

Benefit Summary Guide

The Alliance Health Plan

2026 Plan Year



ALLIANCE
BENEFITS



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This document is intended to provide an overview of benefits.

Caring for One Another in Christ

*Compassionate Care,
Christ-Centered Commitment*



The Alliance Benefits Health Plan is more than a solution—it's a reflection of our **shared mission, values, and commitment to one another as a Christ-centered, Acts 1:8 family.** As a self-funded, multi-employer church plan, we serve The Christian and Missionary Alliance (C&MA) family of churches, ministries, and workers with compassion and care.

Our mission is to know Jesus Christ personally, to exalt Him as our Savior, Sanctifier, Healer, and Coming King, and to faithfully carry out His Great Commission.

Our vision is *All of Jesus for All the World.* We work together to create gospel access among the least-reached peoples in our neighborhoods and the nations.

Our identity is rooted in Jesus Christ. We call ourselves a Christ-centered, Acts 1:8 family. We start with Jesus, rely on the Holy Spirit, and serve together in community.



As a church plan under IRS Section 414(e), we operate with flexibility and faith-based stewardship. **Monthly premiums are used directly to pay members' medical claims, including our International Workers (IWs)**—keeping resources within the Alliance family and allowing the plan to be tailored to the unique needs of ministry staff and missionaries. Operating within a Cafeteria Plan (IRS Section 125) framework, employees may make pre-tax premium contributions, providing a structured, mission-aligned approach to delivering quality, compassionate, and Christ-centered healthcare coverage.

We believe that every human life is sacred, created by God in His image (Genesis 1:27). Guided by this conviction, the Alliance Health Plan is designed to **promote life, wellness, and compassion**, reflecting the biblical call to care for one another with dignity and love. It is our faith in action—honoring God's creation, supporting the physical and spiritual well-being of His people, and upholding the sanctity of human life.

Our plan reflects our convictions:

- ▶ Affirms the sanctity of life from conception to natural death
- ▶ Supports medical care that preserves and enhances life
- ▶ Does not include coverage for abortion or procedures that intentionally end life
- ▶ Does not provide benefits for gender reassignment procedures
- ▶ Recognizes marriage as a sacred covenant between one man and one woman (Matthew 19:4–6)

Together, we continue the legacy of stewardship and faith that defines our Alliance family. Alliance Benefits is a continuation of who we are.

Eligibility

Employees

The Alliance Health Plan is a multi-employer plan established by The Christian and Missionary Alliance (C&MA). It is available to employees of eligible denominational organizations, including:

- ▶ National Office and District Offices
- ▶ Alliance Churches
- ▶ International Workers (IWs)
- ▶ Affiliated Entities

Employees must meet one of the following criteria to be eligible for coverage:

- ▶ **Regular full-time employees** scheduled to work at least 30 hours per week
- ▶ **Regular part-time employees** scheduled to work at least 20 hours per week



Eligible Dependents:

- ▶ **Your legally married spouse**, defined as one man and one woman. This does not include civil unions, domestic partnerships, or similar arrangements.
- ▶ **Your child under age 26**, including biological, step, foster, and adopted children, as well as those for whom you are a court-appointed legal guardian.
- ▶ **An unmarried child age 26 or older** who is unable to support themselves due to a physical or mental condition.

Ending Coverage

Coverage ends on the last day of the month when eligibility is lost. Employers must submit an “End of Coverage” form to Alliance Benefits. Re-enrollment requires a 12-month wait. If reported late, only one month’s premium is refunded.

Coverage Extension

As a church plan, COBRA is not offered. Instead, a similar 12-month extension is provided if no other coverage is available. Premiums are paid by the employee. If transferring to another participating church, deductible carryover may apply.

Enrollment

How to Enroll

Enrollment is completed on the Alliance Benefits website. Go to alliancebenefits.org, click “Forms” in the main navigation, scroll down to locate the “Health Benefits” sections, and click on the “Employee Enrollment” form. For assistance, email benefits@cmalliance.org.

