 years (Employee Age)							
Employee Only	_____	\$169.00	+	\$76.00	=	\$245.00	_____
Employee + 1	_____	\$207.00	+	\$171.00	=	\$378.00	_____
Employee + Family	_____	\$244.00	+	\$243.00	=	\$487.00	_____
Age 50 to 64 years (Employee Age)							
Employee Only	_____	\$169.00	+	\$99.00	=	\$268.00	_____
Employee + 1	_____	\$207.00	+	\$218.00	=	\$425.00	_____
Employee + Family	_____	\$244.00	+	\$311.00	=	\$555.00	_____
Plan A Total Monthly Cost							_____

Plan B: PCP MEC \$20,000 Individual / \$40,000 Family

	No. Enrolled	Fixed Cost	+	Claim Account	+	Total Cost	
Age 18 to 49 years (Employee Age)							
Employee Only	_____	\$189.00	+	\$145.00	=	\$334.00	_____
Employee + 1	_____	\$237.00	+	\$265.00	=	\$502.00	_____
Employee + Family	_____	\$289.00	+	\$364.00	=	\$653.00	_____
Age 50 to 64 years (Employee Age)							
Employee Only	_____	\$189.00	+	\$245.00	=	\$434.00	_____
Employee + 1	_____	\$237.00	+	\$366.00	=	\$603.00	_____
Employee + Family	_____	\$289.00	+	\$570.00	=	\$799.00	_____
Plan B Total Monthly Cost							_____



Employees Qualify to Enroll in the Plans if:

- They are actively working
- They are not currently hospitalized
- They are not out on a Workman's Comp claim at the time of effective date

FMA Freedom Select Plan B250 Rates

EMPLOYER APPLICATION

Plan B250: PCP MEC \$20,000 Individual / \$40,000 Family
with Addl. \$250,000 Individual / \$500,000 Family Catastrophic Coverage

	No. Enrolled	Fixed Cost	+	Claim Account	+	Total Cost	
<i>Age 18 to 39 years (Employee Age)</i>							
Employee Only	_____	\$203.00	+	\$195.00	=	\$398.00	_____
Employee + 1	_____	\$257.00	+	\$391.00	=	\$648.00	_____
Employee + Family	_____	\$309.00	+	\$553.00	=	\$862.00	_____
<i>Age 40 to 49 years (Employee Age)</i>							
Employee Only	_____	\$203.00	+	\$245.00	=	\$448.00	_____
Employee + 1	_____	\$257.00	+	\$474.00	=	\$737.00	_____
Employee + Family	_____	\$309.00	+	\$681.00	=	\$990.00	_____
<i>Age 50 to 59 years (Employee Age)</i>							
Employee Only	_____	\$203.00	+	\$308.00	=	\$511.00	_____
Employee + 1	_____	\$257.00	+	\$578.00	=	\$835.00	_____
Employee + Family	_____	\$309.00	+	\$753.00	=	\$1,062.00	_____
<i>Age 60 to 64 years (Employee Age)</i>							
Employee Only	_____	\$203.00	+	\$358.00	=	\$561.00	_____
Employee + 1	_____	\$257.00	+	\$613.00	=	\$870.00	_____
Employee + Family	_____	\$309.00	+	\$936.00	=	\$1,245.00	_____
Plan B250 Total Monthly Cost							_____
Plans A, B, and B250 Grand Total Monthly Cost							_____

FMA Freedom Select Plan Employer Application

SIGNATURE REQUIRED

Broker Name (print) _____

Date of Acceptance _____

Employer Group Name _____

Effective Date of Plan _____

Authorized Employer Signature _____

Employer Name Printed _____