



THRIVE TOGETHER

THE ALLIANCE HEALTH PLAN





THRIVE TOGETHER

While the phrase is often used by many, it was the Greek philosopher Heraclitus who first stated, “The only constant is change.” We are well aware that 2020 has brought enormous change, unprecedented challenges, and new obstacles for us all. But in light of those difficulties, it has also brought unique opportunities and the space to find bold and exciting ways to serve our Alliance family. I’m excited to announce one of those new enhancements.

But first I want to share some great news about the 2021 insurance premiums. For the past several years, we have been able to keep premium increases in the low single-digit percentages while also offering discounts in the form of “loyalty rewards” to our member organizations that renew their insurance through Alliance Benefits. Additionally, we were blessed enough to be in a position to offer 50 percent premium relief during April 2020 to help alleviate the impact of the COVID-19 pandemic. While the full impact of COVID-19 on our health systems and the utilization of services in 2021 are still yet to be seen, we are excited to let you know that we will be holding premium rates steady for 2021 with **NO INCREASE**. We fully recognize the financial challenges our churches and supporting organizations face during these uncertain times. We are thankful that our financial results for the plan over these past several years have allowed us to make this significant decision.

I also want to tell you about a new facet of the health plan that we are thrilled to bring to our membership. I think it will make an incredible difference in the lives of our people. For years, the Alliance Health Plan had a significantly simplified approach to wellness and incentivized preventive health care. Until now, we have given a small gift card to a member (and spouse, when married) for their annual preventive exam. While this is an excellent first step, it fails to consider each member’s specific health needs, personal situation, risk factors, etc. Our new wellness program, launching in 2021, will provide our members with a plan tailored to their circumstances. It will also offer opportunities to earn additional dollars into their Health Savings Account. Through this program, a member can earn an additional \$250 per year or \$500 per year for a member and their spouse by completing an annual wellness plan designed for them.

Following a year filled with change and challenges, the Alliance Benefits team can’t wait for you to join us on this exciting journey into 2021. God bless you all, and thank you for your trust in Alliance Benefits to help serve your families’ needs.

Grace and peace,



Curtis Farmer
Director for Alliance Benefits



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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.

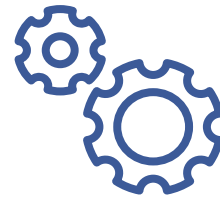
ADVANTAGES OF THE ALLIANCE HEALTH PLAN



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 paid at 100 percent. They can be found on the **Preventive Schedule** and **Preventive Drug List**, located on the Alliance Benefits website—www.alliancebenefits.org. The Alliance Health Plan offers two 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 Lively.

HSA OVERVIEW

A health savings account (HSA) is a personal savings account for health expenses. HSAs are owned by you and can be transferred from job to job or institution to institution. They are yours for life!

HSAs allow for pre-tax contributions, tax-free interest, and tax-free withdrawals (for medical expenses). In 2021, individuals can contribute up to \$3,600 in tax-free savings, and families can contribute up to \$7,200. Plus, if you are 55 or older, you can contribute an additional \$1,000 to each level. These limits include both employer and employee contributions.

HSAs work with HSA-eligible health plans and are the only completely tax-free way to save for future health costs. 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 www.livelyme.com/whats-eligible/.

Please note that Medicare, Medicaid, and General-Purpose flexible spending accounts are common disqualifiers of HSA eligibility. Lively can answer all eligibility questions—and you can find more information at www.bit.ly/lively-eligibility.

An HSA helps you save for health-care expenses tax free—today and well into retirement!

HSA INVESTMENTS

Lively has integrated with TD Ameritrade's self-directed brokerage platform, giving you access to more than 550 commission-free electronic fund transfers and over 13,000 mutual funds, stocks, bonds, CDs, and more. Regardless of your investment strategy, you now have several options to build your ideal portfolio. Lively has designed a truly integrated experience, including the ability to access an investment account directly from within Lively using Single Sign-On, so there's no need for a separate login to access investments. All enrolled employees can invest the first dollar in their HSA account (no minimum required) if they choose, and there are no fees to access investments*.

