

AN AFFORDABLE HEALTH PLAN

USA HEALTH PLANS

ADVANTAGE Silver Plan

with Cancer Rider and HI Extension

Includes Minimum Essential Coverage

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

Subject to Medical Risk Questionnaire and Not Guaranteed Issue

SERVICE
FLEXIBILITY
INTEGRITY

Facilitated by:
SB/A Cooperative
Administered by:
The Loomis Company

SBA CO-OP
SINCE 2017
AFFORDABLE HEALTH CARE

SERVE YOU Rx

Advantage Silver Plan

Summary Plan of Benefits

SILVER

PPO Network	First Health
Deductible	None (*Deductible may apply to Brand Rx)
Out-of-pocket Maximum	Individual $6,000 / Family $12,000
ACA Preventive & Wellness	Covered 100%
Telemedicine	$0 Co-Pay
PROFESSIONAL SERVICES BENEFITS	
Physician's Office Visits Includes family and general physician, internist and OB/GYN physician	$50 Co-Pay, then 100% up to $500 Limited to six (6) visits per plan year
Specialist's Office Visits	$75 Co-Pay, then 100% up to $500 Limited to six (6) visits per plan year combined with mental health and substance abuse office visits
Urgent Care	$75 Co-Pay, then 100% up to $500 Limited to three (3) visits per plan year
Diagnostic X-ray & Laboratory Expenses *Non-hospital based*	$75 Co-Pay, then 100% up to $500 Limited to six (6) tests/procedures per plan year
Advanced Imaging	$500 Co-Pay, then 100% up to $2,500 Limited to two (2) visit per plan year
REHABILITATION THERAPY BENEFITS	
Physical Therapy	$75 Co-Pay, then 100% up to $500 Limited to a combined six (6) visits per plan year
Occupational Therapy	$75 Co-Pay, then 100% up to $500 Limited to a combined six (6) visits per plan year
SURGICAL SERVICES BENEFITS	
Office	$75 Co-Pay, then 100% up to $500 Limited to two (2) procedure per plan year
Outpatient Facility and Professional Fees	$500 Co-Pay, then 100% up to combined $25,000 Limited to two (2) procedure per plan year
Inpatient	$500 Co-Pay, then 100% up to combined $50,000 Limited to two (2) procedures per plan year
HOSPITAL BENEFITS	
Emergency Room	$1,500 Co-Pay then 100% up to $10,000 Limited to two (2) visit per plan year Co-Pay waived if admitted
Inpatient Hospitalization & ICU	$500 Co-Pay per day Seven (7) Days Maximum per Year Plan plays 100% after Co-Pay during first 7 days
Inpatient Hospitalization & ICU *Additional Benefit - See HI Extension Program on page 4	Plan pays $2,000 per day, up to 365 days Day 8 through Discharge Date
Maternity Global Services *Includes, but is not limited to facility, professional and physician fees for uncomplicated maternity related care.*	$3,000 Co-Pay, then 100%

Advantage Silver Plan

Summary Plan of Benefits *continued ...*

SILVER

MENTAL HEALTH & SUBSTANCE ABUSE BENEFITS		
Mental Health Treatment (Office Setting)	$75 Co-Pay, then 100% up to $500 Limited to five (5) visits per plan year combined with mental health and substance abuse and specialist office visits	
Inpatient Mental Health Treatment	$1,500 Co-Pay per Day, then 100% Limited to seven (7) days per plan year combined with inpatient hospital due to medical and surgical services, inpatient mental health hospitalization and inpatient substance abuse	
Substance Abuse Treatment (Office Setting)	$75 Co-Pay, then 100% up to $500 Limited to seven (7) visits per plan year combined with mental health and substance abuse and specialist office visits	
Inpatient Substance Abuse Treatment	$1,500 Co-Pay per Day, then 100% Limited to seven (7) days per plan year combined with inpatient hospital due to medical and surgical services, inpatient mental health hospitalization and inpatient substance abuse	
MISCELLANEOUS SERVICES & SUPPLIES BENEFITS		
Home Health Care	$75 Co-Pay, then 100% up to $500 Limited to seven (7) visits per plan year	
Ambulance Service	$500 Co-Pay, then 100% up to $3,000 Limited to one (1) ambulance trip per plan year Air Ambulance is Excluded	
Clinical Trials	Paid as any other benefit	
PRESCRIPTION DRUG BENEFITS *(available through a separate Pharmacy Benefit Manager)*		
Plan Year Deductible: Per Covered Person	$500	$500
	Retail Covered Person Pays 30-day supply (After Deductible)	**Mail-Order Covered Person Pays Up to 90-day supply (After Deductible)**
Generic* (tier-1)	50% (Deductible Waived)	50% (Deductible Waived)
Preferred Brand (tier-2)	50%	50%
Non-Preferred (tier-3)	50%	50%
Specialty Medications (tier-4)**	Not Covered	Not Covered

Cancer Coverage Rider

for Advantage Silver Plans

Cancer Rider is Included in the Advantage Plan Rates

Rider Coverage - Radiotherapy, Chemotherapy, or Immunotherapy

- Treatment can be inpatient or outpatient facilities. Rider covers up to 10 treatments at 80% - member pays 20%. Rider covers up to $25,000 of Radiotherapy, Chemotherapy, and Immunotherapy eligible expenses subject to member 20% coinsurance. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist using mixed vaccines designed to stimulate the immune system.

Cancer Rider Qualifications:

- Rider is not voluntary and must be required on all offered SB/A Advantage plans

Limitations and Exclusions:

- Chemotherapy and Immunotherapy benefits are subject to a five (5) year pre-existing condition limitation for Cancer of any type. Any cancer diagnosed or treated, or for which medical advice or treatment was recommended or received from a Physician, is considered a pre-existing condition until sixty (60) months have passed from the last date of treatment. This includes the existence of symptoms prior to the Effective Date of coverage that would cause an ordinarily prudent person to seek diagnosis, care, or treatment. Once the Insured has completed this sixty (60) month period, cancer will no longer be considered a pre-existing condition under the Cancer Coverage Rider and will be eligible for coverage subject to all other terms, limitations, and exclusions of the Plan.
- A pre-existing condition can exist even though a diagnosis has not yet been made.

HI Extension Program

for Advantage Plan Designs

Guaranteed Acceptance



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.

Advantage Programs are affordable andomprehensive for individuals. However, recognizing these programs have some limitations, the HI Extension Program 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 Advantage plan's hospital benefits are exhausted.

HI Extension	Benefit / Reimbursement Amount	Elimination / Waiting Period	Limitation
Silver HI Extension for Advantage 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)

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.

Minimum Essential Coverage ACA Annual Benefits

All 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 as Provided in the Affordable Care Act MEC		
1. Abdominal Aortic Aneurysm	9. Diet Counseling	Covered at 100%
2. Alcohol Misuse	10. Obesity	Covered at 100%
3. Aspirin	11. Sexually Transmitted Infection (STI)	Covered at 100%
4. Blood Pressure	12. Syphilis	Covered at 100%
5. Cholesterol	13. HIV	Covered at 100%
6. Colorectal Cancer	14. Tobacco Use	Covered at 100%
7. Depression	15. Immunization Vaccines	Covered at 100%
8. Type 2 Diabetes		Covered at 100%
Women Preventative Services – Screenings and Services Listed Below are Eligible		
1. Anemia	12. Gestational Diabetes	Covered at 100%
2. Bacteriuria Urinary Tract	13. Gonorrhea	Covered at 100%
3. BRCA	14. Hepatitis B	Covered at 100%
4, Breast Cancer Mammography	15. Human Immunodeficiency Virus (HIV)	Covered at 100%
5. Breast Cancer Chemoprevention	16. Human Papillomavirus (HPV) DNA Test	Covered at 100%
6. Breastfeeding	17. Osteoporosis	Covered at 100%
7. Cervical Cancer	18. Rh Incompatibility	Covered at 100%
8. Chlamydia Infection	19. Tobacco Use	Covered at 100%
9. Contraception	20. Sexually Transmitted Infections (STI)	Covered at 100%
10. Domestic and Interpersonal Violence	21. Syphilis	Covered at 100%
11. Folic Acid Supplements	22. Well Woman Visits	Covered at 100%
Child Preventative Services – Screenings and Services Listed Below are Eligible		
1. Alcohol and Drug Use	14. Hematocrit or Hemoglobin	Covered at 100%
2. Autism	15. Hemoglobinopathies or Sickle Cell	Covered at 100%
3. Behavioral	16. HIV	Covered at 100%
4. Blood Pressure	17. Immunization Vaccines	Covered at 100%
5. Cervical Dysplasia	18. Iron Supplements	Covered at 100%
6. Congenital Hypothyroidism	19. Lead Exposure	Covered at 100%
7. Depression	20. Medical History	Covered at 100%
8. Developmental	21. Obesity	Covered at 100%
9. Dyslipidemia	22. Oral Health	Covered at 100%
10. Fluoride Supplements	23. Phenylketonuria (PKU)	Covered at 100%
11. Gonorrhea	24. Sexually Transmitted Infection	Covered at 100%
12. Hearing	25. Tuberculin Testing	Covered at 100%
13. Height, Weight and Body Mass Index	26. Vision	Covered at 100%

