

HEALTHIER TOGETHER

THE ALLIANCE INTERNATIONAL
HEALTH AND RETIREMENT PLANS



BENEFIT SUMMARY GUIDE 2024

ALLIANCE**BENEFITS**

HEALTHIER TOGETHER

Dear International Worker,

We are so thankful to be partnering with our international workers, and we are honored to support you in your work around the world. Our heart as a benefits team is to “serve those who serve” and to help our workers to the best of our abilities, whether in the field or in the United States.

You will notice that there will be some major changes to your health plan in 2024. We are changing our third-party administrator from HealthComp to Allied Benefit and Express Script to MedOne with VIVIO handling our specialty medications and our provider network from Cigna to First Health. We know that changes can be uncomfortable, which is why we are working very closely with our new vendors to ensure that there is little to no disruption from what you are used to.

As you read through this guide, please reach out to the Alliance Benefits staff if you have additional questions or concerns, no matter how small. Our theme for the plan continues to be *Healthier Together*, and we pray that your work will continue to thrive in 2024 and beyond!

Grace and peace,



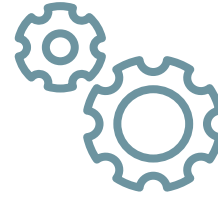
David Peppers
Executive Director for Alliance Benefits

TABLE OF CONTENTS

Health and Retirement Plan Highlights	4
Health Plan Details	5
Health Plan Administrator.....	7
How Your Claims Will Process.....	8
Telemedicine Coverage (U.S. Only).....	9
Virtual Counseling Benefit (U.S. Only).....	10
Medical Coverage	11
Prescription Coverage.....	12
Dental Coverage.....	14
Vision Coverage.....	15
Long-Term Disability Coverage.....	16
Life Insurance Coverage	16
How to Submit Claims	18
Unique Care Support Program.....	19
Medicare Transition Services.....	20
Retirement Plan Details.....	21
Contact Information	23
Mobile Apps Available.....	24
Partnering with Us.....	26

This document is intended to provide an overview of health benefits and includes descriptions of general services covered. It does not list those services that are limited or excluded from coverage. If differences exist between this summary and the Plan Document, the Plan Document will govern. This document is available to you at any time. For a copy, please contact Alliance Benefits at (800) 700-2651.

HEALTH AND RETIREMENT PLAN HIGHLIGHTS



HOW IT WORKS

Health Plan

The Alliance Health Plan is a self-funded health plan sponsored and maintained by your employer through The Alliance. When you file a medical claim, The Alliance pays your claim. This means that the funds used to pay your medical bills come from the premiums paid to the Alliance Health Plan and are used specifically for the international workers and their families.

Retirement Plan

The 403(b) Retirement Plan allows you to benefit from the sheer volume of Alliance investors. This means the plan has the best investment options available at the lowest costs to the participant.

The plan has access to many investment options, including target date funds. The Alliance 403(b) Retirement Plan is a powerful tool to help you reach your retirement dreams.

EMPLOYEE BENEFITS INCLUDE:

- Medical
- Dental
- Vision
- Life Insurance
- Long-Term Disability
- 403(b) Retirement Plan

These benefits are paid for by your employer and are included in your overall comprehensive salary and benefit package.

Alliance Benefits services these plans on behalf of your employer. We understand that our Alliance international workers have unique needs, and for this reason, we work with various vendors to ensure you are well taken care of, both while overseas and in the United States.



SERVING WITH
COMPASSION • INTEGRITY • RESPECT

HEALTH PLAN DETAILS

Thank you for taking the time to read through this summary guide. The material included in this guide will cover health and retirement benefits available to all eligible international workers. As you navigate through this information, please feel free to contact Alliance Benefits at (800) 700-2651 or at benefits@cmalliance.org with any questions you may have. For additional information, visit the Alliance Benefits website at alliancebenefits.org/benefits under the “International” section. We welcome the opportunity to serve you and thank you for your faithfulness in helping to reach the ends of the earth!

WHO MAY ENROLL?

You and your dependents are eligible to enroll. Your dependents are eligible for coverage if they are:

- Your biological children, adopted children (including a child placed with you for adoption), stepchildren, foster children, or children for whom you are a legal guardian
- Under the age of 26

It is important to note that a married couple, in most cases, is viewed as both having full-time employment status. This means that they are each eligible for their own life insurance and long-term disability policy. For administrative purposes, the husband is generally listed as the primary cardholder.

WHEN MAY I ENROLL MY DEPENDENTS?

