



THRIVE TOGETHER

THE ALLIANCE HEALTH PLAN

BENEFIT SUMMARY GUIDE 2019



ALLIANCE
BENEFITS
Compassion, Integrity, Respect.



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This document is intended to provide an overview of benefits.
Please contact Alliance Benefits at (800) 700-2651 for more information.



THRIVE TOGETHER

For the LORD is good and his love endures forever; His faithfulness continues through all generations (Psalm 100:5).

As I look back on my first full year as the director for Alliance Benefits, it's remarkable how incredibly faithful God has been to our partner churches, the districts we support, the ministries we work with, and our own team here at Alliance Benefits. He has allowed us to care for so many of our Alliance family members and help them navigate the increasingly complicated world of health care. We love partnering with you and maintain our commitment in helping you thrive in your health, in your ministry, and in life.

This past year, we made some small but significant changes to the health plan that you will continue to enjoy in 2019. First and foremost, we are still offering the Loyalty Reward discounts to employers renewing coverage. We also added a new telemedicine provider this past summer, First Stop Health. They have already served many of you as a low (or zero) cost alternative to personally visiting a doctor or an urgent-care provider.

For the coming year, we are excited to introduce a new partner in your vision care, EyeMed, giving you expanded vision benefits at no additional cost over last year's premium rates.

Here at Alliance Benefits, we are committed to making this health plan a great alternative to other plans in the marketplace and to serving our Alliance family well. We count it a privilege to do so.

If you are picking up this packet for the first time or are new to the Alliance Health Plan, "Welcome!" We are excited to serve you with a plan based on biblical values that align with our sanctity of life worldview, dollars that stay in the Alliance family to care for your fellow pastors and staff members, and coverage available to you regardless of your circumstances or preexisting health conditions.

Thank you for entrusting us with your health-care needs! If you have questions as you read through this summary guide, please don't hesitate to reach out to your Alliance Benefits team at (800) 700-2651. We are here to help you!

Grace and peace,



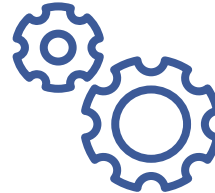
Curtis Farmer
Director for Alliance Benefits

ADVANTAGES OF THE ALLIANCE HEALTH PLAN

ALLIANCE
MONTHLY
PREMIUMS



ALLIANCE
CLAIMS PAID



HOW IT WORKS

The Alliance Health Plan is a self-funded, multi-employer church plan. This means that monthly premiums collected are used to pay for medical claims incurred by our participants. These premium dollars are used specifically for the Alliance family including those on our domestic and international plans.

Monthly Premium Includes:

- Medical
- HSA Contribution
- Prescription
- Dental
- Vision
- Life Insurance
- Long-Term Disability

- Employer health savings account (HSA) contribution included in monthly premium
- Cost containment choices to keep premiums as low as possible
- Operates within a Cafeteria Plan allowing eligible pre-tax payroll deductions for employees (unlike individual plans in the market)
- Established group plan allows employers to legally make employee reimbursements
- Loyalty rewards for employers who have continuously participated in the Alliance Health Plan

SERVING WITH



COMPASSION • INTEGRITY • RESPECT

ABOUT THE ALLIANCE HEALTH PLAN

HIGH-DEDUCTIBLE HEALTH PLAN

Alliance Benefits offers a high-deductible health plan (HDHP). Once the deductible has been met (including out-of-pocket medical and prescription costs), coinsurance begins where the plan pays a high percentage of the claim and the employee pays a smaller portion. The Alliance Health Plan also offers additional wellness benefits that are paid at 100 percent. These wellness benefits can be found on the **Preventive Schedule** and **Preventive Drug List**, located on the Alliance Benefits Web site—www.alliancebenefits.org. The Alliance Health Plan offers two plan packages:

The Alliance High-Deductible Premium Health Plan—includes medical, HSA with employer contribution, prescription, dental, vision, life insurance, and long-term disability.

The Alliance High-Deductible Standard Health Plan—includes medical, HSA with employer contribution, prescription, and life insurance.

Those enrolled in the Alliance Health Plan will have an HSA serviced through BenefitWallet®.