Plan Provisions and Exclusions

Plan Provisions:

- Advantage Silver Plans have provisions and exclusions that may impact eligibility for enrollee benefits.
- Medically Underwritten and does not qualify as insurance.
- Plan covers services provided by First Health PPO network providers – non-First Health PPO providers are not covered by the plan.
- Conditions that existed or have been treated within 12 months prior to the members' coverage effective date are excluded for 12 months from the members' coverage effective date – the exclusion applies to:
    - Inpatient and outpatient facilities for medical, surgical, substance abuse and mental health services, Maternity Services and Birthing, Home Health Care, Emergency Room Services, Advanced Imaging, Physical and Occupational Therapy, Preferred Brand (Tier 2) and Non-Preferred Brand (Tier 3) prescriptions;
- Intensive Care Unit, Cardiac Care Unit, and Neonatal Intensive Care Unit (ICU, CCU, and NICU) charges are covered at standard semi-private room rates.
- Maternity Genetic Testing is limited to a $500 allowable amount upon being eligible per pregnancy.
- Emergency Room Co-Pay is waived if admitted, however the Inpatient Services are subject to the Co-Pay per Day.
- All Rehabilitation Therapy Benefits, Surgical Services, Hospital Benefits, and Mental Health & Substance Abuse Benefits are subject to Medical Necessity and Prior Authorization approval by the claim's administrator.
- All Inpatient and Outpatient Facility services are subject to pre-notification and prior authorization approval by plan administrator.
- Visit limitations apply – consult benefit summary.
- Eligible prescription drugs are subject to $500 allowable amount per 30-day retail prescription per month ($1500 allowable amount per 90-day prescription) – The $500 30-day and $1500 90-day allowable amount is subject to member 50% coinsurance. Amounts more than the allowable amount are member responsibility.

Benefit Exclusions:

- Outpatient Drugs, Kidney Dialysis, Chemotherapy, and all other Infusion Therapy is excluded from coverage under Outpatient Benefit Provisions, except as provided for under Cancer Coverage Rider;
- Surgery and treatment, procedures, products, or services that are experimental or investigative;
- Medical treatment related to self-inflicted injury and 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 and hormone medications;
- 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.

ADVANTAGE SILVER PLAN RATES with Cancer Rider Included



Note: Cancer Rider is included in Rates Below

ADVANTAGE SILVER PLAN:

Tier	Silver	HI Extension	Monthly Total
Individual Only	$653.56	$25.44	**$679.00**
Individual + Spouse	$1,092.95	$47.05	**$1,140.00**
Individual + Child(ren)	$1,029.49	$45.51	**$1,075.00**
Individual + Family	$1,357.62	$72.38	**$1,430.00**



2027 | MEMBER RATE & BENEFIT GUIDE

CLASSIC TRIAD

Health plan options featuring access to the Cigna PPO Network

COMPARE BENEFITS • EXPLORE PREMIUMS

TRIAD BENEFITS

Includes the **Cigna PPO** Network

A CLASSIC APPROACH TO HEALTH PLAN CHOICE

COMPARE YOUR IN-NETWORK BENEFITS

Calendar-year deductibles | Individual / Family amounts shown

In network benefits	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Deductible *(Individual / Family)*	$1,000 / $2,000	$1,500 / $3,000	$2,500 / $5,000	$3,500 / $7,000	$5,000 / $10,000	$3,500 / $7,000	$5,000 / $10,000	$7,350 / $14,700
Max Out of Pocket	$5,000 / $10,000	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700
Preventative	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care	$20	$30	$30	$45	$45	Ded + 20%	Ded + 20%	$50
Specialist	$40	$60	$60	$90	$90	Ded + 20%	Ded + 20%	$100
Urgent Care	$40	$60	$60	$90	$90	Ded + 20%	Ded + 20%	$100
Chiropractor	$20	$20	$20	$20	$20	Ded + 20%	Ded + 20%	$20
Mental Health	$30	$30	$30	$45	$45	Ded + 20%	Ded + 20%	$50
Blood / Lab / Imaging	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Hospital	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Surgery	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Outpatient Treatment	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Prescription Drugs *(Generic / Brand / Non-Preferred Brand / Specialty)*	$15 / $45 / $85 / 50%	$15 / $45 / $85 / 50%	$15 / $45 / $85 / 50%	$15 / $65 / $100 / 50%	$15 / $65 / $100 / 50%	$15 / $65 / $100 / 50% after Deductible	$15 / $65 / $100 / 50% after Deductible	$15 / $65 / $100 / 50%
Lifetime Maximum	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit

Ded = deductible. Copay plan and HSA plan cost sharing varies by service. Full plan terms, limitations and exclusions are governed by official plan documents.

2027 CLASSIC TRIAD MONTHLY PREMIUMS

Pre-underwritten illustrative monthly rates | Medical underwriting and approval required

AGES 18 TO 39

COVERAGE	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Employee Only	$908.55	$857.42	$809.63	$764.98	$723.24	$694.85	$667.81	$642.05
Employee + Spouse	$1,690.32	$1,589.55	$1,495.38	$1,407.36	$1,325.10	$1,269.15	$1,215.85	$1,165.10
Employee + Children	$1,538.57	$1,447.73	$1,362.83	$1,283.48	$1,209.33	$1,158.89	$1,110.84	$1,065.09
Employee + Family	$2,467.11	$2,316.70	$2,176.13	$2,044.76	$1,921.98	$1,838.46	$1,758.91	$1,683.15

AGES 40 TO 49

COVERAGE	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Employee Only	$973.76	$918.36	$866.59	$818.21	$772.99	$742.23	$712.93	$685.03
Employee + Spouse	$1,820.74	$1,711.44	$1,609.29	$1,513.82	$1,424.60	$1,363.91	$1,306.10	$1,251.05
Employee + Children	$1,655.94	$1,557.43	$1,465.35	$1,379.30	$1,298.88	$1,244.17	$1,192.07	$1,142.44
Employee + Family	$2,662.74	$2,499.53	$2,347.00	$2,204.45	$2,071.22	$1,980.60	$1,894.28	$1,812.08

APPROVAL IS NOT GUARANTEED. | POTENTIAL UNDERWRITING ADJUSTMENTS (HIGHER OR LOWER)

Employee Only: $100/month Employee + Spouse: $200/month Employee + Children: $200/month Employee + Family: $300/month

2027 CLASSIC TRIAD MONTHLY PREMIUMS

Pre-underwritten illustrative monthly rates | Medical underwriting and approval required

AGES 50 TO 59

COVERAGE	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Employee Only	$1,047.92	$987.67	$931.36	$878.74	$829.56	$796.11	$764.25	$733.90
Employee + Spouse	$1,969.06	$1,850.05	$1,738.83	$1,634.89	$1,537.75	$1,471.67	$1,408.73	$1,348.79
Employee + Children	$1,789.43	$1,682.18	$1,581.94	$1,488.26	$1,400.71	$1,341.15	$1,284.43	$1,230.41
Employee + Family	$2,885.21	$2,707.45	$2,541.32	$2,386.05	$2,240.95	$2,142.24	$2,048.23	$1,958.69

AGES 60 TO 64

COVERAGE	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Employee Only	$1,171.80	$1,103.45	$1,039.57	$979.87	$924.07	$886.12	$849.97	$815.54
Employee + Spouse	$2,216.82	$2,081.61	$1,955.24	$1,837.14	$1,726.77	$1,651.68	$1,580.17	$1,512.07
Employee + Children	$2,012.42	$1,890.58	$1,776.71	$1,670.29	$1,570.83	$1,503.17	$1,438.73	$1,377.37
Employee + Family	$3,256.86	$3,054.79	$2,865.93	$2,689.43	$2,524.48	$2,412.26	$2,305.39	$2,203.61

APPROVAL IS NOT GUARANTEED. | TYPICAL UNDERWRITING ADJUSTMENTS (HIGHER OR LOWER)

Employee Only: $100/month **Employee + Spouse: $200/month** **Employee + Children: $200/month** **Employee + Family: $300/month**

IMPORTANT PLAN INFORMATION

CALENDAR-YEAR DEDUCTIBLES

Deductibles are measured on a calendar-year basis, January 1 through December 31. The benefit comparison shows individual and family deductibles.