- At your time of hire when you enroll
- Within 60 days of birth (new child only)
- Within 60 days of adoption or placement for adoption (new child only)
- Within 30 days of a dependent’s loss of other coverage (through employment, college, etc.)
- During annual open enrollment

It is important to note that your newborn child will NOT be automatically enrolled in your health plan coverage. The employee must contact Alliance Benefits at benefits@cmalliance.org within 60 days from the date of birth.

SPECIAL ENROLLMENT

A special enrollment event occurs when you or your dependents experience a loss of other health-care coverage or when the employee acquires a new dependent as a result of marriage, birth, adoption, or placement for adoption. These examples are referred to as qualifying events. In these circumstances, you and/or your eligible dependents will be considered special enrollees. The employee MUST contact Alliance Benefits at benefits@cmalliance.org within 30 days, or 60 days as outlined above, from the date of the qualifying event in order to enroll.

OPEN ENROLLMENT

The Alliance International Health Plan provides a designated annual open enrollment period in December. Plan changes requested during open enrollment will be effective January 1 and through that calendar year. In the rare occasion that an international worker does not enroll as a new hire or does not have a qualifying event (refer to the Special Enrollment section on the previous page), the open enrollment period is the only time they may make changes to their plan and/or add dependents. For questions or further clarification regarding your situation, please contact Alliance Benefits.

CLAIMS ADMINISTRATION

Below is a list of companies that will process and administer health benefits for you and any dependents enrolled in the plan:

- Out of the U.S.
 - Medical, prescription, dental, and vision: Allied Benefits
 - Life insurance and long-term disability: The Standard® Insurance Company
- In the U.S.
 - Medical: Allied Benefits
 - Prescription: MedOne® VIVIO for Specialty Pharmacy
 - Dental: Delta Dental®
 - Vision: EyeMed®
 - Life insurance and long-term disability: The Standard® Insurance Company

*For more information, refer to the Medical Coverage section of this guide on page 11.

ENDING COVERAGE

When employment ends, your employer and Alliance Benefits will work through these important details with you. You may be eligible to purchase coverage extension.

The Alliance Health Plan is not governed by ERISA laws and therefore does not provide COBRA coverage. Instead, coverage extension is offered. 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 will conclude on the last day of the month when employment ends.
- Coverage extension includes medical, prescription, dental, and vision benefits.
- Eligible individuals may be able to convert/port their life insurance and long-term disability policies.
- Eligible individuals may be able to purchase retiree life insurance (please refer to page 17 of this guide).

Below are the 2024 premium rates for extending coverage on your own:

INTERNATIONAL HEALTH PLAN	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Coverage Extension	\$578 per month	\$875 per month	\$1,136 per month	\$1,577 per month

HEALTH PLAN ADMINISTRATOR

ABOUT ALLIED BENEFITS

Allied Benefits is a national health-care solutions company that supports healthy workplace cultures. Founded in 1980, Allied has grown to be the largest independent third-party administrator in the United States.

TO VERIFY BENEFITS OR CONTACT ALLIED BENEFITS REGARDING CLAIMS QUESTIONS:

Please call Allied Benefits to verify coverage and health benefits. Their Customer Contact Center is open from 7:30 a.m. to 7:00 p.m. CST Monday–Thursday, 8:00 a.m. to 5:00 p.m. CST Friday, and 9:00 a.m. to 12:00 p.m. CST Saturday.

■ Allied Benefits Customer Contact Center: plan participants should call (800) 288-2078.

REGISTER FOR 24/7 ACCESS TO YOUR ALLIED BENEFIT ONLINE ACCOUNT

Visit alliedbenefit.com to register if you have not already done so.

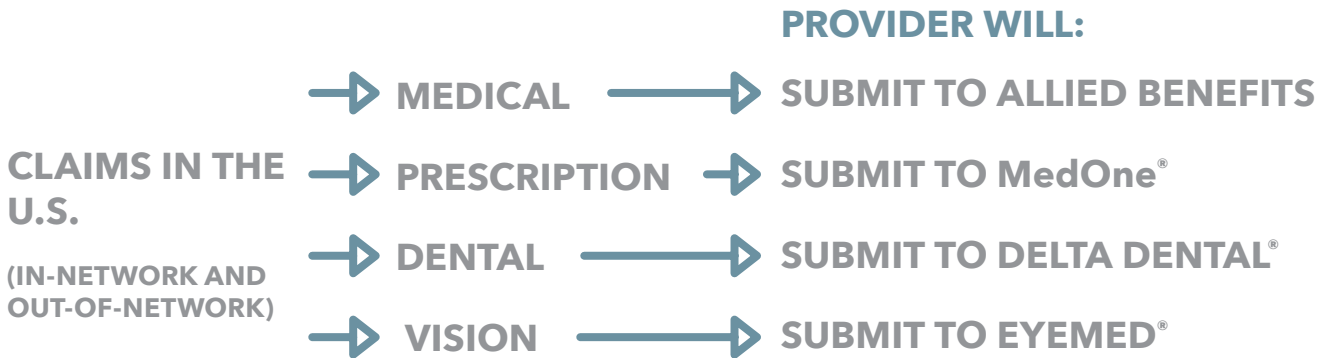
Once registered, you will be able to:

- See your recent claims and check payment status
- See your prescription drug history
- Verify your benefits coverage
- Check your out-of-pocket maximum satisfied year-to-date
- Request or view your ID card
- Send a secure email to the Customer Contact Center

NOTIFICATION OF PRECERTIFICATION

For inpatient or some outpatient hospital services, it is important for you or your doctor/provider to contact Allied Care prior to your procedure. The number for precertification is (800) 892-1893, which will also be located on the back of your new ID card. If these services are not pre-certified, please note that a possible \$300 penalty will be applied.

HOW YOUR CLAIMS WILL PROCESS:



YOUR HEALTH PLAN ID INFORMATION:

MEDICAL

Customer Service: Allied Benefit®
 Network: FirstHealth®
 Group Number: A24119
 Phone: (800) 288-2078
 Website: alliedbenefit.com
 Submit Claims out of U.S.: Allied Benefit®
 Submit Claims in U.S.: Allied Benefit®

DENTAL

Customer Service: Delta Dental®
 Network: Delta Dental® of Colorado
 Group Number: 7789-700
 Phone: (800) 610-0201
 Website: deltadentalco.com
 Submit Claims out of U.S.: Allied Benefit®
 Submit Claims in U.S.: Delta Dental®

TELEMEDICINE (USA)

Customer Service: First Stop HealthSM
 Network: First Stop HealthSM
 ID Number: member's date of birth
 Phone: (888) 691-7867
 Website: fshealth.com
 Consultation Fee: \$25 only if Rx is prescribed (otherwise at no cost)

PRESCRIPTION

Customer Service: MedOne®
 Network: MedOne®
 Group # International: ALLIDALLNC
 RxBin: 022832 RxPCN: MD1
 Phone: (866) 335-9057
 Website: medone-rx.com
 Submit Claims out of U.S.: Allied Benefit®
 Submit Claims in U.S.: MedOne®

VISION

Customer Service: EyeMed®
 Network: EyeMed® Insight
 Group Number: 1025210
 Phone: (866) 939-3633
 Website: eyemed.com
 Submit Claims out of U.S.: Allied Benefit
 Submit Claims in U.S.: EyeMed®

ALLIANCE BENEFITS

Plan Administrator:
 Alliance Benefits
 Email: benefits@cmalliance.org
 Phone: (800) 700-2651
 Fax: (380) 600-8526
 Website: alliancebenefits.org

TELEMEDICINE COVERAGE (U.S. ONLY)

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.

Your telemedicine provider is 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. They provide licensed, board-certified doctors who are eligible to practice within the United States. **For this reason, this service is not currently available to those calling from anywhere overseas.**

The following telemedicine services are available to plan participants and their family members when in the U.S.:

HIGHLIGHTS:

- No online registration required
- Log in to fshealth.com to access your account information
- 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 and dependents 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 PRIMARY CARE

Virtual primary care is just what it sounds like: the ability to talk to your primary care doctor via phone or video. Appointments are conducted virtually, but your doctor will refer you to in-person (and in-network) care if needed. Like the virtual urgent care benefit, this service is available when in the United States and is free of charge if no prescription is written (otherwise it is a \$25 fee).

At your first visit, your First Stop Health doctor will get to know your personal and family health history, ask questions, listen to your concerns, and make recommendations for your current and future health. These recommendations may include:

TESTS & SCREENINGS

Our primary care doctors can help assess whether you need certain screenings. Depending upon your age or certain risk factors, you may be due for a cancer screening. Your doctor can provide mental health screenings as well.

SPECIALIST VISITS

Just like at an in-person visit, virtual primary care doctors can refer you to in-network specialists such as cardiologists, dermatologists, gastroenterologists, ob-gyns, and urologists.