HSA

An HSA is a tax-deductible savings account that can be used in conjunction with an HSA-qualified high deductible health plan (HDHP). Regulations allow you to legally reduce federal income tax by contributing funds into an HSA as long as you are covered by an HSA-qualified HDHP. Contributions made to your HSA through payroll deduction reduce your taxable income reported on your W-2. Whatever you put directly into your account is a tax deduction that reduces your adjusted gross income.

For 2019, an individual may contribute up to \$3,500, and a family may contribute up to \$7,000. These limits include the combined total of employer and employee contributions. Employees who are age 55 or older are allowed to contribute an additional \$1,000 in catch-up contributions.

You may use funds in your HSA to pay for such things as doctor visits, hospital costs, deductibles, coinsurance, and prescription drug expenses for you and any qualifying dependents. Your HSA may also be used to pay for most dental and vision expenses. For a complete list of qualified medical expenses, go to bit.ly/hsa_eligible_expenses.

NOTE: Employees age 65 and older may not be eligible to contribute to an HSA. Please contact Alliance Benefits for more information.

INVESTING HSA FUNDS

Any remaining balance in your HSA will roll over and accumulate year to year. BenefitWallet® offers a comprehensive investment platform for members who choose to invest their HSA funds. Members can manage their investments online, including the ability to schedule automatic investment sweeps. To help investors, BenefitWallet® provides educational content, a risk profiler, and several calculators. With a minimum account balance of \$1,000, members have access to more than 26 no-load, highly rated mutual funds. For an updated performance review of these funds, you may visit the Alliance Benefits Web site (www.alliancebenefits.org).

WHAT'S NEW FOR 2019?

- First Stop Health is our new telemedicine provider, replacing Teladoc. They provide a low (or zero) cost alternative to visiting a doctor or an urgent-care provider (highlights and details listed on page 16 of this guide).
- EyeMed is our new vision provider, replacing Superior Vision. EyeMed offers excellent customer service and better pricing on many frames, lenses and contacts, as well as numerous discounts and online in-network options. They offer the right mix of thousands of independent providers and top optical retailers. For more information, refer to page 12 of this guide.

WHAT'S STAYING THE SAME?

- Great care for the Alliance family provided by the Alliance Benefits team
- High-deductible health plan with an HSA—no change in the 2019 deductible or out-of-pocket maximum
- Contribution to employee HSA (\$1,000 for employee only and \$2,000 for employee + spouse, employee + children, family) through BenefitWallet®
- Most provider networks—Blue Cross Blue Shield Network, Express Scripts, and Delta Dental
- Preventive Drug List provided at 100 percent (including basic asthma and diabetic medications)
- Knova Solutions health coaching service available at no additional cost
- Employee and spouse eligible for a \$50 gift card when completing annual wellness exam
- Third-party administrator, HealthComp, with expanded customer service hours from 9 a.m.–7:30 p.m. EST as well as additional languages supported
- We are excited to say that the Loyalty Rewards program has been approved to continue for the coming year. These rewards will be given to employers who have continuously participated in the Alliance Health Plan for the previous one, two, and three or more years. The loyalty rewards are as follows:

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2018	\$6 per month	\$8 per month	\$12 per month	\$15 per month
Since 2017	\$12 per month	\$17 per month	\$23 per month	\$32 per month
Since 2016 (or before)	\$18 per month	\$26 per month	\$35 per month	\$48 per month

These rewards are effective for the 2019 plan year and apply to both the HDHP Premium and Standard plans. These amounts will be reviewed and approved by the Benefit Board on an annual basis.

***Any employer who still enrolls in 2018 will be eligible for the discounted 2018 loyalty rewards listed.**

Please refer to the 2019 rates on pages 8 and 9 of this guide for total monthly premium amounts.



WHO MAY ENROLL?