MEDICAL UNDERWRITING

Approval is not guaranteed. Upon approval, the plan guarantees coverage, benefits, and premiums for a 12-month period.

CIGNA PPO NETWORK

Classic Triad includes access to the Cigna PPO provider network. Cigna is the network provider, not the insurance company or the insurer of these benefits.

ABOUT THIS GUIDE

This is a general marketing summary, not a Schedule of Benefits. Actual benefits, exclusions, limitations and terms are governed by the applicable official plan documents.

CLASSIC TRIAD | 2027 PLAN OPTIONS

USA SM HEALTH PLANS

Select Silver
Value Med Series



Select Silver 2750
Value Med Choice

Non-Tobacco Users Only

	Value Med Choice	
Telemedicine	**$0 Consult Fee** Unlimited	
Virtual Behavior Health	**$0 Consult Fee** Unlimited	
Preventive Services	**$Covered 100%** All ACA Preventive Services	**First Health Network** **Choose your Provider**
Primary Care Visits	**$50 Copay** Up to $500 per visit	**First Health Network** **Choose your Provider** **Click Here** Up to 9 Combined visits per year.
Urgent Care Visits	**$100 Copay** Up to $500 per visit	
Specialist Visits	**$75 Copay** Up to $500 per visit	
Diagnostic Labs	**$0 Copay** Unlimited	**Quest Diagnostics Only** **Click Here** for included labs
Prescription Drugs	**$0 Copay** 330 Prescription Drugs	**Fusion RX Formulary** **Click Here** *(Non-CA Residents)* **Best Choice RX** *(CA Residents Only)* Click Here *(250 Drugs)*
(MRA) Member Responsibility Amount	**Select Silver 2750**	
Imaging*	**100% Sharing** Subject to $2750 MRA per member **$1,000,000 Lifetime Maximum** Per Member	***No Network Restrictions** ***Pre-Existing Condition Limitations Apply** ***Maternity needs Excluded from Sharing.** **^12- Month wait for Cancer Treatment Sharing**
Physical Therapy*		
Surgery*		
Emergency Room*		
Hospital*		
Cancer Treatment *^		

Household Rates	Age 18-39	Age 40-49	Age 50-59	Age 60-64
Member Only	$424.00	$445.00	$499.00	$548.00
Member + Spouse	$618.00	$650.00	$769.00	$899.00
Member + 1 Child	$618.00	$650.00	$769.00	$899.00
Member + 2 to 4 Children	$694.00	$726.00	$829.00	$942.00
Member + Family	$785.00	$817.00	$920.00	$1,033.00

Members 6+ add $50 /mo.

Height & Weight Ratings: Apply to Primary Member & Spouse Only: **Click Here**

$8.95 /mo member dues added at checkout.
One Time $25 Ministry Donation & $75 Enrollment fee added at checkout.

This is not Insurance. Value Med Plans and Select Silver 2750 are separate offerings enrolled together. Select Silver 2750 is a CMS-Recognized HealthShare membership. **Please Note:** Refer to the Plan/Membership Guidelines for the official list of benefits, limitations, and exclusions. If differences exist, the Plan/Membership Guidelines shall govern. This page summary is for advertising purposes only. Document Expires 12-31-26

Select Silver 2750
Value Med Elite

Non-Tobacco Users Only

	Value Med Elite	
Telemedicine	**$0 Consult Fee** Unlimited	
Virtual Behavior Health	**$0 Consult Fee** Unlimited	
Preventive Services	**$Covered 100%** All ACA Preventive Services	**First Health Network** Choose your Provider
Primary Care Visits	**$35 Per Visit** Unlimited	**HeathCare2U (HC2u)** *(Pediatrics Excluded)* **Provider assigned at each Point of Service**
Urgent Care Visits	**$75 Per Visit** Unlimited	
Specialist Visits	N/A	
Diagnostic Labs	**$0 Copay** Unlimited	**Lab Corp Locations Only** **Click Here** for included labs
Prescription Drugs	**$1 Copay** 250 Prescription Drugs	**Best Choice RX Formulary** **Click Here**
(MRA) Member Responsibility Amount	**Select Silver 2750**	
Imaging*	**100% Sharing** Subject to $2750 MRA per member **$1,000,000 Lifetime Maximum** Per Member	***No Network Restrictions** ***Pre-Existing Condition Limitations Apply** ***Maternity needs Excluded from Sharing.** **^12- Month wait for Cancer Treatment Sharing**
Physical Therapy*		
Surgery*		
Emergency Room*		
Hospital*		
Cancer Treatment*^		

Household Rates	Age 18-39	Age 40-49	Age 50-59	Age 60-64
Member Only	$372.00	$393.00	$447.00	$496.00
Member + Spouse	$508.00	$540.00	$659.00	$789.00
Member + 1 Child	$518.00	$550.00	$669.00	$799.00
Member + 2 to 4 Children	$594.00	$626.00	$729.00	$842.00
Member + Family	$654.00	$686.00	$789.00	$902.00

Members 6+ add $50 /mo.

Height & Weight Ratings: Apply to Primary Member & Spouse Only: **Click Here**

$8.95 /mo member dues added at checkout.
One Time $25 Ministry Donation & $75 Enrollment fee added at checkout.

This is not Insurance. Value Med Plans and Select Silver 2750 are separate offerings enrolled together. Select Silver 2750 is a CMS-Recognized HealthShare membership. **Please Note:** Refer to the Plan/Membership Guidelines for the official list of benefits, limitations, and exclusions. If differences exist, the Plan/Membership Guidelines shall govern. This page summary is for advertising purposes only. Document Expires 12-31-26

Select Silver 2750
Value Med Access

Non-Tobacco Users Only

	Value Med Access	
Telemedicine	**$0 Consult Fee** Unlimited	
Virtual Behavior Health	**$0 Consult Fee** Unlimited	
Preventive Services	N/A	
Primary Care Visits	**$35 Per Visit** Unlimited	**HeathCare2U (HC2u)** *(Pediatrics Excluded)* **Provider assigned at each Point of Service**
Urgent Care Visits	**$75 Per Visit** Unlimited	
Specialist Visits	N/A	
Diagnostic Labs	**$0 Copay** Unlimited	**Lab Corp Locations Only** Click Here for included labs
Prescription Drugs	**$1 Copay** 250 Prescription Drugs	**Best Choice RX Formulary** Click Here
(MRA) Member Responsibility Amount	**Select Silver 2750**	
Imaging*	**100% Sharing** Subject to $2750 MRA per member **$1,000,000 Lifetime Maximum** Per Member	***No Network Restrictions** ***Pre-Existing Condition Limitations Apply** ***Maternity needs Excluded from Sharing.** **^12- Month wait for Cancer Treatment Sharing**
Physical Therapy*		
Surgery*		
Emergency Room*		
Hospital*		
Cancer Treatment *^		

Household Rates	Age 18-39	Age 40-49	Age 50-59	Age 60-64
Member Only	$293.00	$314.00	$368.00	$417.00
Member + Spouse	$392.00	$424.00	$543.00	$673.00
Member + 1 Child	$412.00	$444.00	$563.00	$693.00
Member + 2 to 4 Children	$488.00	$520.00	$623.00	$736.00
Member + Family	$514.00	$546.00	$649.00	$762.00

Members 6+ add $50 /mo.

Height & Weight Ratings: Apply to Primary Member & Spouse Only: Click Here

$8.95 /mo member dues added at checkout.
One Time $25 Ministry Donation & $75 Enrollment fee added at checkout.

This is not Insurance. Value Med Plans and Select Silver 2750 are separate offerings enrolled together. Select Silver 2750 is a CMS-Recognized HealthShare membership. **Please Note:** Refer to the Plan/Membership Guidelines for the official list of benefits, limitations, and exclusions. If differences exist, the Plan/Membership Guidelines shall govern. This page summary is for advertising purposes only. Document Expires 12-31-26

Select Silver 2750
Value Med Core

Non-Tobacco Users Only

	Value Med Core	
Telemedicine	**$0 Consult Fee** Unlimited	
Virtual Behavior Health	**$0 Consult Fee** Unlimited	
Preventive Services	N/A	
Primary Care Visits	N/A	
Urgent Care Visits	N/A	
Specialist Visits	N/A	
Diagnostic Labs	**$0 Copay** Unlimited	**Lab Corp Locations Only** **Click Here** for included labs
Prescription Drugs	**$5 Copay** 250 Prescription Drugs	**Best Choice RX Formulary** **Click Here**
(MRA) Member Responsibility Amount	**Select Silver 2750**	
Imaging*	**100% Sharing** Subject to $2750 MRA per member **$1,000,000 Lifetime Maximum** Per Member	***No Network Restrictions** ***Pre-Existing Condition Limitations Apply** ***Maternity needs Excluded from Sharing.** **^12- Month wait for Cancer Treatment Sharing**
Physical Therapy*		
Surgery*		
Emergency Room*		
Hospital*		
Cancer Treatment *^		

Household Rates	Age 18-39	Age 40-49	Age 50-59	Age 60-64
Member Only	$255.00	$276.00	$330.00	$379.00
Member + Spouse	$344.00	$376.00	$495.00	$625.00
Member + 1 Child	$349.00	$381.00	$500.00	$630.00
Member + 2 to 4 Children	$425.00	$457.00	$560.00	$673.00
Member + Family	$435.00	$467.00	$570.00	$683.00

Members 6+ add $50 /mo.

