

Benefit Summary Guide

The Alliance International 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 International 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

International Workers

The **Alliance International Health Plan** is established by The Christian and Missionary Alliance (C&MA). It is available to all eligible International Workers (IWs).

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

- ▶ IWs serving full-time with **aXcess**
- ▶ IWs serving full-time with **CAMA**
- ▶ IWs serving full-time with **Envision** at an international site



Eligible Dependents

Your dependents are eligible for coverage if they are:

- ▶ **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.

A married couple 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, **one spouse is listed** as the primary policyholder.

Ending Coverage

Coverage ends when eligibility is lost. Here’s what you need to know:

- ▶ 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 their life insurance and long-term disability policies.
- ▶ Eligible individuals may be able to purchase retiree life insurance.

Extending Coverage

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.

Below are the 2026 premium rates for extending coverage on your own:

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$661 per month	\$998 per month	\$1,295 per month	\$1,796 per month

Alliance Missions must submit an “**End of Coverage**” form to Alliance Benefits.

Enrollment

How to Enroll

Enrollment is completed on the Alliance Benefits website within 30 days of your payroll start date. Go to alliancebenefits.org, click “Forms” in the main navigation, scroll down to locate the “International Benefits” section, and click on the “International Health Plan Enrollment” form.

When You Can 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

Please notify Alliance Benefits within **30 days** of:

- ▶ Marriage
- ▶ Turning 26 and losing parental coverage
- ▶ Loss or gain of health coverage for you or your dependent under another plan

Please notify Alliance Benefits within **60 days** of:

- ▶ Birth of a child
- ▶ Adoption of a child

A newborn child is not automatically enrolled in your health plan. To ensure coverage, you must notify Alliance Benefits at benefits@cmalliance.org within 60 days of the birth.

Medical Coverage

How Your Plans Work

Alliance Benefits partners with **Aetna International** to help manage our international health plan. With Aetna International, you have access to a **global, direct-pay network** outside of the U.S. and Aetna's domestic **PPO network** inside the U.S.



OUTSIDE THE U.S.

Aetna International

We recommend you visit providers, hospitals or clinics in the **global, direct-pay network**. No referrals are needed. Direct pay means a better health care experience.

If you choose to go outside of the direct-pay network, Aetna can often negotiate a one-time direct pay on your behalf. Otherwise, you may have to pay the full amount at the time of service and submit a claim for reimbursement.

Learn more and make the most of direct pay: [Aet.na/Direct-pay-guide](https://www.aetna.com/Direct-pay-guide)



INSIDE THE U.S.

Aetna

In-network: Visit any doctor, no referrals needed. Network providers contract with Aetna to offer rates that are often lower than their regular fees. So choosing a network provider may **save you money**. Your network doctor works directly with Aetna to get approval for your care and file claims for you. You may pay a portion of the charges in the form of a copay or coinsurance.

Out-of-network: Visit any licensed doctor, no referrals needed. Out-of-network doctors and hospitals may cost you more.

REQUIRED

Registration

This process involves two separate systems:

- ▶ **Mimecast Secure Messaging Portal**
- ▶ **Aetna International Member Portal**

You must complete setup for both to fully access your benefits.



"DoNotReplyAIMemberServices"
<donotreplyaimemberservices@aetna.com>
sent you a secure message
The first time you access it you'll be asked to enter your email address and [create a password](#).
You can view your message at any time afterwards in our [Secure Messaging Portal](#).

Powered by **mimecast**

Step 1: Open Your Aetna International Welcome Email

Primary account holders receive a secure welcome email from Aetna International with a **unique registration link**. For security, the email is sent to the **personal address** on file with C&MA. Check spam or junk folders if you are not able to find the email in your inbox.

Step 2: Register for the Mimecast Secure Messaging Portal

Aetna International uses a best-in-class, secure messaging service called Mimecast to share important and sensitive information with you. Once you locate your welcome email, you can follow the link to create a password. You can only access Mimecast through this Aetna-initiated email.