When You Can Enroll or Make Changes

Open Enrollment (OE)

You can make changes to your benefit elections **once a year** during the annual open enrollment period. This is your opportunity to review your coverage and make updates for the upcoming year.

Qualifying Life Events (QLEs)

Outside of open enrollment, you can only make changes if you experience **significant** life changes.



Common QLEs:

- ▶ Starting a new job and becoming eligible for employer-sponsored coverage
- ▶ Loss or gain of health coverage for you or your dependent under another plan
- ▶ Marriage, divorce, or legal separation
- ▶ Birth, adoption, or death of a dependent
- ▶ Turning 26 and losing parental coverage
- ▶ Gaining or losing eligibility for Medicare, Medicaid, or CHIP

Medicare and other Coverage: If you have two insurance plans, you must notify Alliance Benefits within 30 days of starting or ending coverage (including Medicare, Medicaid, or a spouse’s plan). Medicare eligibility can significantly change your coverage. Contact Alliance Benefits at least three months before you or your spouse turn 65. For employers with fewer than 20 employees, Medicare will be the primary insurer.

Medical Coverage

Third Party Administrator & Network

Alliance Benefits partners with CareFactor, a trusted third-party administrator (TPA), to help manage our health plans. With CareFactor, you have access to two provider networks—offering a broad range of healthcare professionals and specialists based on where you live:



Medical Mutual

Provider network for Ohio residents and select Kentucky ZIP codes*

[medmutual.com](https://www.medmutual.com)



Cigna

Provider network for residents in all other U.S. locations

[cigna.com](https://www.cigna.com)

With Alliance Benefits, you have the freedom to see any doctor or facility without needing a referral. However, staying in-network can help you reduce your out-of-pocket costs. If you choose an out-of-network provider, your costs will typically be higher. Be sure to confirm your provider's network status before receiving care to avoid unexpected expenses.

Insurance Tip: Tell providers that CareFactor administers your plan and your PPO network is Medical Mutual (SuperMed PPO) or Cigna, depending on where you live. That's the name they need to look up to confirm in-network status.



CareFactor

(877) 304-0761

support@mycarefactor.com

[mycarefactor.com](https://www.mycarefactor.com)

*Select Kentucky ZIP codes: 41001, 41073, 41005, 41007, 41011, 41012, 41014, 41019, 41074, 41018, 41025, 41022, 41042, 41017, 41075, 41048, 41051, 41053, 41015, 41016, 41059, 41063, 41071, 41072, 41076, 41099, 41080, 41085, 41091, 41092, 41094

You receive a **CareFactor ID card** in the mail after you enroll. Your ID card will contain prescription and provider network information. If you lost your card or never received it, please contact CareFactor.



Plan Levels

Alliance Benefits offers two high-deductible health plans (HDHPs), i.e., **Silver** and **Bronze**. Each plan offers two levels: a **premium** option and a **standard** option. These levels indicate the different degrees of benefits available within that specific tier. The premium level provides more coverage options than the standard level, allowing for a choice tailored to individual needs or preferences.



Premium

Coverage includes:

- ▶ Medical
- ▶ Prescription
- ▶ Dental
- ▶ Vision
- ▶ Life Insurance
- ▶ Long-Term Disability (LTD)
- ▶ Health Savings Account (HSA) with employer contribution (optional for Bronze Plan)

Standard

Coverage includes:

- ▶ Medical
- ▶ Prescription
- ▶ Life Insurance
- ▶ Health Savings Account (HSA) with employer contribution (optional for Bronze Plan)

Deductible

Both plans require members to pay all costs from providers up to the deductible amount before either plan begins to pay a percentage of eligible medical and prescription drug expenses. You are responsible for the entire cost of medical care until the deductible is met, except for in-network preventive care services, which are covered at 100% from day one of coverage. **Remember to use in-network providers to take advantage of your plan's negotiated rates and keep your out-of-pocket costs lower.** Please see below for information on how the deductible works if you have dependents on the plan.