Height & Weight Ratings: Apply to Primary Member & Spouse Only: **Click Here**

$8.95 /mo member dues added at checkout.
One Time $25 Ministry Donation & $75 Enrollment fee added at checkout.

This is not Insurance. Value Med Plans and Select Silver 2750 are separate offerings enrolled together. Select Silver 2750 is a CMS-Recognized HealthShare membership. **Please Note:** Refer to the Plan/Membership Guidelines for the official list of benefits, limitations, and exclusions. If differences exist, the Plan/Membership Guidelines shall govern. This page summary is for advertising purposes only. Document Expires 12-31-26

Preventive Services

Included with: Value Med Choice & Elite

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
Annual Maximum of Covered Services	No Annual Maximum

Routine Well Care – As Provided Under the Affordable Care Act (ACA)

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%

Please Note: Refer to the Plan Guidelines for the official list of benefits, limitations, and exclusions. If differences exist, the Plan Guidelines shall govern.

Preventive Services

Included with: Value Med Choice & Elite

Minimum Essential Coverage (MEC Plan)
In-Network Provider (PPO) Only

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%

All services listed are Covered at 100% for In-Network (PPO) providers under the MEC Plan. Included with **Value Med Choice & Elite.**

Please Note: Refer to the Plan Guidelines for the official list of benefits, limitations, and exclusions.
If differences exist, the Plan Guidelines shall govern.

HC2u Direct Primary Care

Included In
Value Med Elite & Access

Eliminates barriers and simplifies the healthcare experience by providing unlimited, accessible, and cost-effective care.

Unlimited 24/7 Virtual Care

Unlimited access to licensed medical providers online or by phone, 24/7/365 for minor illnesses and injuries for a $0 consult fee. Consultations available in English and Spanish.

Unlimited In-Office Primary Care

Primary Care Office Visits with a $35 visit fee

Pediatric Physician visits are excluded

Unlimited Urgent Care

Urgent Care Visits with a $75 visit fee

Unlimited Chronic Disease Management

Management of 13 of the most common chronic disease states, alleviating the need for specialist visits

Members schedule all appointments through our Patient Advocacy Line

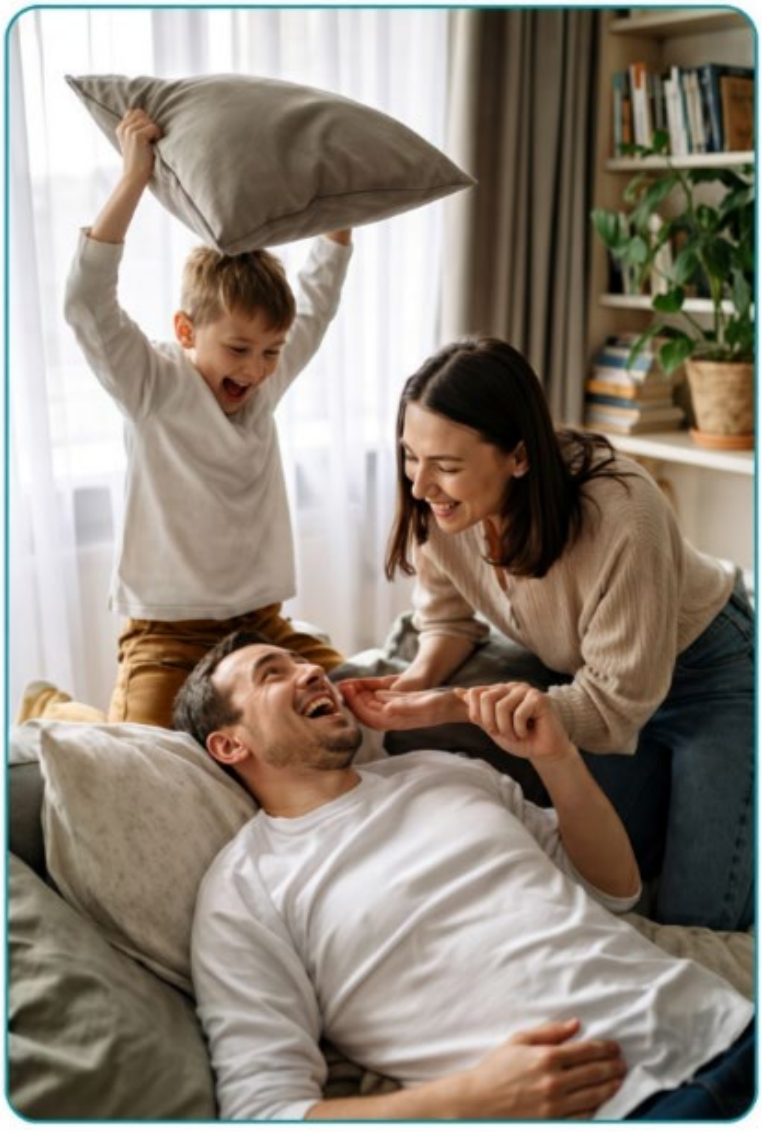
Providers assigned at point of service.



www.HealthC2U.com

Included with
All Plans

Select Silver 2750



- Imaging
- Physical Therapy
- Emergency Room
- Surgery
- Hospitalization
- Cancer Treatment

Select Silver 2750 members are responsible for a MRA of $2,750 before the balance of the medical needs are shared by the membership.

Only qualifying medical needs related to inpatient hospital treatment, outpatient facilities, ER or for surgery (including one day surgical centers) may be submitted (this does not include any office or specialty visits). These medical needs must meet all other criteria, including the applicable Member Responsibility Amount.

Additional Limitations may apply. **See Member Guidelines.**

Select Silver is a HCSM Membership. Pre-Existing Condition Limitations apply. **This is not insurance.**

Select Silver 2750 - Limitations Reference Guide

Click Here to view Member Guidelines

Pre-Existing Condition Limitations:

- Refer to the List of Conditions (page 10) for applicable limitation periods. Certain conditions are subject to 2-year, 5-year, or lifetime limitations.

90 Day Wait for Non-Emergency Services:

- Any medical need requiring preauthorization during the first 90 days of membership are not eligible for sharing.
- Exception: preauthorization's for services tied to an eligible Surgery, Accidental Injury, ER Visit, or Hospitalization.

12 Month Wait for Cancer Sharing:

- Cancer treatment or pre-cancerous testing during the first 12 months of membership are not eligible for sharing. Cancer diagnosed during this initial 12-month period may be eligible for sharing on day 366 of continuous membership.
- A third-party Cancer Supplement is recommended.

Preventative Cancer Screening Requirement:

- Females over 40 Must complete a preventative Mammogram & Pap smear at least once every 2 years for continued eligibility of sharing related to Breast, Endometrial, & Cervical cancers.
- Males over age 50 Must complete a preventative Prostate Exam (PSA) once every 2 years for continued eligibility of sharing related to Prostate cancer.
- Pre-Membership Screening: Clean Results for Mammogram, Pap smear & Prostate Exam (PSA) dated within 6 months prior to the membership effective date is required for the standard 12-month wait of sharing for Breast, Endometrial, Cervical & Prostate cancers to begin. (applies only to Females over 40 & Males over 50)

Failure to meet the Preventative Cancer Screening *Requirements for Breast, Endometrial, Cervical, & Prostate cancers will start or restart the 12-month wait for sharing for these specific cancers from the last date of clean result. These requirements do not apply to Colonoscopy.*

12 Month wait for Physical Therapy:

- Physical Therapy during the first 12 months of membership is not eligible for sharing - unless associated with eligible surgery or accidental injury.

Emergency Room Limitation:

- Use of emergency room for non-urgent medical needs are not eligible for sharing - unless treatment at an Emergency Room is the only legitimate option due to severity of condition or lack of available treatment at an alternative facility.
- An emergency is defined as treatment that must be rendered immediately for the alleviation of the sudden onset of an unforeseen illness or injury or that, if not treated, would lead to further disability or death.
- Eligibility for sharing in an emergency room visit will focus on the member's presenting symptoms rather than the final diagnosis.