Step 3: Retrieve Your WID (Member ID)

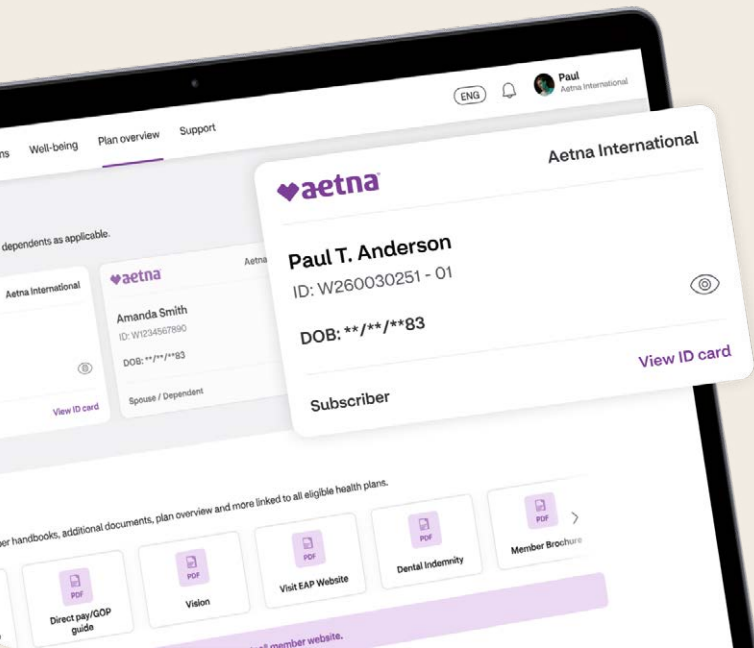
Once logged into Mimecast, you will be able to view your secure welcome message. This email contains your WID (Member ID) which is required to set up your Aetna International Member Portal.

Step 4: Register for the Aetna International Member Portal

Go to **aetnainternational.com** to register using your WID (Member ID). This creates your Aetna International Member Portal account (separate from Mimecast).

If you are unable to locate your initial welcome email, please contact Aetna International Member Services to request your WID at 855-829-9558 or aiservice@aetna.com.

Once you receive your WID, go to **aetnainternational.com** to create your Member Portal login. If Aetna is unable to resolve your issue, please contact Alliance Benefits at benefits@cmalliance.org.



Get Connected

Make **AetnaInternational.com** the first stop on your member journey.

- ▶ Download digital ID cards
- ▶ Find a doctor near you
- ▶ See coverage details
- ▶ Manage your benefits
- ▶ Submit and track claims

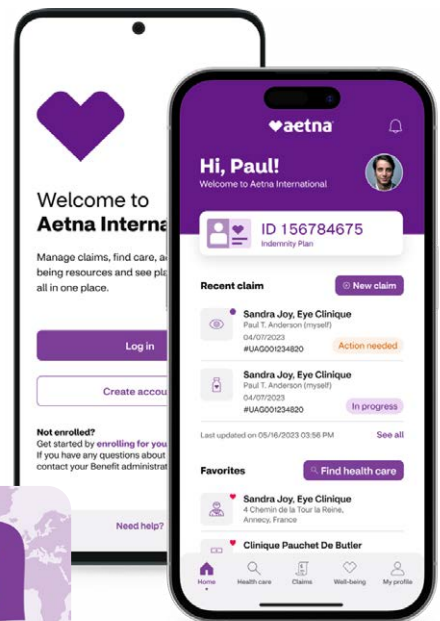
Manage Your Health Care On the Go

Outside the U.S.

Download the **Aetna International app** and log in using the same username and password as your member website.

Use the **Aetna International app** outside the U.S. to:

- ▶ Submit claims online without printing forms
- ▶ Manage existing claims
- ▶ Search for providers in our direct-pay network
- ▶ View policy details and plan information



Inside the U.S.