Out-of-Pocket Maximum

The out-of-pocket limit is the maximum amount you can pay in a year for covered services. If you have dependents on the plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

Health Savings Account

Tax-free savings with a Health Savings Account (HSA) are one of the most significant advantages of an HDHP. The money in your HSA can be used to cover any qualified medical expense, including your deductible. Additionally, any interest earned is tax-free, and our HSAs allow you to invest in stocks or mutual funds to further grow your account. *Additional information on HSAs can be found on page 18.*

	Silver Premium & Standard*		Bronze Premium & Standard**	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	\$2,000 / \$4,000	\$4,000 / \$12,000	\$7,000 / \$14,000	\$14,000 / \$28,000
Annual Out-of-Pocket Maximum (Individual / Family)	\$6,300 / \$12,600	\$12,600 / \$37,000	\$8,050 / \$16,100	\$16,100 / \$32,200
Employer HSA Contribution	\$1,008 / \$2,004		\$250 / \$500***	

*The total family deductible must be met by one or more family members' expenses before the plan covers any costs. No benefits are paid until the total family deductible is met. (Aggregate deductible)

**Coverage for an individual can begin when their individual deductible is met, even if the family deductible has not been met. No one person has to meet the entire family deductible on their own before benefits start. (Embedded deductible)

***One-time HSA contribution provided by Alliance Benefits for new enrollees only.

Plan Coverage

Please ensure that your service does not require preauthorization to avoid penalties.

Common Medical Events	In-Network	Out-of-Network
Preventive Care	100% Covered	Not covered
Primary Physician Office Visit	90% After Deductible	50% After Deductible
Specialist Office Visit	80% After Deductible	50% After Deductible
Hospital Services (Inpatient*/Outpatient)	80% After Deductible	50% After Deductible
Urgent Care Visits	85% After Deductible	50% After Deductible
Emergency Room Care	80% After Deductible	80% After Deductible
Mental Health Services (Inpatient*/Outpatient)	80% After Deductible	80% After Deductible
Maternity** (Non-Preventative Services)	80% After Deductible	50% After Deductible
Physical & Occupational Therapy (Limit 60 visits per year combined)	80% After Deductible	50% After Deductible
Chiropractic & Massage Therapy (Limit 20 visits per year combined)	80% After Deductible	80% After Deductible
Basic Diagnostics (X-rays, allergy Testing, blood work)	80% after deductible	50% after deductible
Advanced Imaging (MRI, CAT scan, etc.)	80% after deductible	50% after deductible

*Preauthorization is required in order to avoid \$500 penalty per occurrence.

**Preauthorization is required for vaginal deliveries requiring more than a 48 hour stay and for cesarean section deliveries requiring more than a 96 hour stay in order to avoid \$500 penalty.

Prescription Coverage

Prescription Drugs

MedOne manages our Prescription Drug Benefit to help ensure members receive affordable, high-quality medications. Key highlights of your coverage:

Medication Lookup Tool

MedOne offers an online tool that allows you to search for covered medications, compare costs, and check mail-order delivery options—all designed to help you save money.

Generic vs. Brand-Name Medications

If you choose a brand-name drug when a generic equivalent is available, you will pay the generic co-pay plus the cost difference between the two. This additional amount does not apply toward your deductible or out-of-pocket maximum.

Silver and Bronze Plans		
Prescription Coverage	Retail (30 days)	Mail Order (90 days)
Preventive <i>Refer to MedOne 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 plus cost difference	90% after deductible plus cost difference
Compounding	Not covered	Not covered
Specialty*	75% after deductible (per prior authorization)	Available in 30-day supply only

*Specialty medication co-pay assistance programs can only be utilized after you meet your deductible (if available).

Specialty Drugs

Our Specialty Drug Benefit is managed through the MedOne **RxAlly® Patient Assistance Program**, which helps members access high-cost specialty medications used to treat complex conditions such as cancer, multiple sclerosis, or rheumatoid arthritis.

Through RxAlly, members receive personalized support in identifying and applying for Patient Assistance Programs (PAPs) offered by drug manufacturers. These programs can significantly lower or eliminate out-of-pocket costs for specialty medications.