Prescription Drugs:

- Ineligible for sharing unless related to treatment inside a facility.

Inpatient Stays:

- Inpatient stays are limited to 60 days per medical need. (For reference, Medicare is 90 days.)

Recreational Vehicles:

- Injuries resulting from using a recreational vehicle will be shared up to a maximum of $10,000 per incident. (including ATVs, snowmobiles, motorized scooters, boats, and jet skis.)
- The vehicle must be insured by a third party and sharing will only be eligible once the medical need has been processed by the liable third party (such as your automobile insurance provider).
- Accident Plan for recreational vehicle use is recommended.

Exclusions:

- ✓ Maternity
- ✓ Treatment for STD's
- ✓ Mental Health Treatment
- ✓ Durable Medical Equipment
- ✓ Lifestyles or activities that conflict with the Statement of Standards and/or Membership Guidelines.
- ✓ Injury Related to Personal Aircraft (hang gliders, parasails, ultra-lights, hot air balloons, sky diving, & any other aircraft not operated by a commercially licensed public carrier.)

This document is a summary of certain key limitations and does not include all terms, conditions, or exclusions. The Plan/Membership Guidelines constitute the controlling document for all benefits, limitations, and exclusions. If any discrepancies exist between this summary and the official Guidelines, the official Plan/Membership Guidelines shall govern. This summary is for informational and advertising purposes only and is not a binding contract. THIS IS NOT INSURANCE.

Select Silver 2750 Disclosure

Click Here to view Member Guidelines

This is not insurance

Select Silver 2750 - HCSM Membership:

Select Silver 2750 is a membership in a Health Care Sharing Ministry (HCSM) recognized by the Centers for Medicare & Medicaid Services (CMS) as defined under Section 5000A of the Affordable Care Act (ACA). Such HCSM's are 501(c)(3) nonprofit organizations that have been in continuous operation since December 31, 1999, have continuously shared members' medical expenses since that date, and which undergo an annual independent audit performed by a certified public accounting firm.

The Select Silver Membership does not "raise contribution amounts" or "terminate" anyone because of a health condition. Members of a recognized HCSM retain membership even after developing a medical condition, as defined under Section 5000A of the Affordable Care Act (ACA).

The membership does not guarantee or promise that eligible medical needs will be shared by other members. If the membership is unable to share all or part of your eligible medical needs, or if the membership ceases to operate, you remain financially responsible for any unpaid medical expenses. Medical needs are shared solely according to the Membership Guidelines. Members of Select Silver 2750 agree to the Statement of and voluntarily submit monthly contributions into a neutral escrow account for the purpose of sharing with other members.

Application Disqualification:

Applicants who answer Yes to any of the following are not eligible for membership:

1. Currently Pregnant
2. Currently Using Tobacco or Illicit Drugs
3. Currently have Cancer or undergoing Cancer Treatment.

Pre-Existing Condition Limitations:

A Pre-Existing Condition is defined by any medical condition in which member has sought treatment or advice for within 10 years of applying for benefits.

Pre-Existing Conditions subject to a 2-year wait for member benefits.

Addison's Disease, Angina Pectoris (stable or unstable), Asthma, Benign Prostate Hyperplasia, Calcium Deficiency, Cardiac Dysrhythmias, Carpal Tunnel Syndrome, Cataract, Chronic Kidney Disease, Coronary Artery Disease, Cushing's Disease, Calculus of Kidney (Kidney Stones), Diabetes Type II, Endometriosis, Epilepsy, Gallstones, Glaucoma, Grave's Disease, Hashimoto's Disease, Hemorrhoids, Hyperglycemia, Hyperlipidemia, Hypertension, Hyperthyroidism, Hypothyroidism, Iodine Deficiency, Malaria, Migraines, MRSA, Osteoarthritis, Osteoporosis, Ovarian Cysts, Pelvic Inflammatory Disease, Polycystic Ovary Syndrome, Prolapsed Bladder, Pulmonary Hypertension, Radiculopathy, Rectal Prolapse, Rheumatoid Arthritis, Scoliosis, Shingles, Sleep Apnea, Spinal Stenosis, Spondylosis, Tendinitis, Tuberculosis, Uterine Fibroids, Uterine Prolapse, Vitamin A Deficiency, Vitamin B 12 Deficiency, Vitamin D Deficiency.

Pre-Existing Conditions subject to a 5-year wait for member benefits.

Barrett's Esophagus, Bell's Palsy, Cancer (in Remission), Celiac Disease, Cerebral Ataxia, Cirrhosis, Congestive Heart Failure (CHF), Crohn's Disease, Deep Vein Thrombosis (DVT), Degenerative Disc Disease, Diverticulitis and Diverticulosis, Dysphagia, Embolism, Erythematosus, GERD (Gastroesophageal Reflux Disease), Heart Murmur, Heart Palpitations, Heart Valve Disease, IBS (Inflammatory Bowel Disease), Marfan's Syndrome, Meningitis, Mitral Valve Prolapse, Multiple Sclerosis, Pancreatitis, Peripheral Vascular Disease (PVD), Psoriasis, Sjogren Syndrome, Surgery, Systemic Lupus Erythematosus, Ulcerative Colitis, Vitiligo.

Pre-Existing Conditions ineligible for benefit for the life of the membership.

ALS, Alzheimer's Disease, Aneurysm, Autism Spectrum Disorders, Cerebral Palsy, Chronic Obstructive Pulmonary Disease (COPD), Cystic Fibrosis, Dementia, Diabetes Type I, Down's Syndrome, Ectasia, Emphysema, Fibromyalgia, Fragile X Syndrome, HIV/AIDS, Hepatitis (Chronic Viral B & C), Lupus, Lyme's Disease, Macular Degeneration (wet or dry), Morbid Obesity (pending weight loss), Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease, Sickle-Cell Disease, Spina Bifida, Typhoid.

Please Note: This outline of pre-existing condition limitations is for reference only. Only the application for membership can accurately dictate any pre-existing condition limitations imposed by the membership.

Be Exempt

Members of a “Recognized” Health Care Sharing Ministry (HCSM) are exempt from the federal mandate to purchase health insurance. Enrollment with a Recognized Health Care Sharing Ministry removes your requirement under the federal healthcare mandate to purchase health insurance.

Why consider HCSM?

Healthcare Sharing Ministries (HCSMs) have provided meaningful financial and community support to millions of Americans over the past three decades — and continue to serve as a viable alternative to traditional insurance for the foreseeable future. HCSMs not only allow members to benefit from potential savings, but also to participate in a community built on mutual aid — where members help share in one another’s eligible medical expenses. The core function of an HCSM is to collect member contributions into a shared escrow account, from which eligible medical needs are distributed directly to other members.

Exclusively Distributed & Administered by

USA SM HEALTH PLANS



USA Health Plans operates as both a General Insurance Agency and Benefits Administrative Platform. USA Health Plans is not insurance and is not an insurance company. All Plans enrolled through the USA Health Plans Administrative Platform are facilitated by an independent Licensed Insurance Agent. All Licenses Insurance Agents are independent 1099 self-employed contractors or an employee of such and do not represent USA Health Plans as employees or agents of the company.

USA HEALTH PLANS

AGENT KNOWLEDGE GUIDE

Reference for discussing non-ACA individual health plan options with clients. Confirm all eligibility, benefits, exclusions, and current plan documents before enrollment.

At-a-Glance Comparison

Option	Eligibility / underwriting	Care model	Key consideration
TRIAD	EIN required; medically underwritten	**Cigna PPO**; TrueScripts Rx	Approval and active acceptance required
Advantage Silver	Medically underwritten; health screening questions	Confirm current plan documents	Review knockout criteria below
Value Bronze	Guaranteed issue; 12-month pre-existing condition limitation	**First Health** Network; copays and visit limits	MOOP applies to covered benefits only
MEC	Guaranteed issue; no pre-existing condition limitations	**HealthCare2U network**	No hospitalization benefits
Select Silver + Value Med	Non-tobacco users; 12-month wait for Cancer Sharing; pre-existing condition limitations	**Altrua HealthShare; no traditional provider network**	Health sharing is not traditional insurance

TRIAD Plan

Eligibility and underwriting

- Described as ACA-like; requires an Employer Identification Number (EIN) for eligibility.
- A business owner who does not offer group coverage to employees may use the business EIN; a sole-proprietorship EIN is not required.
- Medically underwritten. Applications go to underwriting upon client signature; stated review turnaround is 2–5 days.
- The client must affirmatively accept the offer to activate coverage.
- If approved, pre-existing conditions are covered, per supplied program description.