EMPLOYERS

The Alliance Health Plan is a multi-employer plan and may enroll any employer who is an Alliance-affiliated entity. This includes:

- Alliance district offices
- Alliance churches and church plants
- The National Office, The Alliance Development Fund, Inc., The Orchard Foundation

**Employers may be asked to provide the Articles of Incorporation stating affiliation at time of enrollment.*

For employers to be eligible, they must maintain enrollment of 100 percent of licensed official workers employed 30 hours or more a week. To determine the 100 percent eligibility, employers do not need to include:

- licensed official workers covered by Medicare or Medicaid (does not include Medi-Share or government or state exchange programs)
- licensed official workers covered by a spouse's employer plan
- licensed official workers covered by another employer's plan or who work less than 30 hours a week
- licensed official workers under the age of 26 covered by a parent's plan

After satisfying the above requirements, paid W-2 employees working 20+ hours may be eligible to enroll per employer approval.

EMPLOYEES

If the employer meets the requirements listed above, other staff employees may also be eligible to enroll if:

- They are paid W-2 employees working 20 hours or more per week (assuming the employer requirements above have been met).

Your employer determines the breakdown of the monthly premium percentages paid. If eligible, please discuss this breakdown with your employer.

FAMILY MEMBERS

If employees meet the requirements listed above, they are eligible to include the following family members at the time of enrollment:

- Spouse
 - Not divorced from you
 - Not legally separated from you
 - Not a domestic partner
- Dependent Children
 - Your biological children, adopted children (including child placed for adoption), stepchildren, and foster children
 - Under the age of 26

For questions regarding a disability, please contact Alliance Benefits at (800) 700-2651.



ENROLLMENT DETAILS

WHEN MAY I ENROLL?

- When eligible employers decide to participate in the health plan
- During annual open enrollment
- Within 30 days of hire date
- Within 30 days of employment status change (part-time to full-time, etc.)
- Within 30 days of involuntary loss of other coverage
- Within 60 days of the date on which you lost Medicaid or Children's Health Insurance Program coverage due to ineligibility

WHEN MAY I ENROLL MY FAMILY?

- When you enroll
- During annual open enrollment
- Within 30 days of marriage (spouse and stepchildren only)
- Within 30 days of birth, adoption, or placement for adoption (new child only)
- Within 30 days of a dependent's loss of other coverage (affected dependent only)
- Within 60 days of the date on which a spouse or dependent child loses Medicaid or Children's Health Insurance Program coverage due to ineligibility (affected spouse or dependent children only)

Employees are enrolled in benefits on the first day of the month following their qualifying event.

Open enrollment is the only time a participant may change plan options from Premium to Standard.

LATE ENROLLMENT

Late enrollment means your completed enrollment/change form was not received within 30 days of eligibility. If you enroll more than 30 days later than your qualifying event, a 2+ month waiting period begins when all completed paperwork is received. Health coverage begins for you (and/or your family) the first day of the month following the end of the waiting period.

MEDICARE AND OTHER COVERAGE

When you have two insurance plans, specific rules apply for coordination of benefits between the plans. You must inform Alliance Benefits within 30 days before starting or ending any other coverage on any covered family member. This includes Medicare, Medicaid, a spouse's employer plan, or any other coverage.

MEDICARE: Becoming Medicare eligible may significantly change your coverage. Contacting Alliance Benefits at least three months prior to you or your spouse turning 65 will better prepare you for important decisions affecting your well-being.

If your local employer has fewer than 20 employees, Medicare will be the primary insurer paying medical and prescriptions claims.

ENDING COVERAGE

EMPLOYEES

Coverage for you and your dependents will end on the last day of the month. Some reasons for losing eligibility are:

- You choose to discontinue participation in the health plan (may not violate employer participation rules referred to on page 5)
- Your employment with the sponsoring church ends
- Your work hours drop below 20 hours per week
- You take a leave of absence from employment
- Your employer has failed to make premium payments

Your employer may cancel your enrollment by completing the End of Coverage Form and sending it to Alliance Benefits by e-mail, fax, postal mail, or electronically. If an employer or employee chooses to end participation in the Alliance Health Plan, he or she will be eligible to participate again only by completing a waiting period of 12 months. If end of coverage notification is received late, Alliance Benefits will refund only one month's premium.