Program Process:

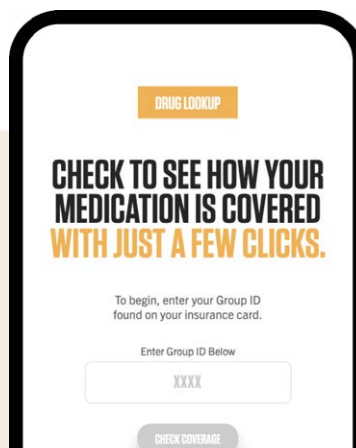
- ▶ **Manufacture & Patient Assistance:** RxAlly first seeks to secure medications through a manufacturer’s Patient Assistance Program (PAP).
- ▶ **Copay Assistance:** If PAP isn’t available, RxAlly helps you apply for copay assistance to reduce out-of-pocket costs for you.
- ▶ **Internal Sourcing:** If neither option is feasible, your specialty medication will be covered under the plan through MedOne.

This approach ensures that all available cost-saving resources are utilized before claims are processed through the plan, helping manage costs for members and the organization.

MedOne

(866) 335-9057

medone-rx.com



Look Up Your Prescription Today!

Check to see how your medication is covered.

Group ID: **ALLIDCHRMA**

Dental Coverage

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler, and costs are lower. Alliance Benefits offers a **Dental PPO by Delta Dental® of Colorado**. You have the freedom to choose any licensed dentist, but you will pay less if you use a dentist who is an in-network PPO provider. There are three levels to choose from.

- ▶ **PPO Dentist:** Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.
- ▶ **Premier Dentist:** Payment is based on the Premier Maximum Plan Allowance (MPA), or the actual fee charged, whichever is less.
- ▶ **Non-Participating Dentist:** Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participation MPA, and the full fee charged by the dentist.

Benefit	Coverage
Calendar Year Maximum	\$1,250 per person per calendar year <i>Includes in-network and out-of-network</i>
Calendar Year Deductible <i>Applies to Basic and Major Services</i>	\$50 Individual / \$150 Family <i>Combined in-network and out-of-network</i>
Orthodontic Lifetime Maximum	\$1,500 (PPO) / \$1,000 (Non-PPO) <i>Applies to employee, spouse, and dependents up to age 26</i>
Prevention First	<i>Diagnostic and preventive services do not count toward the calendar year maximum</i>

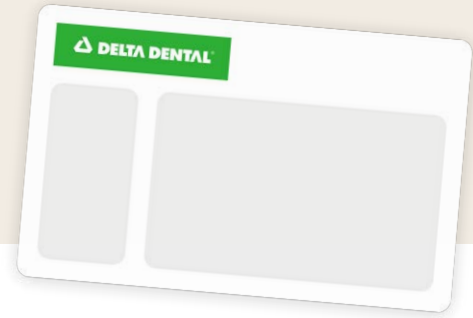


Delta Dental of Colorado

(800) 610-0201

deltadentalco.com

You receive a **Delta Dental ID card** in the mail after you enroll. If you lost your card or never received it, please contact Alliance Benefits.



Service		In-Network		Out-of-Network
		PPO	Premier	Non-Participating
Diagnostic and Preventive Services				
Oral Evaluation	Three exams in any 12-month period	100%	100%	100%
Bitewing X-rays	Once in a 12-month period	100%	100%	100%
Panoramic X-rays	Once in a 60-month period	100%	100%	100%
Routine Cleaning	Two cleanings any 12-month period are covered. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry condition.	100%	100%	100%
Fluoride Treatments	Once in a 12-month period (through age 15)	100%	100%	100%
Space Maintainers	Allowed one per lifetime for posterior primary teeth (through age 13)	100%	100%	100%
Sealants	1 per tooth in 36 months (through age 14) on unrestored permanent molars	100%	100%	100%
Basic Services		PPO	Premier	Non-Participating
Fillings (Amalgam/ Composite)	Benefits on the same surface limited to 1 in 12 months	80%	70%	70%
Oral Surgery (Extractions)		80%	70%	70%
General Anesthesia	Benefit with covered oral surgery including extractions	80%	70%	70%
Surgical Periodontal	Benefit once every 36 months	80%	70%	70%
Major Services		PPO	Premier	Non-Participating
Crowns	Benefit 1 in 60 months same tooth (not a benefit under age 12)	50%	50%	50%
Dentures, Partials, Bridges	Benefit 1 in 60 months (not a benefit under age 16)	50%	50%	50%
Implants (Restorative and Surgical)	Benefit 1 in 60 months (not a benefit under age 16)	50%	50%	50%