Use the **Aetna Health app** when you are inside the U.S.

Text "GETAPP" to 90156 for a link to download and create an account. Message and data rates may apply.



Finding and Getting Care Outside the U.S.

Find a direct-pay provider

- ▶ Online: Log in to **AetnaInternational.com**, click “Find health care” and enter your location
- ▶ Mobile App: Use the **Aetna International app** and tap “Health care”
- ▶ Phone: Call **Member Services** at the number on your member ID card

Make an appointment

- ▶ Schedule your visit by calling the provider directly.
- ▶ Tell them you’re an Aetna International member and give them your member ID number.

Let us know and get a GOP

- ▶ A Guarantee of Payment (GOP) lets the provider know they will be paid directly for your care. With a GOP, Aetna International gets billed when you go, and you won’t.
- ▶ You can request a GOP online while searching for your provider or call Member Services.

If you are getting care outside of the U.S. from a provider without direct-pay, you may need to pay at the time of service. Please see page 11 for detailed claim submission instructions.



Finding and Getting Care Inside the U.S.

Find an in-network provider

- ▶ Online: Log in to **Aetna.com**, click “Find Care & Pricing”
- ▶ Mobile App: Use the **Aetna Health app** and tap “Search”
- ▶ Phone: Call **Member Services** at the number on your member ID card

Make an appointment

- ▶ Schedule your visit by calling the provider directly.
- ▶ Tell them you’re an Aetna member and give them your member ID number.

Show your member ID card

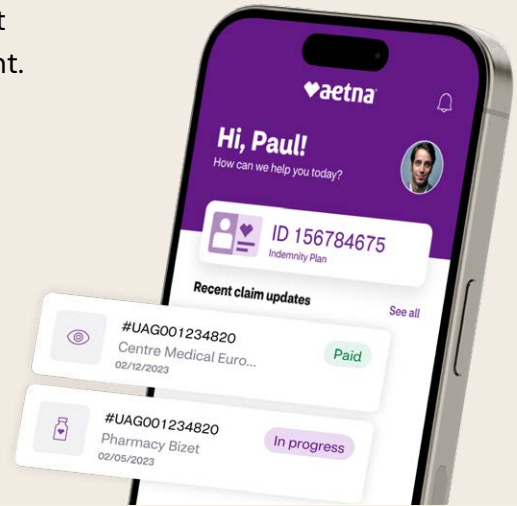
- ▶ When you go to your appointment, show them your Aetna member ID card.

Submitting Claims

If you are getting care outside of the U.S. or choose to see an out-of-network provider in the U.S., you may need to pay at the time of service and then submit a claim for reimbursement. You may also have to submit claims for dental, vision, and other medical expenses, like prescriptions.



96% of member claims are paid within 14 days!

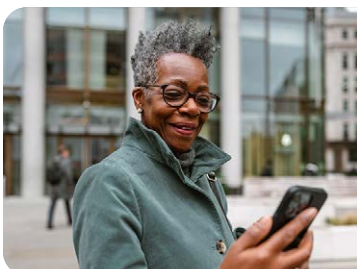


How to Submit a Claim:

- ▶ **Online:** Quicker process with faster reimbursement
- ▶ **International Mobile App:** Submit on the go or track status
- ▶ **Mail or email:** Separate forms and reimbursement takes longer

Claim Tips:

- ▶ Submit your claim online or through the mobile app for a faster reimbursement.
- ▶ Submit your claim **within 12 months** from the day of your treatment.
- ▶ Have all supporting documents ready, like **original receipts**, itemized invoices and certificates.
- ▶ Provide **complete details** of your visit, including the reason and a description of services.
- ▶ Know **how you want to be reimbursed**. Your options are check, wire transfer, or electronic funds transfer (EFT). Aetna doesn't charge processing fees for EFT, wire transfers, or direct deposits. But check with your bank, as they might.