VACCINATIONS

Our doctors can review your vaccination history to ensure you're up-to-date and help you protect yourself from illness.

LIFESTYLE CHANGES

Are you looking to make a change to your lifestyle? Get the support you need from your primary care doctor. Together, you can make a plan to increase your physical activity, lose weight, improve your mental health, 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. This unique benefit will be available at no additional cost to Alliance Health Plan participants and their immediate family members while they are in the United States. Here are the details:

- **FREE** to use; there are no co-pays 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 (tinyurl.com/firststophealthmobile) or online dashboard (app.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!

MEDICAL COVERAGE

MEDICAL BENEFITS	INDIVIDUAL/FAMILY PER CALENDAR YEAR	INDIVIDUAL/FAMILY PER CALENDAR YEAR
WHAT PLAN PAYS—MEDICAL	IN-NETWORK	OUT-OF-NETWORK <i>Paid at in-network level outside of U.S.</i>
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$1,000/\$3,000	\$1,000/\$3,000 <i>(plus up to additional \$1,000/\$3,000)</i>
Coinsurance	80%	70% of allowed amount
Lifetime Maximum Benefit	None	None
Routine Preventive Care		
Adult	100%	70%
Pediatric	100%	70%
Infant	100%	70%
Immunizations	100%	100%
Mammogram <i>(once per year)</i>	100%	70%
Gynecological Exam/Pap Test <i>(once per year)</i>	100%	70%
Colorectal Cancer Screening <i>(beginning at age 50; every 10 years)</i>	100%	70%
Physician Services		
Primary Care Office Visit	80%	70%
Allergy Shots <i>(if not billed w/ office visit)</i>	80%	70%
Second Surgical Opinion <i>(voluntary)</i>	80%	70%
Pregnancy and Birth-Related Services	80%	70%
Hospital Services		
Inpatient/Outpatient	80%	70%
Emergency Room	80%	80%
Non-Precertification Penalty	\$300 penalty <i>(in USA only)</i>	\$300 penalty <i>(in USA only)</i>
Physical & Occupational Therapy <i>Combined limit of 20 visits per year</i>	80%	80%
Chiropractic & Massage Therapy <i>Combined limit of 20 visits per year</i>	80% of allowed amount	80% of allowed amount
Mental Health/Substance Abuse <i>Inpatient and Outpatient</i> <i>*Outpatient video conferencing if with licensed specialist</i>	80%	80% of allowed amount
Other Services		
Skilled Nursing Facility <i>(up to 60 days per calendar year)</i>	80%	70%
Home Health Care <i>(up to 40 days per calendar year)</i>	80%	70%
Hospice <i>(up to six months)</i>	80%	70%
Durable Medical Equipment (DME)	80%	70%
Hearing Aid <i>(once every 24 months)</i>	80%	70%
Circumcision <i>(covered at any time)</i>	80%	70%

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

PRESCRIPTION COVERAGE

PRESCRIPTION BENEFITS	RETAIL PHARMACY	MAIL ORDER (U.S. ADDRESSES ONLY)
Supply	30 Days	90 Days/365 Days*
Generic	25% or \$10 max	25% or \$20 max
Brand	25% or \$40 max	25% or \$80 max
Brand with Generic Available	25% or \$40 max (+cost difference)	25% or \$80 max (+cost difference)
Non-Formulary	25% or \$60 max	25% or \$120 max
Non-Formulary with Generic Available	25% or \$60 max (+cost difference)	25% or \$120 max (+cost difference)
Supply	30 Days	30 Days**
Specialty Must be obtained directly from the specialty pharmacy. Specialty drugs are not available at regular retail or mail order pharmacies.	Not covered	25% or \$200 max

*A 365-day supply is available at four times the 90-day co-pay amount. Outside of the United States, all prescriptions are paid at 80 percent.

IMPORTANT: If medicines are purchased outside the United States, claims should be submitted to Allied Benefit directly (not MedOne®) for reimbursement.

Please look on the MedOne® website at medone-rx.com/members/drug-lookup to see if your medication is listed.

MAIL ORDER

Mail orders must ship to a U.S. address, and co-pays are per 90-day supply. Be sure to set up your mail order member profile online at medone-rx.com/members#mail-order.

Your prescription for mail order can be mailed to:

MedOne Pharmacy Sevices
PO Box 1537
Dubuque, IA 52004

Fax: 563-588-017

Your doctor may call, e-send, or fax in a prescription to MedOne®. One of their Member Service representatives will contact you within 24 hours to complete the sign-up process.