SPOUSES AND DEPENDENTS

Coverage for your dependents will end on the last day of the month in which they are no longer eligible for coverage. Some reasons for losing eligibility are:

- Your eligibility ends
- Divorce or legal separation
- Your child reaches the age of 26

COVERAGE EXTENSION

As a church plan, the Alliance Health Plan is not governed by ERISA laws and therefore does not provide COBRA coverage. We offer coverage extension, which is not the same as COBRA. If your employment ends and you are not eligible to enroll in another health plan, you may be offered the option to continue your coverage for a maximum of 12 months.

Coverage extension premiums are paid by the employee.

CHURCH TRANSFER/DEDUCTIBLE CARRYOVER

If you are transferring to another church participating in the Alliance Health Plan or enrolling in coverage extension, your deductible will not start over in that calendar year as long as there is no gap in coverage.



THE ALLIANCE HEALTH PLAN 2019 RATES

PREMIUM HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
MEDICAL AND PRESCRIPTION	\$620	\$935	\$1,265	\$1,715
EMPLOYER HSA CONTRIBUTION	\$84	\$167	\$167	\$167
DENTAL	\$45	\$71	\$83	\$124
VISION	\$7	\$10	\$13	\$18
BASIC LIFE INSURANCE (30K)	\$16	\$16	\$16	\$16
LONG-TERM DISABILITY	\$10	\$10	\$10	\$10
TOTAL MONTHLY	\$782	\$1,209	\$1,554	\$2,050

LOYALTY REWARDS

For continuous employer plan participation—2019 monthly premium rate discounts per employee

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2018	\$776	\$1,201	\$1,542	\$2,035
Since 2017	\$770	\$1,192	\$1,531	\$2,018
Since 2016 (or before)	\$764	\$1,183	\$1,519	\$2,002

We are excited to continue the Loyalty Rewards program. These rewards will be given to employers who have continuously participated in the Alliance Health Plan for one or more years.

These rewards are effective for the 2019 plan year and apply to the HDHP Premium plan. The amounts will be reviewed and approved by the Benefit Board annually.

*Any employer who still enrolls in 2018 will be eligible for the discounted 2018 loyalty rewards listed.

STANDARD HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
MEDICAL AND PRESCRIPTION	\$620	\$935	\$1,265	\$1,715
EMPLOYER HSA CONTRIBUTION	\$84	\$167	\$167	\$167
DENTAL	N/A	N/A	N/A	N/A
VISION	N/A	N/A	N/A	N/A
BASIC LIFE INSURANCE (30K)	\$16	\$16	\$16	\$16
LONG-TERM DISABILITY	N/A	N/A	N/A	N/A
TOTAL MONTHLY	\$720	\$1,118	\$1,448	\$1,898

LOYALTY REWARDS

For continuous employer plan participation—2019 monthly premium rate discounts per employee

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2018	\$714	\$1,110	\$1,436	\$1,883
Since 2017	\$708	\$1,101	\$1,425	\$1,866
Since 2016 (or before)	\$702	\$1,092	\$1,413	\$1,850

We are excited to continue the Loyalty Rewards program. These rewards will be given to employers who have continuously participated in the Alliance Health Plan for one or more years.

These rewards are effective for the 2019 plan year and apply to the HDHP Standard plan. The amounts will be reviewed and approved by the Benefit Board annually.

*Any employer who still enrolls in 2018 will be eligible for the discounted 2018 loyalty rewards listed.

MEDICAL & PRESCRIPTION COVERAGE

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)	INDIVIDUAL/FAMILY PER CALENDAR YEAR	INDIVIDUAL/FAMILY PER CALENDAR YEAR
WHAT PLAN PAYS—MEDICAL	IN-NETWORK	OUT-OF-NETWORK
Deductible <i>(includes medical and prescription)</i>	\$2,000/\$4,000*	\$4,000/\$12,000*
Employer HSA Contribution	\$1,000/\$2,000	
Out-of-Pocket Maximum	\$6,300/\$12,600* <i>(includes deductible)</i>	\$12,600/\$37,800* <i>(includes deductible)</i>
Physician Services		
Primary Care Office Visit	90% after deductible	50% after deductible
Specialist Office Visit	80% after deductible	50% after deductible
Urgent Care	85% after deductible	50% after deductible
First Stop Health Telemedicine <i>(refer to page 16 for details)</i>	\$25 consult fee if Rx is prescribed; all other visits at no cost <i>(applied toward deductible)</i>	N/A
Preventative Services		
Routine Wellness Exams*	100% covered	not covered
Routine Wellness Lab Work*	100% covered	not covered
Wellness Immunizations <i>*services listed on preventive schedule only</i>	100% covered	not covered
Diagnostic Services		
Basic Diagnostics (x-rays, allergy testing, etc.)	80% after deductible	50% after deductible
Advanced Imaging (MRI, CAT scan, etc.)	80% after deductible	50% after deductible
Colorectal Cancer Screening		
Preventative <i>(beginning at age 50; every 10 yrs)</i>	100% covered	50% after deductible
Medical Services	80% after deductible	50% after deductible