Vision Coverage



Regular eye exams are an important part of preventive health care. Alliance Benefits uses the **EyeMed® Insight Network**. Choose the brands and services you want with thousands of in-network independent eye doctors, top optical retailers, and a variety of online providers.

Service		In-Network	Out-of-Network
Exams			
Eye Exams	Once every calendar year	\$0 copay; up to \$39 for retinal imaging	Up to \$40
Lenses			
Single Vision	Once every calendar year	\$15 copay	Up to \$30
Bifocal	Once every calendar year	\$15 copay	Up to \$50
Trifocal or Lenticular	Once every calendar year	\$15 copay	Up to \$70
Standard Progressive	Once every calendar year	\$70 copay	Up to \$30
Premium Progressive	Once every calendar year	\$100-190 copay	Up to \$50
Frames	Once every two calendar years	\$0 copay; 20% off balance over \$150 allowance	Up to \$91
Contacts			
Conventional	Once every calendar year	\$0 copay; 15% off remaining balance over \$130 allowance	Up to \$120
Disposable	Once every calendar year	\$0 copay; 100% of remaining balance over \$130 allowance	Up to \$120



EyeMed

(866) 939-3633

eyemed.com

Telehealth

Why Choose Virtual Care?

First Stop Health gives you and your immediate family members quick access to quality care at no additional cost to you. Whether you need a doctor, therapist, or health coach, you can connect with licensed providers in minutes—without the hassle of scheduling or paying out of pocket.



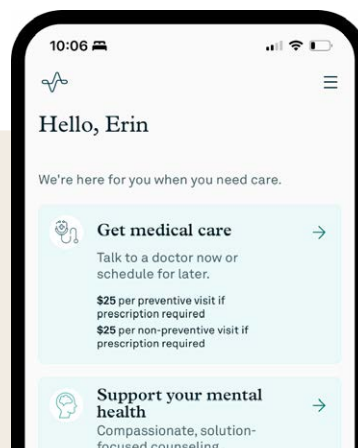
Telehealth Benefits:

- ▶ **No waiting rooms**—Talk to a doctor in minutes, 24/7
- ▶ **No copays or surprise bills**—It's 100% covered by your employer
- ▶ **No time off work**—Get care from home, work, or on the go
- ▶ **No scheduling headaches**—Access care when it works for you
- ▶ **No limits**—Use it as often as you need, for you and your family

First Stop Health

(888) 691-7867

[firststophealth.com](https://www.firststophealth.com)



**Download the
First Stop Health
App Today!**

Doctors are available 24/7
and in under 5 minutes.

Health Savings Account

Tax-Free Savings

A Health Savings Account (HSA) is a tax-advantaged savings account that helps you pay for qualified medical expenses. It's designed to work with a High Deductible Health Plan (HDHP) and offers a triple tax advantage:

- ▶ **Tax-free contributions:** Money goes in pre-tax, lowering your taxable income.
- ▶ **Tax-free growth:** Your savings grow without being taxed.
- ▶ **Tax-free withdrawals:** Use your HSA funds for eligible medical expenses without paying taxes.

Plus, your HSA is yours to keep—it rolls over year to year, stays with you if you change jobs or retire, and never expires.