Doctor Call-In: (877) 896-0919

Your prescription must include everything listed below to verify the patient's identity, which is required by federal HIPAA law. Without this information, MedOne® will be unable to process your order.

- Patient's name
- Patient's date of birth
- Primary cardholder's ID#, which is listed on your Allied Benefit ID card. For couples, the husband is listed as the primary cardholder.
- Patient's address must match the shipping address given to MedOne®.

365-DAY SUPPLY

To obtain a 365-day supply at one fill, you must purchase your medications through mail order. A 90-day or 365-day supply is not available at a retail pharmacy.

Please begin this process six to eight weeks prior to your departure date to ensure your 365-day prescription supply is processed correctly.

INSTRUCTIONS:

- Set up your mail order member profile online at medone-rx.com/members#mail-order.
- Your doctor must write on the prescription: "365-day supply at one fill since he/she is an expatriate." (If they do not write this on your script, MedOne® will send only a 90-day supply).
- Be sure to update your shipping address, contact number, and payment options by logging in to your MedOne® online account at www.medone-rx.com.
- Mail or fax your prescription to MedOne® with all the necessary information (address listed on page 12).
- Be proactive and check the status of your prescription(s) weekly to make sure it is being processed.
- Contact Alliance Benefits immediately if you need additional assistance.
- Your credit card will automatically be charged for co-pays up to \$500. For higher co-pays, MedOne® will attempt to reach you for approval. If you do not use a credit card, MedOne® will bill you for orders up to \$150. For amounts above this, they will continue to try and reach you. If there is a problem and MedOne® is unable to reach you by U.S. phone, your order will be canceled.

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 deltadentalco.com.

WHAT PLAN PAYS—DENTAL	IN-NETWORK (U.S.)		OUT-OF-NETWORK (U.S.)	OUT OF THE U.S.
	PPO	PREMIER		
Preventative Care	100%	100%	100%*	100%
<i>Cleaning/Dental Exam Every Six Months (will not subtract from annual maximum) Routine Wellness X-rays</i>				
Annual Deductible	\$50 Individual	\$50 Individual	\$50 Individual	N/A
<i>Applies to Basic and Major Services</i>	\$150 Family	\$150 Family	\$150 Family	N/A
Basic Services				
<i>Fillings, Root Canals, and Periodontics</i>	80%	70%	70%*	100%
Major Services				
<i>Crowns, Bridges, Partials, and Dentures</i>	50%	50%	50%*	100%
Annual Maximum	\$1,250 per person	\$1,250 per person	\$1,250 per person*	\$1,250 per person*
Orthodontics <i>No age limit</i>	50%	50%	50%*	100%
Orthodontic Lifetime Maximum	\$1,500 per person	\$1,500 per person	\$1,000 per person	special rules apply**

*The Delta Dental® allowable amount for out-of-network providers while in the United States 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.

**There is no lifetime maximum for orthodontic services outside of the USA. Services will apply toward the annual maximum.

While in the United States, 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® allows.

For assistance when in the United States or to view your online account information:

- Delta Dental® Customer Service: (800) 610-0201
- Visit deltadentalco.com to register your online account, view claims, access your ID card, etc.

OUT OF UNITED STATES

Submit dental claims directly to Allied Benefit as instructed on the *How to Submit Claims* page of this guide. For dental questions, contact Allied Benefit at (800) 288-2078. Claims will be paid as outlined in the *Out of the U.S.* category.

VISION COVERAGE

EyeMed® offers the right mix of thousands of independent providers, top optical retailers, and online options. When a worker is in the United States, the Alliance International Health Plan uses the EyeMed® Insight Network. For a list of providers, visit eyemed.com.