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)	INDIVIDUAL/FAMILY PER CALENDAR YEAR	INDIVIDUAL/FAMILY PER CALENDAR YEAR
WHAT PLAN PAYS—MEDICAL	IN-NETWORK	OUT-OF-NETWORK
Hospital Services		
Inpatient/Outpatient	80% after deductible	50% after deductible
Emergency Room	80% after deductible	80% after deductible
Non-Precertification Penalty	\$500 penalty	\$700 penalty
Maternity (non-preventative services)	80% after deductible	50% after deductible
Physical & Occupational Therapy <i>Limit 60 combined visits per year</i>	80% after deductible (with licensed PT or OT only)	50% after deductible (with licensed PT or OT only)
Chiropractic & Massage Therapy <i>Limit 20 combined visits per year</i>	80% after deductible	50% after deductible
Mental Health/ Substance Abuse <i>Inpatient/outpatient</i>	80% after deductible	50% after deductible
WHAT PLAN PAYS—PRESCRIPTION	RETAIL (30 DAYS)	MAIL ORDER (90 DAYS)
Preventative <i>(*Refer to Express Scripts list.)</i>	100% covered	100% covered
Generic	85% after deductible	90% after deductible
Brand	75% after deductible	80% after deductible
Brand with Generic Available	85% after deductible + cost difference	90% after deductible + cost difference
Compounding	not covered	not covered
Specialty	75% after deductible <i>(per prior authorization)</i>	<i>Available in 30-day supply only</i>

*Benefits subject to the deductible will be paid for any member of a family unit when the family unit deductible has been met, regardless of the number of participants it takes to meet the family deductible. However, the out-of-pocket maximum for a family is tracked by the individual amount until the family maximum has been met.

This page is intended to be an overview of benefits. If there are any discrepancies, the plan document will govern.



VISION COVERAGE

EyeMed offers the right mix of thousands of independent providers, top optical retailers, and online options. The Alliance Health Plan uses the EyeMed Insight Network. For a list of providers, visit www.eyemed.com.

WHAT PLAN PAYS—VISION	IN-NETWORK	OUT-OF-NETWORK
Eye Examinations <i>Every 12 months</i>	100%	Reimbursed up to \$40
Retinal Imaging	Up to \$39	N/A
Eyeglasses		
Standard Lenses: <i>Every 12 months</i> <i>(in lieu of contact lenses)</i>	100% after copay for materials: <ul style="list-style-type: none"> • Single Vision-\$15 copay • Bifocals-\$15 copay • Trifocals-\$15 copay • Lenticulars-\$15 copay • Progressive-\$70 copay 	Reimbursed up to: <ul style="list-style-type: none"> • \$30-Single Vision • \$50-Bifocals • \$70-Trifocals • \$70-Lenticulars • \$50-Progressive
Premium Progressive Lenses: <i>Every 12 months</i>	\$100-\$190 copay (range based on tier*)	Reimbursed up to \$50
Frames: <i>Every 24 months</i>	100% coverage up to \$130	Reimbursed up to \$91
Contact Lenses <i>Fitting and Follow-up</i> <i>Every 12 months</i> <i>(in lieu of eyeglass lenses)</i>	Standard Lenses: <ul style="list-style-type: none"> • \$0 copay/paid-in-full Premium Lenses: <ul style="list-style-type: none"> • \$0 copay/10% retail price with \$55 allowance 	Reimbursed up to \$40 Reimbursed up to \$40
Conventional & Disposable	\$0 copay with \$120 allowance, then 15% off balance over \$120	Reimbursed up to \$120
Medically Necessary	\$0 copay, paid-in-full	Reimbursed up to \$210

*You may contact EyeMed at (866) 939-3633 for premium progressive tier pricing.