IMPORTANT: Reimbursements **default to paper checks** unless you enter your bank information. Please ensure your preferences are set up to receive a wire transfer or electronic funds transfer (EFT) to avoid receiving a check.

International Care Management

The Aetna International Care Management program provides access to a team of nurses and specialists to support you. **It's all included in your medical plan:**

- ▶ Help finding local providers or specialists and coordinating routine and urgent care
- ▶ Support for acute and chronic conditions, including mental and emotional wellbeing
- ▶ Health coaching, education, and enhanced maternity support
- ▶ Medication management, prescription guidance, or getting medical devices

Call **Member Services** anytime at the number on your ID card to connect with Aetna's Clinical Care Management team.

Aetna can help with your pre- and post-assignment coordination. **How to contact them:**

- ▶ Log in to **AetnaInternational.com** and use the "Contact Us" form
- ▶ Email **AetnaInternationalCaseManagement@aetna.com** and mention pre-trip planning
- ▶ Call **Member Services** at the number on your member ID card and mention pre-trip planning



Aetna experts can answer questions like:

- ▶ Are there certain vaccines I may need?
- ▶ Can I take my medicine? Is it allowed in the country?
- ▶ How will I fill (or refill) my prescription while I'm there?
- ▶ Can I take medical supplies with me, like my sleep apnea machine or syringes for insulin?
- ▶ Does an upcoming procedure need clinical review?
- ▶ Can I speak to a therapist regularly while I'm away, like I do now? How do I find one?
- ▶ If I need care, how do I find doctors or hospitals?

Even after you've settled in, you can count on Aetna for ongoing support. They'll help you navigate a new health care system, adjust to a new culture, and even prepare for your return home.

Plan Features			
Feature	Outside the U.S.	Inside the U.S. Preferred Benefits (In-Network)	Inside the U.S. Non-Preferred Benefits (Out-of-Network)
Individual Deductible	\$0 per calendar year	\$0 per calendar year	\$0 per calendar year
Family Deductible	\$0 per calendar year	\$0 per calendar year	\$0 per calendar year
Individual Payment Limit	\$0 per calendar year	\$1,000 per calendar year	\$1,000 per calendar year
Family Payment Limit	\$0 per calendar year	\$3,000 per calendar year	\$3,000 per calendar year
Preventative Benefits			
Benefit	Outside the U.S.	Inside the U.S. Preferred Benefits (In-Network)	Inside the U.S. Non-Preferred Benefits (Out-of-Network)
Routine Adult Physical Exams Up to \$1,500 calendar year maximum	No charge	No charge	30%
Routine Child Physical Exams	No charge	No charge	30%
Travel Immunizations	No charge	No charge	30%
Routine Gynecological Exams	No charge	No charge	30%
Routine Breast Cancer Screenings (Including 3D) 1 every year (age 40 or older)	No charge	No charge	30%
Prostate Specific Antigen	No charge	No charge	30%
Routine Digital Rectal Exam	No charge	No charge	30%
Colorectal Cancer Screening	No charge	No charge	30%
Routine Hearing Exam Includes one routine exam every 24 months.	No charge	No charge	30%
Hearing Aids 1 hearing aid per ear to \$750 maximum per ear every 2 years	No charge	20%	30%

Physician Services			
Service	Outside the U.S.	Inside the U.S. Preferred Benefits (In-Network)	Inside the U.S. Non-Preferred Benefits (Out-of-Network)
Physician Office Visit	No charge	20%	30%
Specialist Office Visit	No charge	20%	30%
Telemedicine Consultations	No charge	20%	30%
Walk in Clinics	No charge	20%	30%

Walk-in Clinics are free-standing health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be Walk-in Clinics.