WHAT PLAN PAYS—VISION	IN-NETWORK (U.S.)	OUT-OF-NETWORK (U.S.)	OUT OF THE U.S.
Eye Examinations <i>Once per calendar year</i>	100%	Reimbursed up to \$40	60%
Retinal Imaging	Member pays up to \$39	N/A	60%
Eyeglasses			
Standard Lenses: <i>Once per calendar year (in lieu of contact lenses)</i>	100% after co-pay for materials: <ul style="list-style-type: none"> • Single Vision—\$15 co-pay • Bifocals—\$15 co-pay • Trifocals—\$15 co-pay • Lenticulars—\$15 co-pay • Progressive—\$70 co-pay 	Reimbursed up to: <ul style="list-style-type: none"> • \$30—Single Vision • \$50—Bifocals • \$70—Trifocals • \$70—Lenticulars • \$50—Progressive 	60%
Premium Progressive Lenses: <i>Once per calendar year</i>	\$100–\$190 co-pay (range based on tier*)	Reimbursed up to \$50	60%
Frames: <i>Every two calendar years</i>	100% coverage up to \$130, then 20% off balance over \$130	Reimbursed up to \$91	60%
Contact Lenses <i>Fitting and follow-up once per calendar year (in lieu of eyeglass lenses)</i>	Standard Lenses: <ul style="list-style-type: none"> • \$0 co-pay/paid in full 	Reimbursed up to \$40	60%
	Premium Lenses: <ul style="list-style-type: none"> • \$0 co-pay/10% off retail price with \$55 allowance 	Reimbursed up to \$40	60%
Conventional	\$0 co-pay with \$120 allowance, then 15% off balance over \$120	Reimbursed up to \$120	60%
Disposable	\$0 co-pay with \$120 allowance	Reimbursed up to \$120	60%
Medically Necessary	\$0 co-pay/paid in full	Reimbursed up to \$210	60%
Annual Maximum	N/A	N/A	\$350 Per Individual

*Contact EyeMed® at (866) 939-3633 for premium progressive tier pricing.

For vision assistance when in the United States or to view your online account information:

- EyeMed® Customer Service: (866) 939-3633
- Visit eyemed.com to register your online account, view claims, access your ID card, etc.

OUT OF UNITED STATES

Submit vision claims directly to Allied Benefit as instructed on the *How to Submit Claims* page of this guide. For vision questions, contact Allied Benefit at (800) 288-2078. Claims will be paid as outlined in the *Out of the U.S.* category.

LONG-TERM DISABILITY COVERAGE

This benefit is available to the employee as 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 up to \$1,250 per month. If approved, you must first satisfy a 90-day waiting period. This benefit will be reduced by income received from other sources, including Social Security.

To file a claim, please contact Alliance Benefits promptly. We will work with Standard Insurance Company and begin the process as soon as possible. The process involves the employee, employer, and doctor completing information.

AGE	MAXIMUM BENEFIT PERIOD
<62	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

LIFE INSURANCE COVERAGE

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

The Alliance International Health Plan provides you with the following as part of your coverage:

- \$30,000 of basic life insurance
- \$30,000 of accidental death & dismemberment (AD&D)

In most cases, husband and wife are each considered employees and are eligible for the life insurance and long-term disability products.

Basic life insurance policies are term life with no cash value. There is a reduction in the life insurance coverage beginning at age 65 for basic life insurance and age 70 for voluntary life insurance.

Coverage is for active full-time employees and ends on the last day of the month in which employment ends. At conclusion or leave of absence, you may convert coverage to an individual policy at a different rate structure. There is a waiver of premium benefit available if you become disabled and if approved by Standard Insurance Company.

RETIREE LIFE INSURANCE

The Alliance International Health Plan offers \$7,500 of retiree life insurance to those who meet the following criteria:

- Retire at the age of 65 or older
- Have 20+ years of Alliance service

Please contact Alliance Benefits for more details at (800) 700-2651.

EVIDENCE OF INSURABILITY

If you apply for life insurance outside of a qualifying event (marriage, birth of child, etc.), coverage is subject to approval based on Evidence of Insurability per medical testing. Therefore, it is advantageous to enroll when first joining the plan.

VOLUNTARY LIFE INSURANCE

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

- **Employee Voluntary Life Insurance** may be purchased in \$10,000 increments with a minimum of \$10,000 and a maximum of \$250,000. For couples, either or both the husband and wife may purchase up to a maximum of \$250,000 as employees.
- **Child Voluntary Life Insurance** may also be purchased for your child/children. The volume cannot exceed one-half of either spouse's voluntary life volume and must be in \$1,000 increments with a minimum of \$2,000 and a maximum of \$10,000. The premium rate is based on one amount for the family regardless of the number of children. For \$10,000 of coverage per child, the premium will be \$1.12 per family per month.

VOLUNTARY LIFE INSURANCE RATES (employee rate per \$1,000 of coverage)	
AGE	MONTHLY RATE
<30	\$0.091
30-34	\$0.103
35-39	\$0.124
40-44	\$0.186
45-49	\$0.309
50-54	\$0.510
55-59	\$0.819
60-64	\$1.061
65-69	\$1.408
70-79	\$2.890
80+	\$7.665

HOW TO SUBMIT CLAIMS

If this is an injury or illness that is work-related, do not submit claims to Allied Benefit. Please contact Alliance Benefits immediately.