ADDITIONAL SAVINGS ON FRAMES

Any standard frame, any brand at any price point for no out-of-pocket expense—a special offer from Target® Optical and Sears® Optical. Simply go to your local Target Optical or Sears Optical store and get any available standard \$0 out-of-pocket expense—no matter the original retail price point.

ADDITIONAL SAVINGS ON CONTACT LENSES

When members visit www.contactsdirect.com to purchase contact lenses, they simply create an account and register their vision benefits. By doing so, they will automatically receive:

- A \$20 savings applied in their cart during checkout and free shipping

Visit www.eyemed.com for additional offers and discounts!



DENTAL COVERAGE

With the Delta Dental® of Colorado PPO Plan, you have the freedom to choose any dentist, but you will pay less if you use an in-network PPO provider. For a list of network providers, visit www.deltadentalco.com.

WHAT PLAN PAYS—DENTAL	IN-NETWORK		OUT-OF-NETWORK
	PPO	PREMIER	
Preventative Care	100%	100%	100%*
<i>Annual Cleanings (will not subtract from annual maximum)</i>			
Annual Deductible	\$50 Individual	\$50 Individual	\$50 Individual
<i>Applies to Basic and Major Services</i>	\$150 Family	\$150 Family	\$150 Family
Basic Services			
<i>Fillings, Root Canals, and Periodontics</i>	80%	70%	70%*
Major Services			
<i>Crowns, Bridges, Partials, and Dentures</i>	50%	50%	50%*
Annual Maximum	\$1,250 per person	\$1,250 per person	\$1,250 per person*
Orthodontics <i>No age limit</i>	50%	50%	50%*
Orthodontic Lifetime Maximum	\$1,500 per person	\$1,000 per person	\$1,000 per person*

**The Delta Dental allowable amount for out-of-network providers is based on a portion of the PPO Schedule of Allowance. You may have additional out-of-pocket costs by using a non-participating dentist. This is a brief outline of coverage and does not list services that are limited or excluded.*

You may enjoy discounts by using either a Delta Dental PPO or a Delta Dental Premier provider. You will save the most by using a Delta Dental PPO provider, since the Premier provider discounts are not as great. If you choose an out-of-network provider, you will be billed the total amount the provider charges beyond what Delta Dental pays.

If you are checking on expensive services, it's always best to call in advance to determine what is covered. Your Delta Dental dentists are generally very good about helping with this, but you may also call Delta Dental directly at (800) 610-0201. While your dentist may recommend certain services or items, there can be exclusions (non-covered services or items).



LIFE INSURANCE & LONG-TERM DISABILITY COVERAGE

BASIC LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

To help give you and your family extra peace of mind, the Alliance Health Plan provides you with the following as part of your coverage:

- \$30,000 of Basic Life Insurance
- \$30,000 of AD&D

Note: Reduction in Coverage at Age 65

There are reductions in life insurance amounts, beginning at age 65 for basic life insurance and at age 70 for voluntary life insurance.

VOLUNTARY LIFE OPTIONS

At the time of enrolling, you may purchase additional life insurance coverage for your family as follows:

- Up to \$250,000 for self
- Up to \$50,000 for spouse if enrolled in health plan
- Up to \$10,000 per child if enrolled in health plan

VOLUNTARY LIFE MONTHLY RATES

Rate x per \$1,000 of coverage = monthly premium

AGE	EMPLOYEE RATE	SPOUSE RATE
<30	\$0.091	\$0.088
30-34	\$0.103	\$0.095
35-39	\$0.124	\$0.113
40-44	\$0.186	\$0.163
45-49	\$0.309	\$0.266
50-54	\$0.510	\$0.426
55-59	\$0.819	\$0.656
60-64	\$1.061	\$1.012
65-69	\$1.408	\$1.756
70-79	\$2.890	Ineligible
80+	\$7.665	Ineligible

Children rates are \$0.112 per \$1,000 of coverage and available in increments of \$1,000 from \$2,000–\$10,000. Voluntary life coverage for children is available until they reach age 23, even if coverage continues under the health plan until age 26.