Hospital Services			
Service	Outside the U.S.	Inside the U.S. Preferred Benefits (In-Network)	Inside the U.S. Non-Preferred Benefits (Out-of-Network)
Inpatient	No Charge	20%	30%
Outpatient	No Charge	20%	30%
Emergency Room	No charge	20%	20%
Urgent Care	No charge	20%	30%
Ambulance	No charge	No charge	No charge
Pre-certification Penalty	No Penalty	No Penalty	\$300

Pre-Certification for certain types of Non-Preferred care received inside the U.S. must be obtained to avoid a reduction in benefits paid for that care. Pre-Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care and Hospice Care is required - excluded amount applied separately to each type of expense. Contact the service center to determine if pre-certification is needed for a procedure.

Other Services			
Service	Outside the U.S.	Inside the U.S. Preferred Benefits (In-Network)	Inside the U.S. Non-Preferred Benefits (Out-of-Network)
Acupuncture (20 visits per calendar year)	No charge	20%	30%
Allergy Testing	No charge	20%	30%
Base Infertility Services Includes testing and treatment	No charge	20%	30%
Complex Imaging	No charge	20%	30%
Diabetic Supplies	No charge	20%	30%
Diagnostic Outpatient Lab	No charge	20%	30%
Diagnostic Outpatient X-ray	No charge	20%	30%
Durable Medical Equipment	No charge	20%	30%
Skilled Nursing Facility (60 days per calendar year)	No charge	20%	30%
Hospice Care Facility Inpatient and Outpatient (180 days combined lifetime maximum)	No charge	20%	30%
Home Health Care (40 visits per calendar year)	No charge	20%	30%
Private Duty Nursing (40 8-hour shifts per calendar year)	No charge	20%	30%
Prosthetic Devices	No charge	20%	30%
Short-Term Rehabilitation Includes Occupational and Physical Therapies (50 visits combined per calendar year)	No charge	20%	20%
Speech Therapy (50 visits per calendar year)	No charge	20%	30%
Spinal Disorder Treatment (20 visits per calendar year)	No charge	20%	20%

Prescription Coverage

Outside the U.S.

If you pick up medications **in person at a pharmacy** outside the U.S., you'll pay out of pocket and submit a claim for reimbursement. Please save your receipt and prescription for submission.

If you need **maintenance medications** delivered, you'll use Expatriate Prescription Services (EPS), a concierge prescription service. EPS is ideal for receiving **90-day supplies**. Here's how it works:

- ▶ Go to expatps.com/Aetna and submit your order online.
- ▶ EPS verifies your prescriptions and information, contacting prescribing physicians if necessary.
- ▶ EPS sources U.S.-quality medications and provides shipment tracking until delivery.

Prescription Drug Coverage (Aetna International)			
Drug	Outside the U.S.	Inside the U.S. Preferred Benefits (In-Network)	Inside the U.S. Non-Preferred Benefits (Out-of-Network)
Generic (90-day maximum supply)	No Charge	Not covered	Not covered
Formulary Brand Name (90-day maximum supply)	No Charge	Not covered	Not covered
Non-preferred or Non-Formulary Generic and Brand Name (90-day maximum supply)	No Charge	Not covered	Not covered



Expatriate Prescription Services

+1 (540) 777-1450

concierge@expatps.com

expatps.com/Aetna

Inside the U.S.

MedOne manages your pharmacy benefits when you are inside the U.S.

You must create a new MedOne account to access your pharmacy coverage in 2026. During registration, you may use either of the following as your Member ID:

- ▶ Your **Aetna International WID**, or
- ▶ Your **Social Security Number** (without dashes)

Once registered, you can view your benefits and ID card to process U.S. prescriptions.

Prescription Drug Coverage (MedOne)		
Drug	Outside the U.S.	Inside the U.S.
Generic Drugs	Not covered	25% (up to \$10) copay/prescription (retail)
		25% (up to \$20) copay/prescription (mail-order)
Preferred Brand Name Drugs	Not covered	25% (up to \$40) copay/prescription (retail)
		25% (up to \$80) copay/prescription (mail-order)
Non-Preferred Brand Name Drugs	Not covered	25% (up to \$60) copay/prescription (retail)
		25% (up to \$120) copay/prescription (mail-order)

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.