*Transaction fees may apply. See Ameritrade's fee schedule at www.bit.ly/ameritrade-fee-schedule.

WHAT'S NEW FOR 2021?

- From our telemedicine provider that many of you already know and use, FirstStop Health's new Virtual Counseling solution now makes accessing short-term mental health care even more convenient. Beginning on August 1, 2020, this unique benefit was made available at no additional cost to health plan participants and their immediate family members. See page 19 for details.
- We are thrilled to announce a new wellness and employee assistance program launching in January 2021! These programs provide our members with opportunities that offer a healthier lifestyle and additional dollars into their Health Savings Account. Through this program, a member can **earn an additional \$250 per year or \$500 per year** for the member and their spouse by completing an annual wellness plan designed for them. See page 20 for details.

WHAT'S STAYING THE SAME?

- No increase to the health plan premium rates.
- Great care for the Alliance family provided by the Alliance Benefits team
- High-deductible health plan with an HSA—no change in the 2020 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 Lively
- Provider networks—Blue Cross Blue Shield Network, Express Scripts®, EyeMed®, and Delta Dental®
- Preventive Drug List provided at 100 percent
- KnovaSolutions® health coaching service available at no additional cost
- 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 report 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 rewards are as follows:

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2020	\$6 per month	\$10 per month	\$13 per month	\$18 per month
Since 2019	\$13 per month	\$19 per month	\$26 per month	\$35 per month
Since 2018 (or before)	\$19 per month	\$29 per month	\$39 per month	\$53 per month

These rewards are effective for the 2021 plan year and apply to both the HDHP Premium and Standard plans. These amounts will be reviewed and approved by the Benefit Board annually.

***Any employer who still enrolls in 2020 will be eligible for the discounted 2020 loyalty rewards listed.**

Please refer to the 2021 rates on pages 10 and 11 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, Orchard Alliance

**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, Medicaid, Tricare, or VA (does not include health-care sharing ministries, government exchange programs, 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 60 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.

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 7)
- 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 email, 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 2021 RATES

PREMIUM HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
MEDICAL AND PRESCRIPTION	\$639	\$963	\$1,303	\$1,766
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	\$801	\$1,237	\$1,592	\$2,101

LOYALTY REWARDS

For continuous employer plan participation—2021 monthly premium rate discounts per employee

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2020	\$795	\$1,227	\$1,579	\$2,083
Since 2019	\$788	\$1,218	\$1,566	\$2,066
Since 2018 (or before)	\$782	\$1,208	\$1,553	\$2,048

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 2021 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 2020 will be eligible for the discounted 2020 loyalty rewards listed.

STANDARD HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
MEDICAL AND PRESCRIPTION	\$639	\$963	\$1,303	\$1,766
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	\$739	\$1,146	\$1,486	\$1,949

LOYALTY REWARDS

For continuous employer plan participation—2021 monthly premium rate discounts per employee

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2020	\$733	\$1,136	\$1,473	\$1,931
Since 2019	\$726	\$1,127	\$1,460	\$1,914
Since 2018 (or before)	\$720	\$1,117	\$1,447	\$1,896

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 2021 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 2020 will be eligible for the discounted 2020 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 SM Telemedicine <i>(Refer to page 18 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.

**Some specialty medications may be eligible for a \$0 copay through the SaveOnSP program. Contact Alliance Benefits for details.

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

*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 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 percent 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 percent of emergency room visits are unnecessary and up to 85 percent of pediatric visits could be conducted via phone or video chat.

We would like to introduce you to First Stop HealthSM. This service provides 24/7 access to U.S.-based physicians and can help you save health-care dollars. First Stop HealthSM 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 . . .