The IRS has set the 2026 HSA contribution limits at:

- ▶ **\$4,400** for individual coverage
- ▶ **\$8,750** for family coverage
- ▶ **+\$1,000** catch-up if you're 55 or older

These limits include both your contributions and your employer's. Be sure to check how much your employer is contributing so you don't exceed the annual limit.

Grow Your HSA with Lively Investing

Lively gives you the power to grow your HSA funds through investing—so your healthcare savings can work harder for you. You can start investing from day one, with no minimum balance required. Lively offers two investment options:

- ▶ **Schwab Health Savings Brokerage Account:** A self-directed investment option through Charles Schwab, ideal for hands-on investors.
- ▶ **HSA Guided Portfolio by Devenir:** A guided investment solution for those who prefer a hands-off approach.

Pay for eligible expenses with your **Lively HSA debit card**. If you prefer to use another payment method, you can submit the receipt through your Lively dashboard to get reimbursed.



Eligible Expenses

Your HSA can be used to pay for thousands of eligible health and care items while saving you money. Search Lively's comprehensive, up-to-date list at livelyme.com/whats-eligible to see what's covered, as defined by the IRS, and make purchases.

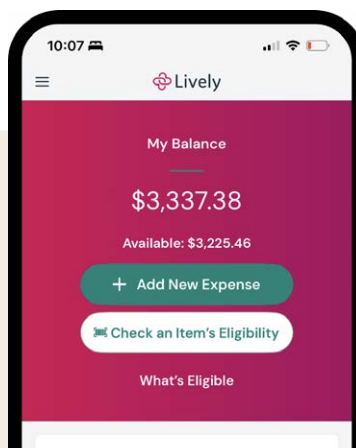
Consider using your HSA to pay for:

- ▶ Doctor visits and copays
- ▶ Prescription medications
- ▶ Over-the-counter meds
- ▶ Dental expenses (fillings, braces, etc.)
- ▶ Vision expenses (prescription glasses, contact lenses, etc.)
- ▶ Mental health services
- ▶ Physical therapy
- ▶ Medical equipment (e.g., crutches, blood pressure monitors)
- ▶ Sunscreen (SPF 15+)
- ▶ Menstrual products
- ▶ Acne treatments
- ▶ Sleep aids
- ▶ First aid kits
- ▶ Prenatal vitamins

Lively

(888) 576-4837
support@livelyme.com

livelyme.com



Download the Lively App Today!

Track your account balance, transaction history, and scan items to check eligibility.

Wellness

Wellness Program

Alliance Benefits has teamed up with WorkPartners to help you take charge of your well-being through the “**Take a Healthy Step**” program. This wellness initiative supports you in living healthier by increasing physical activity, managing your weight, eating better, and reducing stress while rewarding you with an additional employer contribution to your Health Savings Account (HSA).

Incentive amounts vary based on coverage tier:

- ▶ Employees with **employee-only** coverage receive \$250.
- ▶ Employees covering **child(ren)** receive \$500.
- ▶ Employees covering a **spouse** receive \$250 per spouse, up to \$500 if both complete the program.

LEVEL 1

Launch Together

Visit workpartners.com/cma to log in or register. First-time users need the ID number from their Workpartners ID card. Spouses must register separately using their own ID and card. After logging in, go to “**Wellness**” in the main menu and select “**Take a Healthy Step.**”

Complete the **MyHealth Questionnaire** to start the program. This assessment earns you 100 points and customizes your wellness activities to your goals and lifestyle.

LEVEL 2

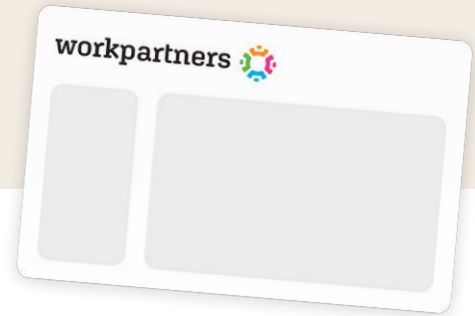
Thrive Together

Keep earning points by participating in personalized wellness activities, such as:

- ▶ EAP, Wellness, or KnovaSolutions programs and videos
- ▶ Annual biometric screenings or preventive exams (physical, dental, vision)
- ▶ Approved wellness activities

Earn 300 points by **October 31, 2026** to complete the program. HSA dollars will be credited within 60 days of completion.