We no longer offer 365-day supply in the U.S. because you have access to international prescription coverage with Aetna International. If you have a concern, please contact Alliance Benefits directly.

MedOne
+1 (866) 335-9057
medone-rx.com

DRUG LOOKUP

CHECK TO SEE HOW YOUR
MEDICATION IS COVERED
WITH JUST A FEW CLICKS.

To begin, enter your Group ID
found on your insurance card.

Enter Group ID Below

XXXXX

**Look Up Your
Prescription Today!**

See how your medication is covered in the U.S.

Group ID: **ALLIDCHRM**A

Dental Coverage

Dental Coverage			
Benefit	Outside the U.S.	Inside the U.S. Preferred Benefits (In-Network)	Inside the U.S. Non-Preferred Benefits (Out-of-Network)
Individual Deductible	\$0 per calendar year	\$50 per calendar year	\$50 per calendar year
Family Deductible	\$0 per calendar year	\$150 per calendar year	\$150 per calendar year
Type A Expense (Diagnostic & Preventive)	No charge	No charge	No charge
Type B Expense (Basic Restorative)	No charge	20% after deductible	30% after deductible
Type C Expense (Major Restorative)	No charge	50% after deductible	50% after deductible
Calendar Year Maximum	\$1,250	\$1,250	\$1,250
Orthodontic Treatment (Adult & Child)	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$1,500



Aetna

Outside the U.S.: +1 (855) 829-9558

Inside the U.S.: +1 (813) 775-0190

aiservice@aetna.com

Vision Coverage

Vision Coverage			
Benefit	Outside the U.S.	Inside the U.S. Preferred Benefits (In-Network)	Inside the U.S. Non-Preferred Benefits (Out-of-Network)
Routine Eye Exam (one every calendar year)	No charge	No charge	30%
Includes one routine exam every calendar year.			
Vision Care Supplies	No Charge up to \$350 maximum	No Charge up to \$350 maximum	No Charge up to \$350 maximum
Schedule maximums apply every calendar year.			



Aetna

Outside the U.S.: +1 (855) 829-9558

Inside the U.S.: +1 (813) 775-0190

aiservice@aetna.com

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 voluntary **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

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



KnovaSolutions

+1 (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.

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.



Alliance Benefits

+1 (800) 700-2651

benefits@cmalliance.org

alliancebenefits.org

OPTIONAL

Voluntary Life Insurance

Voluntary life insurance offers additional coverage for greater financial security. Premiums are conveniently deducted from your paycheck. On the Alliance International Health Plan, both spouses are often employees of the National Office. Therefore, employee rates **apply to both spouses** in most cases. **Employees can purchase:**

- ▶ **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

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

Leave of Absence

If you need a leave of absence (LOA), please contact Alliance Missions first.

Support



Aetna International

Aetna International can assist with claims processing, finding providers, and navigating coverage for international or domestic care. International Member Services are available 24 hours a day and in 240 languages.

Phone outside the U.S.: +1 (855) 829-9558

Phone inside the U.S.: +1 (813) 775-0190

Email: aiservice@aetna.com

Website outside the U.S.: aetnainternational.com

Website inside the U.S.: aetna.com

Tip: When you see “ai” in lowercase, it refers to Aetna International, not artificial intelligence (AI).



Alliance Benefits

Alliance Benefits can assist with enrollment and coverage updates due to qualifying life events like marriage, birth, or adoption.

Phone: +1 (800) 700-2651

Email: benefits@cmalliance.org

Website: alliancebenefits.org

Alliance Benefits Team

We are honored to be partnering with Alliance Missions to support our International Workers in the work God is doing around the world—*All of Jesus for All the World.*



Denise Rice

Executive Director
for Alliance Benefits

(614) 893-0340
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