ALLIANCE BENEFITS

2026 Plan Year

Benefit Summary Guide

The Alliance Health Plan

What's Inside

This document is intended to provide an overview of benefits. Please refer to the Summary of Benefits and Coverage (SBC) documents for complete plan details.

Caring for One Another in Christ

Compassionate Care, Christ-Centered Commitment

The Alliance 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.

Uniquely Designed for Ministry Workers

As a church plan under IRS Section 414(e), we operate with flexibility and faith-based stewardship. Monthly premiums are used directly to pay member medical claims—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.

Called to Care

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.

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

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

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:

- C&MA Churches
- C&MA National Office
- C&MA District Offices
- 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

Eligibility That Moves With Your Calling

When you move to another participating Alliance church or affiliated organization that has adopted the plan, your coverage goes with you—so you can continue benefits without interruption.

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.

Coverage Extention

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.

Deductible carryover may apply if you transfer to another participating church or affiliated entity that has adopted The Alliance Health Plan.

Extending Coverage

As a church plan, COBRA is not offered. Instead, a similar 12-month extension is provided if no other coverage is available. Below are the monthly rates for extending coverage on your own. Premiums are paid by the employee.

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

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.

Enrollment

How to Enroll

Contact your employer's benefits administrator to complete enrollment. They are responsible for helping you enroll in your benefits using the benefit administration system, BenefitSolver.

Updating Elections

Open Enrollment (OE)

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

Qualifying Life Events (QLEs)

Outside of open enrollment, you can only make changes if you experience significant life changes. To do so, please notify Alliance Benefits.

You have 30 days for:

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

You have 60 days for:

- Birth of a child
- Adoption of a child

Are you expecting?

A newborn child isn't automatically enrolled. To ensure coverage, you must notify Alliance Benefits within 60 days of the birth.

Medical Coverage

Find the Right Care, Starting with CareFactor

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 based on your home address—offering a broad range of healthcare professionals and specialists depending on where you live.

The **Medical Mutual SuperMed PPO** network applies to members residing in:

- The state of Ohio, or
- Designated Kentucky ZIP codes*

The **Cigna Choice Fund PPO** network applies to all other members.

CareFactor

(877) 304-0761
support@mycarefactor.com

mycarefactor.com

Save Money With Network Providers

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 with CareFactor before receiving care to avoid unexpected expenses.

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

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

We offer two high-deductible health plans (HDHPs), i.e., **Silver** and **Bronze**. Each plan offers two levels: **Premium** and **Standard**. 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

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

Standard

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

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.

Medical Costs Explained

	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***	

*Aggregate Deductible: 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.

**Embedded 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.

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

Deductible

Your plan begins to pay a percentage of eligible medical and prescription drug expenses after you meet your deductible. You are responsible for costs until it is met, except for in-network preventive care services, which are covered at 100%. Remember to use in-network providers to keep your out-of-pocket costs lower.

Out-of-Pocket Maximum

The out-of-pocket limit is the maximum amount you pay in a year for covered services. Dependents on the plan must meet their own out-of-pocket limits until the overall family limit has been met.

Health Savings Account (HSA)

Tax-free savings with a health savings account (HSA) are one of the most significant advantages of a high-deductible health plan (HDHP). The money in your HSA can be used to cover qualified medical expenses, including your deductible. Additionally, interest earned is tax-free, and you can invest to grow your account. See page 18 for more information.

Prescription Coverage

Prescription Drugs

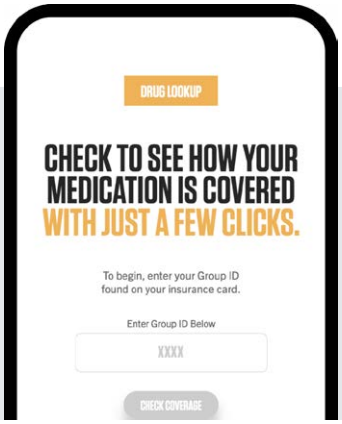
MedOne manages our prescription drug benefit to help ensure you receive affordable, high-quality medications. If you choose a brand-name drug when a generic equivalent is available, you will pay the generic co-pay plus the cost difference between the two. This additional amount does not apply toward your deductible or out-of-pocket maximum.

Silver and Bronze Plans		
Prescription Coverage	**Retail (30 days)**	**Mail Order (90 days)**
Preventive *Refer to MedOne list*	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

MedOne

(866) 335-9057

medone-rx.com



Find your prescription!

Search for covered medications, compare costs, and check mail-order delivery options.