Automatic decline criteria

- Currently pregnant
- Type 1 diabetes
- Pending surgery or hospitalization
- Currently hospitalized, confined to a treatment facility or home, incapacitated, or unable to support oneself

Network and plan timing

- **Cigna PPO network**; TrueScripts 2026 Access Formulary for prescriptions.
- Rates locked for 12 months after the effective date.
- Deductible and maximum out-of-pocket (MOOP) accumulators reset each January.

Advantage Silver

Eligibility and core benefits

- Simplified issue - If approved, pre-existing conditions are covered, per supplied program description.
- Flat-rate age range: 18–64. Coverage tiers: member, member + spouse, member + child(ren), and member + family.
- $0 medical deductible; $6,000 individual / $12,000 family MOOP for covered benefits only.
- Copay-based benefits with visit limits; **First Health network**.
- 365-day hospital indemnity extension rider.
- Cancer Coverage Rider, subject to a five (5) year pre-existing condition limitation for Cancer of any type.

Prescription coverage — Serve You Rx

- Preferred Drug List Standard Formulary; $500 prescription deductible, waived for generics, then 50% member coinsurance on the allowable amount.
- Refer to the formulary for Tier 1–3 benefits. Tier 4 and drugs designated “SP” (specialty) are not covered.
- Covered prescription allowable amount capped at $500 per 30-day supply or $1,500 per 90-day supply.
- The member pays charges above the allowable amount in addition to applicable cost sharing.

Plan timing

- Rates locked for 12 months after effective date.
- Copay Usage and MOOP accumulators reset every January.

Underwriting screening — applicant and all applying dependents

Current / past 12 months

- Pregnancy: Currently pregnant.
- Hospitalization: Inpatient admission or formal observation within 12 months; ER-only visits excluded.
- Surgery: Surgery, invasive procedure or surgical evaluation in past 12 months; advised or scheduled within next 12 months. Excludes benign biopsies and scopes requiring no further treatment.

Past 2 years

- Orthopedic: Hip, knee or shoulder replacement, spinal fusion or laminectomy in past 2 years; evaluated, advised or scheduled within next 2 years.
- Cancer: Cancer, leukemia or lymphoma diagnosis/treatment/advised treatment; excludes basal cell skin cancer.
- Gastrointestinal: Hospitalization or surgery for Crohn’s, ulcerative colitis, complicated diverticulitis, chronic/recurrent pancreatitis or short bowel syndrome; or current surgical evaluation.
- Substance abuse: Alcohol, illegal drug or medication abuse/dependency; treatment, counseling, detox or rehabilitation, including advised treatment.
- Diabetes: Current insulin use; or diabetes-related hospitalization, ketoacidosis, hyperosmolar state, neuropathy or retinopathy intervention within 2 years.
- Heart / vascular: Listed cardiac/vascular diseases, stroke/TIA, serious arrhythmias, DVT/PE requiring hospitalization or intervention, or heart/vascular procedures.
- Respiratory: COPD, emphysema, chronic bronchitis, pulmonary fibrosis, other listed serious lung diseases, chronic/recurrent pneumonia or supplemental oxygen.

Lifetime knockouts

- Organ failure: Cirrhosis, Stage 4–5 kidney disease, liver/organ failure or loss of function, transplant, dialysis or amputation; including advised treatment/procedure.
- Cognitive: Alzheimer’s disease or dementia.

- Neurological / autoimmune / blood: MS, ALS, Parkinson's, lupus, rheumatoid/psoriatic arthritis, ankylosing spondylitis, muscular dystrophy, myasthenia gravis, dermatomyositis, hemophilia, sickle cell disease or HIV/AIDS.

Additional screening

- Pending testing: Within 12 months, diagnostic testing or evaluation performed or advised for a listed suspected condition not yet ruled out.
- Agent note: Condensed reference only; use full Advantage Silver application wording to determine eligibility.

Value Bronze

Eligibility and core benefits

- Guaranteed issue with a 12-month pre-existing condition limitation.
- Flat-rate age range: 18–64. Coverage tiers: member, member + spouse, member + child(ren), and member + family.
- $0 medical deductible; $6,000 individual / $12,000 family MOOP for covered benefits only.
- Copay-based benefits with visit limits; **First Health network**.
- 365-day hospital indemnity extension rider.

Prescription coverage — Serve You Rx

- Preferred Drug List Standard Formulary; $500 prescription deductible, waived for generics, then 50% member coinsurance on the allowable amount.
- Refer to the formulary for Tier 1–3 benefits. Tier 4 and drugs designated "SP" (specialty) are not covered.
- Covered prescription allowable amount capped at $500 per 30-day supply or $1,500 per 90-day supply.
- The member pays charges above the allowable amount in addition to applicable cost sharing.

Plan timing

- Rates locked for 12 months after effective date.
- Copay Usage and MOOP accumulators reset every January.

MEC — Minimum Essential Coverage Options

Limited-benefit, guaranteed-issue plans with no pre-existing condition limitation.

Three benefit levels

1. Preventive services and preventive prescriptions only.
2. Adds $0-copay Quest Diagnostics laboratory services.
3. Adds unlimited $35 primary care visits and $75 urgent care copays.

Operational details and coverage gaps

- Telemedicine consultation required before an in-person visit.
- Administered by **HealthCare2U through its proprietary network**.
- Optional Rx Valet prescription copay card available for any MEC plan.
- No hospitalization benefits. Consider discussing separate accident or hospital indemnity coverage where appropriate.

Select Silver + Value Med

Altrua HealthShare arrangement. Health sharing does not use a **traditional contracted provider network**. Members may seek care from providers of their choice, but may be treated as self-pay patients and may need to manage bills or negotiate charges. Sharing is governed by member guidelines rather than an insurance policy.

Program highlights (as supplied)

- Unlimited office visits and ACA preventive services.
- Described as 100% sharing for major care, subject to applicable member guidelines.
- Pre-existing condition provisions apply.
- Stated $1,000,000 lifetime benefit.
- Described as having a 26-year CMS-recognized history; verify the precise basis of this statement before using it in marketing.
- Available only to non-tobacco users.
- Member Guidelines: link not provided in source material; insert current official link before distribution.

Agent Discussion Checklist

- Confirm whether the product is insurance, a limited-benefit plan, or health sharing.
- Explain underwriting, eligibility documentation, and effective-date requirements.
- Review networks, prescription formularies, exclusions, visit limits, and pre-existing condition rules.
- Clarify deductible, MOOP, benefit resets, rate guarantees, and noncovered charges.
- For MEC and health sharing, explicitly discuss major medical and hospitalization exposure.

Important: This guide reformats agent-supplied information and is not an independent verification of benefits, legal classification, ACA compliance, or product availability. Use current carrier/program materials and approved disclosures.

2027 | MEMBER RATE & BENEFIT GUIDE

CLASSIC TRIAD

Health plan options featuring access to the Cigna PPO Network

COMPARE BENEFITS • EXPLORE PREMIUMS

TRIAD BENEFITS

Includes the **Cigna PPO** Network

A CLASSIC APPROACH TO HEALTH PLAN CHOICE

COMPARE YOUR IN-NETWORK BENEFITS

Calendar-year deductibles | Individual / Family amounts shown

In network benefits	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Deductible *(Individual / Family)*	$1,000 / $2,000	$1,500 / $3,000	$2,500 / $5,000	$3,500 / $7,000	$5,000 / $10,000	$3,500 / $7,000	$5,000 / $10,000	$7,350 / $14,700
Max Out of Pocket	$5,000 / $10,000	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700
Preventative	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care	$20	$30	$30	$45	$45	Ded + 20%	Ded + 20%	$50
Specialist	$40	$60	$60	$90	$90	Ded + 20%	Ded + 20%	$100
Urgent Care	$40	$60	$60	$90	$90	Ded + 20%	Ded + 20%	$100
Chiropractor	$20	$20	$20	$20	$20	Ded + 20%	Ded + 20%	$20
Mental Health	$30	$30	$30	$45	$45	Ded + 20%	Ded + 20%	$50
Blood / Lab / Imaging	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Hospital	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Surgery	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Outpatient Treatment	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Prescription Drugs *(Generic / Brand / Non-Preferred Brand / Specialty)*	$15 / $45 / $85 / 50%	$15 / $45 / $85 / 50%	$15 / $45 / $85 / 50%	$15 / $65 / $100 / 50%	$15 / $65 / $100 / 50%	$15 / $65 / $100 / 50% after Deductible	$15 / $65 / $100 / 50% after Deductible	$15 / $65 / $100 / 50%
Lifetime Maximum	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit

Ded = deductible. Copay plan and HSA plan cost sharing varies by service. Full plan terms, limitations and exclusions are governed by official plan documents.