VIRTUAL COUNSELING BENEFIT

24/7 ACCESS TO COUNSELORS AT NO ADDITIONAL COST

From our telemedicine provider that many of you already know and use, First Stop HealthSM's new Virtual Counseling solution now makes accessing short-term mental health care even more convenient. Beginning on August 1, 2020, this unique benefit will be available at no additional cost to Alliance Health Plan participants and their immediate family members. Here are the details:

- **FREE** to use; there are no copays or consultation fees to use this service.
- Counselors are U.S.-based and licensed to practice in the state from where you are calling.
- Use their mobile app (www.bit.ly/firststophealthmobile) or online dashboard (app2.fshealth.com); or call (888) 691-7867 to request your visit.
- Visits are confidential and completed by phone or video.
- Your immediate family members are also eligible to use the service.
- No online registration is required; just call First Stop HealthSM!

REASONS TO SPEAK WITH A COUNSELOR:

- stress
- anxiety
- depression
- grief
- marital/relationship issues
- drug/alcohol misuse
- and more



WELLNESS AND EMPLOYEE ASSISTANCE (EAP) PROGRAMS

The Alliance Health Plan has partnered with Workpartners LifeSolutions to provide a holistic approach to your overall health. LifeSolutions offers services to address every aspect of your well-being. You can access personalized wellness programs and counseling resources, receive support over the phone, or explore the online resource center. All this is available at no cost to you beginning January 2021.

HEALTHY LIVING SUPPORT

- Increase your physical activity
- Manage your weight
- Eat healthier
- Reduce your stress

EMPLOYEE ASSISTANCE PROGRAM RESOURCES

Help is available 24 hours a day, seven days a week, 365 days a year.

- Coaching and counseling in person, over the phone, or by video
- Improve relationships, manage stress or life changes, cope with losing a loved one, and more
- Receive referrals for childcare, elder care, and daily living needs
- Obtain legal and financial resources
- Explore their website's work-life section, featuring Skill Builder courses, webinars, and other valuable resources

LifeSolutions' services are private, confidential, and available to you and members of your household at no cost.

Ready to take charge of your well-being? Contact LifeSolutions by calling (844) 833-0527 (TTY 711) or by visiting www.workpartners.com/cma.

EARN ADDITIONAL DOLLARS INTO YOUR HSA!

THE TAKE A HEALTHY STEP PROGRAM

As part of this wellness program, you will have the opportunity to take an active role in your health decisions and earn additional dollars into your HSA! Workpartners and MyHealth OnLine are working together to bring you the "Take a Healthy Step" program.

How does it work?

This program gives you the chance to earn an HSA contribution by taking healthy steps, completing specific requirements, and earning incentive points. Some examples of how to achieve these points are by:

- Participating in health promotion programs in various ways—in person, in groups, by telephone, online, or through self-study
- Engaging in EAP, Wellness, and KnovaSolutions® videos and services
- Completing an annual biometric screening or physical, dental, and vision exams



For 2021, participants will be required to:

- Complete the MyHealth Questionnaire (Online Health Assessment)
- Earn an additional 200 Healthy Step points from any items on the incentives list

All employees and their spouses (if applicable) participating in the health plan are eligible to earn incentive points. Once they complete their questionnaire and achieve their annual incentive points (200 points for employee only and 200+200 points for employee and spouse), the following HSA dollar amounts will credit to the employee's account:

- \$250 for employee-only plan
- \$500 for employee + children plan
- \$500 for employee + spouse plan
- \$500 for a family plan

Health plan participants can expect to receive specific details from Workpartners and MyHealth Online regarding how to access their online account, enroll, and get started.



UNIQUE CARE SUPPORT PROGRAM

Did you know that as part of your benefits package through the Alliance Health Plan, you can access a unique care support program called KnovaSolutions®? We know that trying to manage complex health care–related issues can be a full-time job. So, Alliance Benefits has partnered with KnovaSolutions® to provide you and your family with the support you need to navigate any medical-related concerns.