Group ID: XXMCFCHRMA

Specialty Medications

A specialty medication is a medication that treats complex medical conditions such as cancer, psoriatic arthritis, or multiple sclerosis, and often requires specific handling and storage requirements.

The Plan does not cover specialty medications under the standard prescription drug benefit. Instead, the Plan participates in a prescription drug management program through **MedOne's RxAlly® Program**, which provides access to specialty medications for eligible members. This program assists members in obtaining specialty medications through:

- Manufacturer assistance programs
- Patient assistance programs
- International sourcing
- Other reduced-cost options, including drugs that may not be included on the Plan's formulary.

These programs may significantly reduce or eliminate member cost-sharing and eligible program fees charged to the Plan.

Call **(877) 794-2218** to speak with an RxAlly® Patient Care Coordinator about your specialty options.

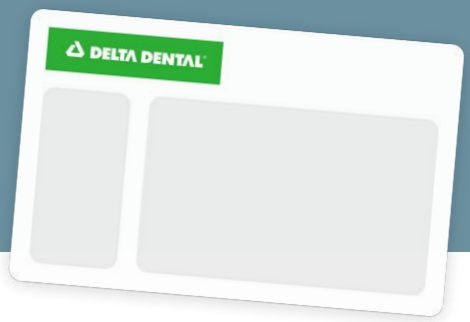
RxAlly® Process Overview

You must call to begin the process. A designated RxAlly® Patient Care Coordinator (PCC) will work directly with you and your doctor to gather, prepare, and apply for patient assistance. Once your PCC submits both your portion and your doctor's portion of the application, it will be reviewed to determine if you qualify for assistance.

Bridge Fills

While you wait, you may be eligible to receive your medication through a bridge fill. A bridge fill is a fill of your specialty medication through your prescription drug coverage administered by MedOne. Prior to receiving your bridge fill, a medical necessity review may needed.

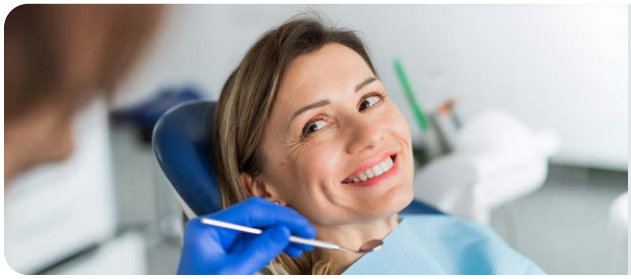
Dental Coverage



Regular dental exams can help 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 *Includes in-network and out-of-network*
Calendar Year Deductible *Applies to Basic and Major Services*	$50 Individual / $150 Family *Combined in-network and out-of-network*
Orthodontic Lifetime Maximum	$1,500 (PPO) / $1,000 (Non-PPO) *Applies to employee, spouse, and dependents up to age 26*
Prevention First	*Diagnostic and preventive services do not count toward the calendar year maximum*



Delta Dental of Colorado

(800) 610-0201

deltadentalco.com

Service		In-Network		Out-of-Network
Diagnostic and Preventive Services		**PPO**	**Premier**	**Non-Participating**
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

Virtual Care at No Additional Cost

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

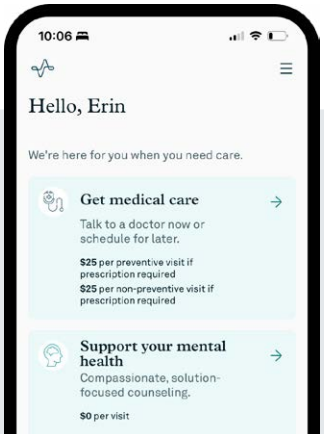
Why Virtual Care?

- **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



Download on the App Store

GET IT ON Google Play

Health Savings Account

Tax-Free Savings

A health savings account (HSA) is a tax-advantaged 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 funds to pay for medical expenses without paying taxes.

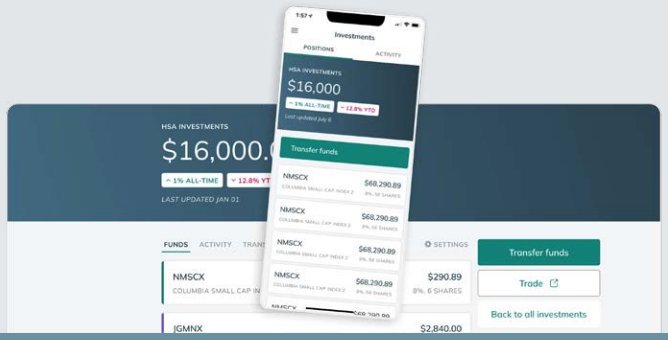
Plus, your HSA is yours to keep—it rolls over year to year, stays with you if you change jobs or retire, and never expires.