You receive a **Workpartners ID card** in the mail after you enroll. If you lost your card or never received it, please call Workpartners to receive your ID number. If you still need assistance, please contact Alliance Benefits.



Wellness Discounts

In addition, you have access to health and wellness discount programs:



Active&Fit Direct

Choose from 12,700+ gyms and 9,800+ studios nationwide. Switch or cancel anytime for just \$28/mo.

Log in to your **Workpartners** account to sign up.



ChooseHealthy

Save on popular health and fitness brands with exclusive wellness promotions and deals.

Log in to your **Workpartners** account to shop.



Workpartners

(844) 833-0527

info@workpartners.com

workpartners.com/cma

Employee Assistance

Supportive Solutions for Your Well-being

Life can be challenging, but there are resources available to you. Alliance Benefits partners with Workpartners to bring you **LifeSolutions**—an Employee Assistance Program (EAP) offering services to address every aspect of your well-being:

- ▶ Short-term coaching and counseling services
- ▶ Support over the phone
- ▶ Online resource center

Support When You Need It

LifeSolutions helps you manage stress, navigate personal challenges, and find balance between work and home. With confidential coaching, counseling, and practical tools, their team supports your emotional and mental well-being so you can feel your best, wherever life takes you.

EAP Counselors assist you with:

- ▶ Marital and relationship issues
- ▶ Stress management
- ▶ Family, parenting problems, and caregiving support
- ▶ Alcohol and drug abuse
- ▶ Work relationships
- ▶ Legal and financial discounts and consultations
- ▶ Assistance with referrals for essential services, including childcare, education, and adoption resources

Participation is voluntary and confidential. Services are available to you and members of your household at no additional cost.



LifeSolutions

(844) 833-0527

lifesolutions@upmc.edu

workpartners.com/cma

Clinical Support

Personalized Help for Your Health Journey

Healthcare can be overwhelming, but you don't have to face it alone. Alliance Benefits partners with Workpartners to bring you **KnovaSolutions**—a confidential service offering clinical decision support from experienced clinicians to help you:

- ▶ Understand your conditions, treatments, and medications
- ▶ Navigate the healthcare system with ease
- ▶ Make informed choices that fit your goals and budget

Expert Guidance Tailored to You

Their support team—nurses, pharmacists, and medical research librarians—offers personalized health guidance. Together, they help you build a custom action plan that supports your well-being across work, family, and school to ensure your overall well-being.

Support for Managing Diabetes

KnovaSolutions offers a **Diabetes Program** with certified care and education specialists to help you:

- ▶ Learn to manage blood sugar
- ▶ Reduce risk of complications
- ▶ Understand your medications
- ▶ Improve weight and blood pressure
- ▶ Make lifestyle changes that matter to you

Participants can earn an HSA contribution up to \$160 (\$40 per quarter) for staying engaged.

Participation is voluntary and confidential. Services are available to you and members of your household at no additional cost.



KnovaSolutions

(844) 355-0885

contactknovasolutions@workpartners.com

workpartners.com/knovasolutions

Life Insurance

Peace of Mind

To help give you and your family extra peace of mind, the Alliance Health Plan provides:

- ▶ **\$30,000** of Basic Life Insurance
- ▶ **\$30,000** of Accidental Death & Dismemberment (AD&D)

Coverage reduces at age 70 for life insurance options.

Coverage End

Basic life, AD&D, and voluntary life coverage concludes when active employment ends.

Coverage Conversion

You may be eligible to convert coverage by notifying Alliance Benefits **within 30 days** of ending active employment.



Retiree Life Insurance

Alliance Benefits provides \$7,500 in retiree life insurance for participants:

- ▶ Retiring at age **65 or older**
- ▶ Serving **20 years or more** with the Christian and Missionary Alliance

Please contact Alliance Benefits for more information.