WHAT IS KNOVASOLUTIONS®?

KnovaSolutions® is a clinical prevention service to help members better understand and manage their medical care, treatments, and medications via telephone and email. Their clinical team focuses on the member as a whole, not just the health complications they may be facing, by providing access to health information and support in making the best health decisions possible.

DOES IT COST ME ANYTHING?

No. There is no cost to you or any family member for participating in the program.

WILL MY EMPLOYER KNOW I AM USING KNOVASOLUTIONS® SERVICES?

No. KnovaSolutions® is an entirely voluntary, confidential health information service. At no time will information related to you or your family member's specific health concerns be shared with your employer.

WHAT DOES KNOVASOLUTIONS® DO FOR MY FAMILY AND ME?

They take a person-centered approach that goes beyond illness and injury. You'll have access to a support team that includes a nurse, pharmacist, and medical research librarian. They will give you information, support your medical journey, and work with you to build a health management action plan to make informed decisions. Your plan will address concerns that impact your overall

well-being by navigating work, family, and school-related issues.

These services should enhance, not replace, the relationship you have with your provider.

Your clinical team can answer questions like:

- What does my diagnosis mean?
- Where can I go for the best treatment?
- How do I get a second opinion?
- What are the risks and benefits of this surgery?
- How do I get a copy of my medical records?
- What lifestyle changes will improve my health?
- How can I decrease the stress in my life?

HOW DO I USE THIS SERVICE OR GET CONNECTED?

If you are eligible for our services, KnovaSolutions® will send you an introductory letter and set up a consultation with a clinical support nurse. This program is voluntary and member-driven. You decide if, when, and how often you want to connect with your team. The services are secure, confidential, and customized to fit your individual needs.

Also, if you are ready to enroll, you can call or email KnovaSolutions®:

Phone: (800) 355-0885, Monday–Friday, 7 a.m. to 7 p.m. (Central Standard Time)

Email: contactknova@hcmsgroup.com



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
HealthComp®	Medical Coverage Inquiries, Claims	(800) 442-7247	www.healthcomp.com
Lively	HSA Account Maintenance, Balances	(888) 576-4837	www.livelyme.com
First Stop HealthSM	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
KnovaSolutions®	Member Care for Complex Health Care-Related Issues	(800) 355-0885	Email: contactknova@hcmsgroup.com
WorkPartners Life Solutions	Wellness and Employee Assistance Program (EAP)	(844) 833-0527	www.workpartners.com/cma
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 Email: benefits@cmalliance.org Website: www.alliancebenefits.org	



PARTNERING WITH ALLIANCE BENEFITS



Workpartners is an innovative health, wellness, and productivity company that assists clients in transforming the well-being of their workforce. Our customizable, integrated workforce planning solutions enable organizations to maximize employee engagement, lower health-care costs, and improve overall employee health. Core strategic lines of business include analytics, absence management wellness, employee assistance programs, worker's compensation, on-site health services, and benefits administrative platforms. Built on more than 20 years of experience and proven results, Workpartners is part of UPMC, a leading integrated health delivery system.



KnovaSolutions[®] 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 by 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.



MOBILE APPS AVAILABLE



Lively's mobile apps bring the power of an HSA to your phone. Lively users can manage their account anywhere they want to use their HSA. Features include a simple dashboard, HSA spend tracking, and Investments-At-A-Glance.

www.bit.ly/lively-app



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



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 HealthSM telemedicine is available to those enrolled as Alliance Health Plan members. The app is available for iOS devices and gives you the ability to talk to a First Stop HealthSM physician via phone 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



Included in the wellness program, Workpartners offers the RxWell app. Sometimes you need a few minutes for your mental health. These moments often come when you have little time to spare. The RxWell app can help you become emotionally and physically healthy by combining health coaching support with proven techniques. Take the first step to improve your mental health—download RxWell today!

www.bit.ly/workpartnersmobile



ALLIANCE
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