2027 CLASSIC TRIAD MONTHLY PREMIUMS

Pre-underwritten illustrative monthly rates | Medical underwriting and approval required

AGES 18 TO 39

COVERAGE	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Employee Only	$908.55	$857.42	$809.63	$764.98	$723.24	$694.85	$667.81	$642.05
Employee + Spouse	$1,690.32	$1,589.55	$1,495.38	$1,407.36	$1,325.10	$1,269.15	$1,215.85	$1,165.10
Employee + Children	$1,538.57	$1,447.73	$1,362.83	$1,283.48	$1,209.33	$1,158.89	$1,110.84	$1,065.09
Employee + Family	$2,467.11	$2,316.70	$2,176.13	$2,044.76	$1,921.98	$1,838.46	$1,758.91	$1,683.15

AGES 40 TO 49

COVERAGE	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Employee Only	$973.76	$918.36	$866.59	$818.21	$772.99	$742.23	$712.93	$685.03
Employee + Spouse	$1,820.74	$1,711.44	$1,609.29	$1,513.82	$1,424.60	$1,363.91	$1,306.10	$1,251.05
Employee + Children	$1,655.94	$1,557.43	$1,465.35	$1,379.30	$1,298.88	$1,244.17	$1,192.07	$1,142.44
Employee + Family	$2,662.74	$2,499.53	$2,347.00	$2,204.45	$2,071.22	$1,980.60	$1,894.28	$1,812.08

APPROVAL IS NOT GUARANTEED. | POTENTIAL UNDERWRITING ADJUSTMENTS (HIGHER OR LOWER)

Employee Only: $100/month Employee + Spouse: $200/month Employee + Children: $200/month Employee + Family: $300/month

2027 CLASSIC TRIAD MONTHLY PREMIUMS

Pre-underwritten illustrative monthly rates | Medical underwriting and approval required

AGES 50 TO 59

COVERAGE	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Employee Only	$1,047.92	$987.67	$931.36	$878.74	$829.56	$796.11	$764.25	$733.90
Employee + Spouse	$1,969.06	$1,850.05	$1,738.83	$1,634.89	$1,537.75	$1,471.67	$1,408.73	$1,348.79
Employee + Children	$1,789.43	$1,682.18	$1,581.94	$1,488.26	$1,400.71	$1,341.15	$1,284.43	$1,230.41
Employee + Family	$2,885.21	$2,707.45	$2,541.32	$2,386.05	$2,240.95	$2,142.24	$2,048.23	$1,958.69

AGES 60 TO 64

COVERAGE	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Employee Only	$1,171.80	$1,103.45	$1,039.57	$979.87	$924.07	$886.12	$849.97	$815.54
Employee + Spouse	$2,216.82	$2,081.61	$1,955.24	$1,837.14	$1,726.77	$1,651.68	$1,580.17	$1,512.07
Employee + Children	$2,012.42	$1,890.58	$1,776.71	$1,670.29	$1,570.83	$1,503.17	$1,438.73	$1,377.37
Employee + Family	$3,256.86	$3,054.79	$2,865.93	$2,689.43	$2,524.48	$2,412.26	$2,305.39	$2,203.61

APPROVAL IS NOT GUARANTEED. | TYPICAL UNDERWRITING ADJUSTMENTS (HIGHER OR LOWER)

Employee Only: $100/month **Employee + Spouse: $200/month** **Employee + Children: $200/month** **Employee + Family: $300/month**

IMPORTANT PLAN INFORMATION

CALENDAR-YEAR DEDUCTIBLES

Deductibles are measured on a calendar-year basis, January 1 through December 31. The benefit comparison shows individual and family deductibles.

MEDICAL UNDERWRITING

Approval is not guaranteed. Upon approval, the plan guarantees coverage, benefits, and premiums for a 12-month period.

CIGNA PPO NETWORK

Classic Triad includes access to the Cigna PPO provider network. Cigna is the network provider, not the insurance company or the insurer of these benefits.

ABOUT THIS GUIDE

This is a general marketing summary, not a Schedule of Benefits. Actual benefits, exclusions, limitations and terms are governed by the applicable official plan documents.

CLASSIC TRIAD | 2027 PLAN OPTIONS

USAHP vs. Other Alternative ACA Options

Understanding the Different Eligibility and Plan Structures

Overview

The key distinction among these alternative coverage arrangements is how an individual becomes eligible to participate: through affiliated employment, self-employment, or cooperative membership.

Other Alternative Programs

LifeX, Iron Health, Population Science Management, and Enrollment First are described as using employment-based eligibility models.

- The consumer generally becomes a very part-time employee or owner of an affiliated company to qualify for group benefits.
- Some arrangements may require only minimal work activity, potentially a few hours per year.
- These offerings are typically described as ERISA group benefit arrangements.

USAHP Structures

1. Triad Plan

- Participant remains self-employed or a sole proprietor rather than becoming an employee of a larger entity for eligibility.
- An Employer Identification Number (EIN) is required under the described eligibility approach.
- Described as an ERISA-based, level-funded group arrangement offered to qualifying individuals.
- Operates differently from traditional ACA-compliant individual major medical insurance.

2. SBA Cooperative

- Members join the SBA Cooperative, described as a nonprofit cooperative association established before the ACA.
- Eligibility is based on cooperative membership rather than an affiliated employer-employee relationship.
- Plans identified under this model include Value Bronze, Advantage Silver, SBA MEC, and Group MVP.

Quick Comparison

Program	Primary structure	Consumer status	Eligibility basis
LifeX / Iron Health / Population Science Management / Enrollment First	ERISA group arrangement	Affiliated employee / owner	Employment relationship
USAHP — Triad	Self-funded ERISA-based group arrangement	Self-employed / sole proprietor	EIN and qualifying group participation
USAHP — SBA Cooperative	Cooperative membership arrangement	Cooperative member	Cooperative membership; listed options include Value Bronze, SBA MEC, Group MVP

Agent Takeaway

Focus on how eligibility is established—not simply on whether the arrangement is described as a group plan.

- Employment-based models: eligibility is tied to a relationship with an affiliated company.
- USAHP / Triad: eligibility is described through self-employment, an EIN, and qualifying group participation, including a group of one.
- USAHP / SBA Cooperative: eligibility is described through cooperative membership for options such as Value Bronze, Advantage Silver and SBA MEC.

Agent compliance note: These are descriptions supplied for comparison, not independent legal or coverage verification. Confirm current plan documents, ERISA status, eligibility requirements, ACA compliance, benefits, exclusions, and applicable state rules before presenting any option to a consumer.



AN AFFORDABLE ERISA COMPLIANT EMPLOYER SPONSORED HEALTH PLAN

USA HEALTH PLANS

VALUE BRONZE INDIVIDUAL PLAN

Includes Minimum Essential Coverage
Plus HI Extension Program

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

SERVICE
FLEXIBILITY
INTEGRITY

Facilitated by:
SB/A Cooperative
Administered by:
The Loomis Company

sb/afreedomplans
for SB/A CoOp Members
An ERISA Health Plan Solution

SERVE YOU Rx

USA HEALTH PLANS

SERVE YOU Rx

Value Bronze Individual Plan

Summary Plan of Benefits

PPO Network	First Health
Deductible	None (*Deductible may apple to Brand Rx)
Out-of-pocket Maximum	Individual $6,000 / Family $12,000
PROFESSIONAL SERVICES BENEFITS	
Physician's Office Visits Includes family and general physician, internist and OB/GYN physician Pre-Ex Covered Day 1	$75 Co-Pay, then 100% Limited to three (3) visits per plan year
Specialist's Office Visits Pre-Ex Covered Day 1	$150 Co-Pay, then 100% Limited to three (3) visits per plan year combined with mental health and substance abuse office visits.
Urgent Care Pre-Ex Covered Day 1	$150 Co-Pay, then 100% Limited to two (2) visits per plan year
Diagnostic X-ray & Laboratory Expenses *Non-hospital based* Pre-Ex Covered Day 1	$150 Co-Pay, then 100% Limited to three (3) tests/procedures per plan year
Advanced Imaging *12/12 Pre-ex Applies*	$1,000 Co-Pay, then 100% Limited to one (1) visit per plan year
REHABILITATION THERAPY BENEFITS	
Physical Therapy *12/12 Pre-ex Applies*	$100 Co-Pay, then 100% Limited to a combined four (4) visits per plan year
Occupational Therapy *12/12 Pre-ex Applies*	$100 Co-Pay, then 100% Limited to a combined four (4) visits per plan year
SURGICAL SERVICES BENEFITS	
Office	$75 Co-Pay, then 100% Limited to one (1) procedure per plan year
Outpatient Facility and Professional Fees *12/12 Pre-ex Applies*	$1,500 Co-Pay, then 100% Limited to one (1) procedures per plan year
Inpatient *12/12 Pre-ex Applies*	$1,500 Co-Pay, then 100% Limited to two (2) procedure per plan year
HOSPITAL BENEFITS	
Emergency Room *12/12 Pre-ex Applies*	$2500 Co-Pay Limited to one (1) visit per plan year Co-Pay waived if admitted
Inpatient Hospitalization & ICU *12/12 Pre-ex Applies*	$1,500 Co-Pay per day 5 Days Maximum per Year Plan plays 100% after Co-Pay during first 5 days
Inpatient Hospitalization & ICU *Additional Benefit - See HI Extension Program on page 4 *12/12 Pre-ex Applies*	Plan pays $2,000 per day, up to 365 days Day 6 through Discharge Date
Maternity Global Services *12/12 Pre-ex Applies* *Includes, but is not limited to facility, professional and physician fees for uncomplicated maternity related care.*	$3,500 Co-Pay, then 100%