***Those enrolled are eligible to buy up during open enrollment.**

EVIDENCE OF INSURABILITY

If you apply for voluntary life insurance outside of certain qualifying events (such as marriage or a birth), coverage is subject to approval based on evidence of insurability per medical testing. Therefore, it is advantageous to enroll when first joining the plan.

Important: Basic life, AD&D, and voluntary life coverage concludes when active employment ends. Conversion may be available for purchase if notified within 30 days of ending active employment.

RETIREE LIFE INSURANCE

Alliance Benefits offers \$7,500 of retiree life insurance to participants who retire at age 65 or older with 20 or more years of U.S. Alliance service. Please contact Alliance Benefits for more details at (800) 700-2651.

LONG-TERM DISABILITY COVERAGE

The Alliance Premium Health Plan includes a safety net in the event you are unable to work due to a serious illness or injury. If you become disabled, subject to approval, this benefit will pay 60% of your salary up to \$6,000 per month (including ministerial housing allowance if applicable). If approved, you must first satisfy a 90-day waiting period. Refer to Colonial Life supplemental products for coverage options during this 90-day waiting period. Generally, this benefit is paid until age 65 if you continue to qualify. If you become disabled after age 62, the following schedule of benefits applies:

AGE	MAXIMUM BENEFIT PERIOD
62 or under	Until age 65 or 42 months if longer
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69	12 months



TELEMEDICINE COVERAGE

Telemedicine is proving to be a cost-saving solution for health-care needs. With costs rising at twice the rate of inflation, faster access to care is an effective alternative to doctor, urgent care, or emergency room visits. Statistics show that 40% of emergency room visits are unnecessary and up to 85% of pediatric visits could be conducted via phone or video chat.

We would like to introduce you to First Stop Health. This service provides 24/7 access to U.S.-based physicians and can help you in saving health-care dollars. First Stop Health believes access to health-care should be convenient, affordable, and transparent.

HIGHLIGHTS:

- No online registration required
- Call (888) 691-7867 to speak to a doctor
- Consultation fee of \$25 if an Rx is prescribed (all other visits are at no cost)
- Completed over the phone or by video chat 24/7
- Doctors available in all 50 states
- Mobile app available to allow even quicker access to a doctor
- Benefit provided to employees enrolled in the health plan
- Secure, online dashboard available to employees
- No more waiting days or months for a doctor's appointment

COMMON CONDITIONS TREATED:

- Infections (ear, upper respiratory, eye, etc.)
- Sinus or allergy-related problems
- Sore throat and/or cough
- Colds and flu
- Swelling and muscle or joint pain
- Nausea or vomiting
- Rashes
- Refill of a maintenance medication
- Other minor illnesses or injuries
- And more . . .



ADDITIONAL COVERAGE OPTIONS

The Alliance Health Plan partners with Colonial Life in offering voluntary supplemental benefit products under a group discounted rate. These products offer you solutions to help pay for your unexpected out-of-pocket costs.



MEDICAL GAP COVERAGE

An individual hospital confinement indemnity plan that complements your core medical coverage, offering benefits for hospital confinement, wellness, rehabilitation confinement, and more



ACCIDENT INSURANCE PROTECTION

Designed to help you fill some of the gaps caused by increasing deductibles, coinsurance, and out-of-pocket costs related to an accidental injury



SHORT-TERM DISABILITY INCOME REPLACEMENT

An individual short-term disability product that replaces a portion of income if someone becomes disabled due to a covered accident or illness



CANCER SUPPLEMENTAL INSURANCE PLANS

A guaranteed renewable, individual cancer product that helps pay some of the direct and indirect costs related to cancer diagnosis and treatment