OUT-OF-NETWORK CLAIMS FOR SERVICES INCURRED IN THE USA

Email the itemized bill or receipt and claim form, which includes the following information:

- Name of primary participant
- ID number of primary participant
- Name of patient
- Patient's date of birth
- Date of procedure
- Diagnosis (medical condition or symptoms)
- Type of procedure (or name of medicine or prescription)
- Amount of bill for each procedure

CLAIMS FOR SERVICES INCURRED OUT OF THE USA

CLAIMS UNDER \$2,000

Email your claim form, which includes with the following information:

- Name of primary participant
- ID Number of primary participant
- Name of patient
- Patient's date of birth
- Date of procedure
- Diagnosis (medical condition or symptoms)
- Type of procedure (or name of medicine or prescription)
- Amount of bill for each procedure in local currency
- Exchange rate on the day of service
- Amount for each procedure in U.S. dollars according to exchange rate on the date of service

CLAIMS \$2,000 AND OVER

Email your claims form and the following information:

- A copy of the original bill or receipt and all the information listed above
- If the bill or receipt is in another language, please attach an English translation and show conversion to U.S. dollar amount.

Email: AllianceClaims@alliedbenefit.com

If you are unable to use email, you may mail your information to the following address: Allied Benefit Systems, LLC, P.O. Box 211651, Eagan, MN 55121. Please save a copy of all bills and receipts submitted for your own records.

Benefits, claims summary, ID cards, EOBs, and other information is available at alliedbenefit.com Claim forms are found at alliancebenefits.org.

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® while in the United States? 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

MEDICARE TRANSITION SERVICES

Navigating Medicare decisions as you approach age 65 can be overwhelming, especially with all the information flooding into your mailbox from companies that want to sell you their Medicare products.

As an Alliance employee and a participant of the Alliance Health Plan, you might be asking if there is someone you can talk to regarding your specific situation. We are here to help.

The Alliance is now partnering with Medicare Transition Services. They provide licensed advisors who can help you choose a Medicare plan when you're ready to retire. Medicare Transition Services can assist you and your loved ones in better understanding the ins and outs of Medicare.

THIS NEW SERVICE COMES AT NO COST TO YOU AND INCLUDES:

- Education about Medicare for you and your loved ones
- Guidance through your Medicare journey
- Information on your health-care options
- Assistance with plan review and selection

FOR MORE INFORMATION OR TO CONTACT MEDICARE TRANSITION SERVICES:

- Visit medicaretransitionservices.com/cma or
- Speak with a licensed Medicare agent by calling (888) 675-0443 (available Monday through Friday, 9:00 a.m. to 6:00 p.m. ET)

RETIREMENT PLAN DETAILS

At some point, thoughts turn to what our lives will be like after we retire. For some, it may seem like a long way off. For others, it is just around the corner.

We know you have unique retirement needs, and planning for the future can be overwhelming. Alliance Benefits understands that it can be difficult to set aside the necessary funds for retirement and would like to partner with you and your employer as you strive to obtain these goals.

BENEFITS OF PARTICIPATING IN THE ALLIANCE RETIREMENT PLAN

- **Investment Options**—Access to 27 investment options including two values-based funds and 12 lifecycle index target-date funds.
- **Orchard Alliance**—This fixed income option pays a higher than average interest rate compared to other fixed rate options.
- **After-Tax and Roth Options**—The plan offers several deferral options. You can decide what is appropriate for your current and future tax situation.
- **Retiree Housing Allowance**—By participating in this type of retirement plan, you may be eligible to reduce your taxable income after retirement.
- **Fiduciary Responsibility**—With this plan, all fiduciary responsibility for the investment lineup is managed by The Alliance.
- **Low Fees**—Due to the sheer volume of Alliance investors, the plan has the best investment options available at the lowest costs to the participant.

ACCOUNT ADMINISTRATION

Your account is administered by Empower Retirement. You can access your account information by visiting their website at empower-retirement.com or by calling (866) 467-7756.

PLAN CONSULTANTS AVAILABLE TO YOU!

EverOak Wealth Co. will work with you to help identify your current situation and future financial objectives. They understand the options and alternatives available and will help you develop a program that meets these objectives. Their consultation is provided at no additional cost to plan participants. They may be reached by emailing retirementplan@everoakwealth.com.

ELIGIBILITY

Current employees of The Alliance are automatically and immediately enrolled, but you must complete a form to set up your plan choices.