Contribution Limits

The IRS has set the maximum HSA contribution limits in 2026 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 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. 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:

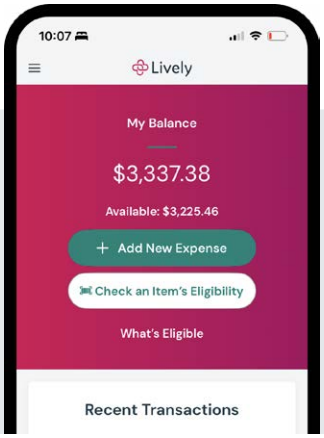
- Doctor visits and copays
- Prescription medications
- Over-the-counter meds
- Dental expenses (fillings, braces, etc.)
- Vision expenses (prescription glasses, contact lenses, etc.)
- Mental health services
- Physical therapy
- Medical equipment (e.g., crutches, blood pressure monitors)
- Sunscreen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

Lively

(888) 576-4837

support@livelyme.com

livelyme.com



Download on the App Store

GET IT ON Google Play

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 participate.

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 number. Log in, go to "**Wellness**" in the main menu and click "**Take a Healthy Step**."

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

LEVEL 2

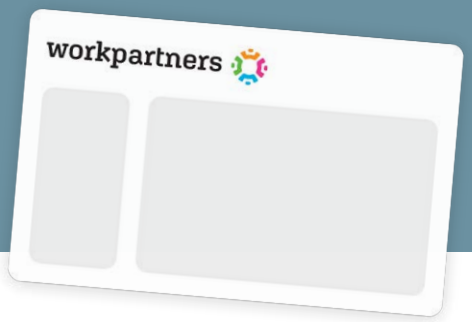
Thrive Together

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

- Annual biometric screenings or preventive exams (physical, dental, vision)
- Approved wellness activities customized to your personal goals and lifestyle

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 participating 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 sign up.

Workpartners

(844) 833-0527
info@workpartners.com

workpartners.com/cma

Employee Assistance

Support You Can Count On

Balancing work with life responsibilities can be overwhelming. Alliance Benefits partners with **New York Life** to offer an Employee Assistance and Wellness Support program—providing you with a suite of resources designed to help give support and guidance, such as:

- Employee Assistance Program (EAP)
- Critical Incident Services
- Well-being Coaching
- Family Source

GuidanceResources® is your online resource—offering education and tools on topics such as health and wellness, law and regulations, family and relationships, work and education, money and investments, and home and auto. Register today and take your next step toward a healthier, more supported you!

Employee Assistance Program (EAP)

This program offers counseling, work-life assistance, and crisis intervention services to you and your household family members.

Reasons to use these services:

- Balancing work and family
- Experiencing stress, anxiety, or depression
- Dealing with grief and loss
- Assistance with child or elder care concerns
- Concerns of substance abuse for you or a family member

All calls are answered by a Master's or PhD-level counselor. Your program includes three in-person counseling sessions per issue, per year with certified clinicians.

New York Life Group Benefit Solutions

(800) 344-9752

guidanceresources.com

Click "Register" and enter "NYLGBS" as the Web ID.

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
- 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 overall well-being across work, family, and school.

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

Basic Life Insurance

To help give you and your family 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 the Alliance Benefits team for more information.

Voluntary Life Insurance

Purchase additional coverage for greater financial security with voluntary life insurance. Enrollment or coverage changes are available during your annual open enrollment period or after a qualifying life event. Premiums are conveniently deducted from your paycheck.*

Employees may purchase:

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

*See the next page for rates.

**Spouses are often employees of the National Office. Therefore, employee rates apply to both spouses in most cases.

Voluntary Life Insurance Rates

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

Coverage

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

Support

Alliance Benefits Team

Denise Rice

Executive Director for Alliance Benefits

(614) 893-0340
RiceD@cmalliance.org

Lori Wittman

Benefits Consultant

(380) 208-6037
WittmanL@cmalliance.org

Sarah Fries

Benefits Consultant

(380) 208-6165
FriesS@cmalliance.org

Mandy Gove

Customer Care Representative

(380) 208-6093
GoveM@cmalliance.org

Teresa Hunter

Billing & Data Service Representative

(719) 265-2065
HunterT@cmalliance.org

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 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

Not a member? Ask us how you can join The Alliance Health Plan today!

ALLIANCE
BENEFITS

One Alliance Place
Reynoldsburg, OH 43068

Monday–Friday
9:00 a.m.–5:00 p.m. (EST)

(800) 700-2651

benefits@cmalliance.org