CONTACT INFORMATION

WHO	TOPIC	PHONE	WEB SITE
Health Comp	Medical Coverage Inquiries, Claims	(800) 442-7247	www.healthcomp.com
BenefitWallet	HSA Account Maintenance, Balances	(877) 472-4200	www.mybenefitwallet.com
First Stop Health	Online 24/7 Access to a Doctor	(888) 691-7867	www.fshealth.com
Express Scripts	Prescription Coverage Inquiries	(800) 206-4005	www.express-scripts.com
Delta Dental of Colorado	Dental Coverage Inquiries	(800) 610-0201	www.deltadental.com
EyeMed	Vision Coverage Inquiries	(866) 939-3633	www.eyemed.com
Colonial Life	Supplemental Coverage Options	(800) 507-3800	www.coloniallife.com
Alliance Benefits	Eligibility, Billing, HSA Contributions, Enrollment, Life Changes, Retirement, Ending Employment, Life Insurance, Long-Term Disability, Elevated Claims Assistance, Wellness Program, General Questions and Service	Phone: (800) 700-2651 Fax: (719) 262-5397 E-mail: benefits@cmalliance.org Web site: www.alliancebenefits.org	



MOBILE APPS AVAILABLE



Now you can access your BenefitWallet® account on-the-go from the convenience of your smartphone! The BenefitWallet® app is a secure, interactive mobile app for accessing your account information.

www.bit.ly/benefitwalletmobile



HealthComp®

The HCOOnline mobile app gives members the power to access their HealthComp® account and the ability to view their digital ID card, electronic EOB statements, and claim information.

www.bit.ly/healthcompmobile



EXPRESS SCRIPTS®

With the Express Scripts® mobile app, you can skip the pharmacy trip. From up-to-the-minute order statuses to a handy “medicine cabinet” to keep track of prescriptions, our app is an on-the-go pharmacy that replaces the runaround with right now!

www.bit.ly/expressscriptsmobile



First Stop Health telemedicine is available to those enrolled as an Alliance Health Plan member. The app is available for iOS devices and gives you the ability to talk to a First Stop Health physician via telephone or video in minutes.

www.bit.ly/firststophealthmobile



Your dental health is important to Delta Dental® . . . and to your overall health. We want to make it easy for you to make the most of your dental benefits so you can maximize your health, wherever you are. Delta Dental's® mobile app gives you access to the dentist search tool, claims and coverage, ID cards, and more—right on your mobile device.

www.bit.ly/deltadentalmobile



EyeMed's free mobile app is available for iPhone and Android, at iTunes or the Google Play Store. This helpful app lets you find a nearby eye doctor, make an appointment in seconds, see your full listing of benefits, manage claims, view a copy of your ID card, get special member-only discounts, and much more!

www.bit.ly/eyemedmobile

PARTNERING WITH ALLIANCE BENEFITS



HCMS Group® is a research-based health-care company that helps employers and patients with stewardship of health-care and financial resources. HCMS uses high-tech data management and advanced analytics to provide answers about where the money goes and measure the quality of treatment. The company's KnovaSolutions® clinical prevention service provides high-touch, individual decision support for those with the greatest needs.



KnovaSolution®s is the clinical prevention service of HCMS Group®. This service is available to help people manage complex health-care situations by gaining a better understanding of their choices for medical care, treatment, and medication. The KnovaSolutions slogan is "Your Health, Your Decisions," and it's all about empowering patients to make the best health decisions possible.



HealthComp® is a third-party administrator offering services that extend beyond that of medical claims processing. We are set apart from our competition with a strong emphasis on cost containment. Offering a service rather than a product, we consider ourselves an extension of the Alliance Health Plan. We have an experienced staff of more than 300. Our average employee has more than 10 years of health benefits administration experience. Because of this, our staff is well trained, accomplished, and capable of providing the highest level of service. Callers will always speak with a friendly HealthComp representative without being forced to navigate through a complex menu.



Benefit Dynamics Company began in October 1997. Our team that supports The Alliance has been in existence for 20 years. We work with employers and associations to find alternative strategic solutions to their employee benefit programs. Our focus is centered on cost strategies while also providing employee/participant-centered employee benefit programs. We specialize in the self-funded employer/association that is interested in controlling their health-care spending and also being part of the solution. We work with many different vendors that offer alternative solutions to the self-funded employer/association.



ALLIANCE
BENEFITS
Compassion, Integrity, Respect.