USA HEALTH PLANS

SERVE YOU Rx

continued ...
Summary Plan of Benefits

MENTAL HEALTH & SUBSTANCE ABUSE BENEFITS		
Inpatient Mental Health Treatment *12/12 Pre-ex Applies*	$1,500 Co-Pay per Day, then 100% Limited to five (5) days per plan year combined with inpatient hospital due to medical and surgical services, inpatient mental health hospitalization and inpatient substance abuse.	
Mental Health Treatment (Office Setting) Pre-Ex Covered Day 1	$100 Co-Pay, then 100% Limited to four (4) visits per plan year combined with mental health and substance abuse and specialist office visits.	
Inpatient Substance Abuse Treatment *12/12 Pre-ex Applies*	$1,500 Co-Pay per Day, then 100% Limited to five (5) days per plan year combined with inpatient hospital due to medical and surgical services, inpatient mental health hospitalization and inpatient substance abuse	
Substance Abuse Treatment (Office Setting) Pre-Ex Covered Day 1	$100 Co-Pay, then 100% Limited to four (4) visits per plan year combined with mental health and substance abuse and specialist office visits.	
MISCELLANEOUS SERVICES & SUPPLIES BENEFITS		
Home Health Care *12/12 Pre-ex Applies*	$100 Co-Pay, then 100% Limited to six (6) visits per plan year	
Ambulance Service *12/12 Pre-ex Applies*	$750 Co-Pay, then 100% Limited to one (1) ambulance trip per plan year Air Ambulance is Excluded	
Clinical Trials	Paid as any other benefit	
PRESCRIPTION DRUG BENEFITS *(available through a separate Pharmacy Benefit Manager)*		
Plan Year Deductible: Per Covered Person	$500	$500
	Retail Covered Person Pays 30-day supply (After Deductible)	**Mail-Order Covered Person Pays Up to 90-day supply (After Deductible)**
Generic* (tier-1) Pre-Ex Covered Day 1	50% (Deductible Waived)	50% (Deductible Waived)
Preferred Brand (tier-2) *12/12 Pre-ex Applies*	50%	50%
Non-Preferred (tier-3) *12/12 Pre-ex Applies*	50%	50%
Specialty Medications (tier-4)**	Not Covered	Not Covered

L2225

HI Extension Program

for Value Bronze Individual Plan



Guaranteed Acceptance

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.

MVP Programs are affordable and comprehensive for both employers and 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
Value Bronze HI Extension	**$2,000 per day** (Day 6 through discharge date)	**5 Days** $0 Benefit for days 1-5	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.

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 as Provided in the Affordable Care Act MEC		
1. Abdominal Aortic Aneurysm	9. Diet Counseling	Covered at 100%
2. Alcohol Misuse	10. Obesity	Covered at 100%
3. Aspirin	11. Sexually Transmitted Infection (STI)	Covered at 100%
4. Blood Pressure	12. Syphilis	Covered at 100%
5. Cholesterol	13. HIV	Covered at 100%
6. Colorectal Cancer	14. Tobacco Use	Covered at 100%
7. Depression	15. Immunization Vaccines	Covered at 100%
8. Type 2 Diabetes		Covered at 100%
Women Preventative Services – Screenings and Services Listed Below are Eligible		
1. Anemia	12. Gestational Diabetes	Covered at 100%
2. Bacteriuria Urinary Tract	13. Gonorrhea	Covered at 100%
3. BRCA	14. Hepatitis B	Covered at 100%
4, Breast Cancer Mammography	15. Human Immunodeficiency Virus (HIV)	Covered at 100%
5. Breast Cancer Chemoprevention	16. Human Papillomavirus (HPV) DNA Test	Covered at 100%
6. Breastfeeding	17. Osteoporosis	Covered at 100%
7. Cervical Cancer	18. Rh Incompatibility	Covered at 100%
8. Chlamydia Infection	19. Tobacco Use	Covered at 100%
9. Contraception	20. Sexually Transmitted Infections (STI)	Covered at 100%
10. Domestic and Interpersonal Violence	21. Syphilis	Covered at 100%
11. Folic Acid Supplements	22. Well Woman Visits	Covered at 100%
Child Preventative Services – Screenings and Services Listed Below are Eligible		
1. Alcohol and Drug Use	14. Hematocrit or Hemoglobin	Covered at 100%
2. Autism	15. Hemoglobinopathies or Sickle Cell	Covered at 100%
3. Behavioral	16. HIV	Covered at 100%
4. Blood Pressure	17. Immunization Vaccines	Covered at 100%
5. Cervical Dysplasia	18. Iron Supplements	Covered at 100%
6. Congenital Hypothyroidism	19. Lead Exposure	Covered at 100%
7. Depression	20. Medical History	Covered at 100%
8. Developmental	21. Obesity	Covered at 100%
9. Dyslipidemia	22. Oral Health	Covered at 100%
10. Fluoride Supplements	23. Phenylketonuria (PKU)	Covered at 100%
11. Gonorrhea	24. Sexually Transmitted Infection	Covered at 100%
12. Hearing	25. Tuberculin Testing	Covered at 100%
13. Height, Weight and Body Mass Index	26. Vision	Covered at 100%

Plan Provisions and Exclusions

Plan Provisions:

- Value Bronze Individual Plans have provisions and exclusions that may impact eligibility for enrollee benefits.
- Employees must sign the appropriate employee application.
- Does not qualify as insurance
- Plan covers services provided by First Health PPO network providers – non-First Health PPO providers are not covered by the plan
- Conditions that existed or have been treated within 12 months prior to the members' coverage effective date are excluded for 12 months from the members' coverage effective date – the exclusion applies to:
  - Inpatient and outpatient facilities for medical, surgical, substance abuse and mental health services, Maternity Services and Birthing, Home Health Care, Emergency Room Services, Advanced Imaging, Physical and Occupational Therapy, Preferred Brand (Tier 2) and Non-Preferred Brand (Tier 3) prescriptions
  - Physician and Specialist Office Visit Services and Generic Drugs are not subject to the 12 /12 Pre-Existing Condition Limitation
- Intensive Care Unit, Cardiac Care Unit, and Neonatal Intensive Care Unit (ICU, CCU, and NICU) charges are covered at standard semi-private room rates
- Maternity Genetic Testing is subject to the 12 /12 Pre-Existing Condition Limitation and is limited to a $500 allowable amount upon being eligible
- Emergency Room Co-Pay is waived if admitted, however the Inpatient Services are subject to $1500 Co-Pay per Day
- All Rehabilitation Therapy Benefits, Surgical Services, Hospital Benefits, and Mental Health & Substance Abuse Benefits are subject to Medical Necessity and Prior Authorization approval by the claim's administrator.
- All Inpatient and Outpatient Facility services are subject to pre-notification and prior authorization approval by plan administrator
- Visit limitations apply – consult benefit summary
- Eligible prescription drugs are subject to $500 allowable amount per 30-day retail prescription per month ($1500 allowable amount per 90-day prescription) – The $500 30-day and $1500 90-day allowable amount is subject to member 50% coinsurance.Amounts more than the allowable amount are member responsibility.

Benefit Exclusions:

- Outpatient Drugs, Kidney Dialysis, Chemotherapy, and all other Infusion Therapy is excluded from coverage under Outpatient Benefit Provisions;
- 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
- 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.

VALUE BRONZE INDIVIDUAL PLAN COST

VALUE BRONZE INDIVIDUAL PLAN with HI EXTENSION INCLUDED

	Individual	Individual + Spouse	Individual + Child(ren)	Individual + Family
Value Bronze Individual Plan	$470.67	$791.15	$746.94	$992.18
HI Extension Benefit	$28.33	$53.85	$52.06	$83.82
Total Monthly Cost	**$499.00**	**$845.00**	**$799.00**	**$1,075.00**

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for SB/A CoOp Members
An ERISA Health Plan Solution