VESTING

Your account balance is 100 percent vested immediately.

CONTRIBUTIONS

The employer's contribution varies by field and is used to offset the discrepancy in Social Security between fields with higher or lower cost of living. For further information, please contact International Accounting at intlacctng@cmalliance.org.

Employees may change the amount they contribute by emailing International Accounting. Participants may rollover/transfer from another 403(b), Traditional IRA, or 401(k) plan.

IRS LIMITS	2024
403(b) Account	\$23,000
Age 50 Catch-Up Amount	\$7,500

INVESTMENT OPTIONS

Participants are able to choose from a selection of diversified investment options. Ask Alliance Benefits for details by calling (800) 700-2651 or emailing retirement@cmalliance.org.

Participants may change investments by calling (866) 467-7756 or visiting the Empower Retirement website, empower-retirement.com/participant.

RETIREMENT DISTRIBUTIONS

Various types of distributions are available beginning at age 59½ or after all Alliance employment has ended. Contact Empower Retirement for details by calling (866) 467-7756.

HARDSHIP WITHDRAWALS

A distribution necessary to satisfy an immediate and burdensome financial need may be allowed in case of specific events such as tuition costs or medical expenses. Contact Empower Retirement for more information by calling (866) 467-7756.

ACCESSING YOUR RETIREMENT INFORMATION

You may access your Empower retirement account information via the toll-free line at (866) 467-7756 or the website at empower-retirement.com/participant.

Account statements are mailed quarterly.

Your employer requests that you set up paperless delivery to help save high mailing costs unless doing so would cause security concerns.

You may request your statements be sent to your email address by taking these steps:

- Log into the Empower Retirement website at empower-retirement.com/participant.
- Under the My Profile section, click on Go Paperless.
- Check the box requesting electronic delivery and provide your email address.

CONTACT INFORMATION

WHO	PHONE/FAX/EMAIL	MAILING ADDRESS	WEBSITE
Allied Benefit			
Claims and Coverage Questions	(312) 906-8080 or (800) 288-2078	Allied Benefit Systems, LLC P.O. Box 211651 Eagan, MN 55121	alliedbenefit.com
Submit Claims to:	allianceclaims@alliedbenefit.com		
Precertification for Services (USA)	(800) 892-1893		
First Health			
To Find a First Health® In-Network Provider	(800) 226-5116		To find a provider: myfirsthealth.com
First Stop HealthSM			
Available in U.S. Only Consultation Fee: \$25 only if Rx is prescribed (otherwise at no cost)	(888) 691-7867		fshealth.com
MedOne®			
Pharmacy or Mail Order	(866) 335-9057	1590 University Ave Dubuque, IA 52001	medone-rx.com
Vivio (Specialty Drugs)	(800) 470-4034		myvivio.com
Delta Dental® (in USA)	(800) 610-0201	Delta Dental of Colorado PO Box 173803 Denver, CO 80217	deltadentalco.com
EyeMed® (in USA)	(866) 939-3633		eyemed.com
KnovaSolutions® (in USA)	(800) 355-0885 contactknova@hcmsgroup.com		
Medicare Transition Services	(888) 675-0443		medicaretransition services.com/cma
Empower Retirement			
403(b) Retirement Account Steadfast Wealth Co. (Free consultation for participants)	(866) 467-7756 retirementplan@steadfastwealthco.com		empower-retirement.com/participant
Alliance Benefits			
Health and Retirement Plans	Phone: (800) 700-2651 Fax: (380) 600-8526		alliancebenefits.org Select Explore Benefits/International
Health	benefits@cmalliance.org		
Retirement	retirement@cmalliance.org		

MOBILE APPS AVAILABLE



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.

tinyurl.com/firststophealthmobile



Empower Retirement Participants can use this app to register, enroll, view account details, execute transactions, upload documents, and manage their overall retirement plan account. It is available through Google Play and the App Store.

tinyurl.com/empowermobile



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.

tinyurl.com/deltadentalapp



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!

tinyurl.com/eyemedapp



We are so thankful to be partnering with our international workers, and we are honored to support you in your work around the world.



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, onsite 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.



Benefit Dynamics Company began in October 1997. Our team that supports The Alliance has been in existence for 22 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.



My Allied Portal provides on-the-go access to your healthcare information. Easily manage your benefits, submit claims, and find health-care providers with personalized cost estimates. Our integrated Pharmacy Benefits Management system and Advocacy Team engagement make health-care management easy and stress-free.

alliedbenefit.com/Members

ALLIANCE
BENEFITS