OPTIONAL

Voluntary Life Insurance

Voluntary life insurance offers additional coverage for greater financial security. Premiums are conveniently deducted from your paycheck. You can choose the coverage amount:

- ▶ **Up to \$250,000** (can increase in \$10,000 increments) **for yourself**
- ▶ **Up to \$50,000** (can increase in \$5,000 increments) **for your spouse**
- ▶ **Up to \$10,000** (can increase in \$2,000 increments) **per child**

You can enroll or adjust coverage **during your annual Open Enrollment period** or following a qualifying life event, such as marriage or the birth/adoption of a child.

Monthly Rates

Per \$1,000 in coverage:

Age	Employee	Spouse*	Child*
<26			\$0.112
<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	
70-74**	\$2.890	\$2.186	
75-99**	\$7.665	\$4.441	

*Coverage for a spouse or child cannot exceed 100% of the employee volume.

**Reductions begin at age 70.

Long-Term Disability

Income Protection

The Alliance Premium Health Plan includes long-term disability (LTD) coverage to support you if you're unable to work due to serious illness or injury.

- ▶ Pays up to **60%** of your salary, including ministerial housing allowance if applicable
- ▶ Maximum benefit: **\$5,000/month**
- ▶ Begins after a **90-day** waiting period, subject to approval

Consider **Colonial Life**® supplemental products for coverage during the waiting period.

Duration of Benefits

- ▶ Generally paid until **age 65** if you continue to qualify
- ▶ If disability begins after **age 62**, a modified benefit schedule 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

OPTIONAL

Voluntary Supplemental Products

Alliance Benefits partners with **Colonial Life**® to offer voluntary supplemental products at a group discounted rate—helping you manage unexpected out-of-pocket costs.

These benefits work alongside your existing health coverage to provide extra financial protection when life takes an unexpected turn. Enrolling in these options gives you added security and peace of mind for yourself and your family:

Hospital Indemnity Insurance

Provides benefits to help cover hospital-related costs not paid by your health insurance.

Accident Insurance

Benefits are paid directly to you to use however you like—from medical costs to everyday expenses.

Short-Term Disability Insurance

Pays a monthly benefit if a covered accident or sickness prevents you from earning income.

Critical Illness and Cancer Insurance

Pays a lump sum if you're diagnosed with a covered illness to help with medical costs and lost income.



Colonial Life

Scan the QR code to meet with a Benefit Counselor.

coloniallife.com



Contact Information

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We are under the direction of **The Christian and Missionary Alliance Benefits Board.**

Frequently Asked Questions

Where can I find employer rates?

Employers have the responsibility to determine how rates are shared between the local church and the employee, thus rates should be received by your employer. Employers can view rates by plan and tier in our employer resource guide, which also includes information on eligibility and enrollment. *For access or assistance, please contact one of our benefit consultants.*

What is preauthorization?

Preauthorization is when your health plan decides if a health care service, treatment plan, prescription drug, or durable medical equipment (DME) is medically necessary before you receive it. It may be required for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

What are specialty drugs?

Specialty drugs are a type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary (a list of drugs your plan covers). *See page 18 for more information.*

How can I confirm my voluntary life insurance coverage?

To confirm your current life insurance coverage, contact Alliance Benefits. There is no self-service portal, as coverage is coordinated directly with New York Life through your employer. How do I add or drop supplemental insurance?

How do I add or drop supplemental insurance?

Contact Alliance Benefits to request changes or start enrollment. We'll coordinate with Colonial Life and update your billing accordingly.

For more questions, you can email benefits@cmalliance.org or call (800) 700-2651.

Serving You as You Serve the Kingdom

At **Alliance Benefits**, we're here to serve you as you make Kingdom impact. Our dedicated team is ready to help you navigate your benefits, connect with quality care, and make the most of your health coverage.

alliancebenefits.org

Call Us

(800) 700-2651
Monday–Friday
8:00 a.m.–5:00 p.m. (EST)

Email Us

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