



ALLIANCE
BENEFITS

2026 Plan Year

Benefit Summary Guide

The Alliance International Health Plan





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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 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.

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 International 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

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.



Spouses

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

Alliance Missions must submit an "End of Coverage" form to Alliance Benefits.

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

Enrollment

How to Enroll

Contact your employer's benefits administrator, the Alliance Missions Administrative Coordinator, for help completing your enrollment in the benefits 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

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.

Direct-Pay Network

We recommend you visit providers, hospitals or clinics in the global, direct-pay network. No referrals are needed. 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.



Make the most of direct pay.

[Aetna/Direct-pay-guide](https://www.aetna.com/direct-pay-guide)

Inside the U.S.

In-Network

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. Visit any doctor, no referrals needed. 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

Out-of-network doctors and hospitals may cost you more but you can visit any licensed doctor, no referrals needed.

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%

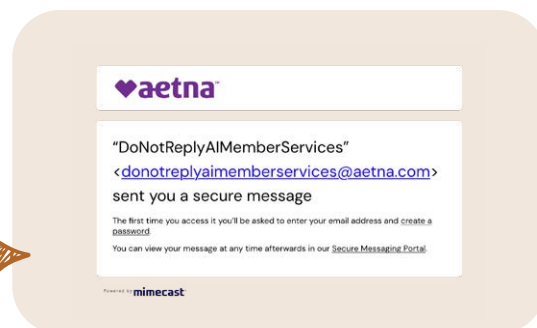
How to Register

Registration

You must register your account to begin.

This process involves two systems:

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



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.

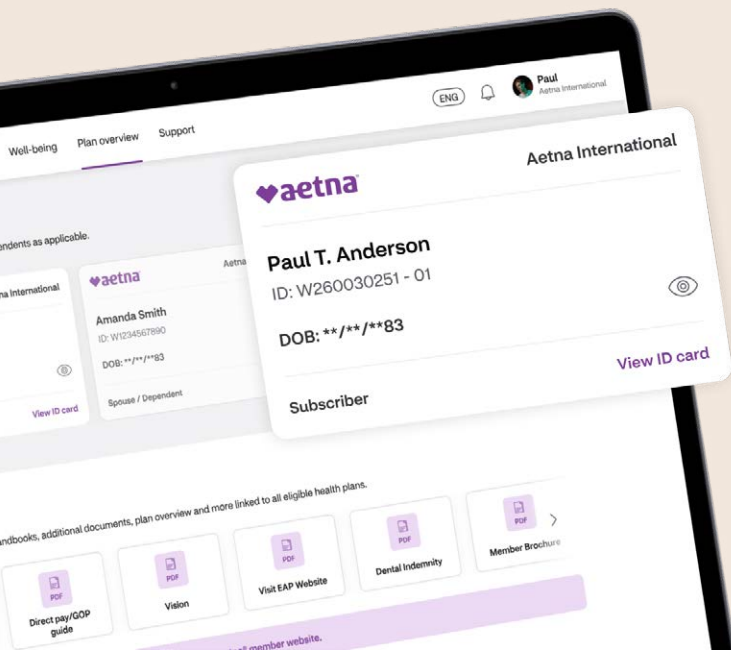
Step 3: Retrieve Your WID (Member ID)

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 find your initial welcome email, please contact Aetna International Member Services to request your WID at 855-829-9558 or aiservice@aetna.com. If Aetna is unable to resolve your issue, please contact Alliance Benefits at benefits@cmalliance.org for escalation.



Get Connected

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

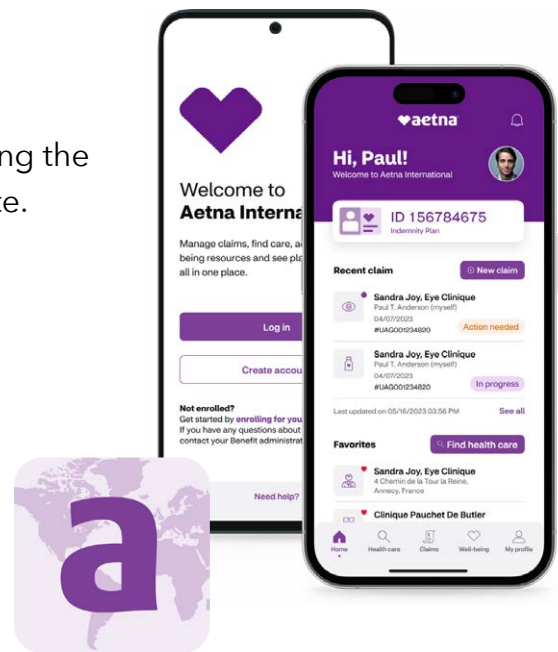
- ▶ Download digital ID cards
- ▶ Find a doctor near you
- ▶ See coverage details
- ▶ Manage your benefits
- ▶ Submit and track claims

Download the App

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 and manage claims
- ▶ Search for providers
- ▶ 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](https://www.aetna.com/international), 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 see a provider without direct-pay, you may need to pay at the time of service.

Inside the U.S.

Find an in-network provider

- ▶ Online: Log in to [Aetna.com](https://www.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.

Claims for Reimbursement

Claim Submission

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 submit a claim for reimbursement. You may also have to submit claims for dental, vision, and other medical expenses, like prescriptions.

Submit by one of three ways:

- ▶ **Online:** Quick and fast
- ▶ **International Mobile App**
- ▶ **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 a description of services.
- ▶ Know how you want to be reimbursed. Your options are wire transfer or electronic funds transfer (EFT).



Enter Your Bank Information for Reimbursement

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 paper check.

Aetna doesn't charge processing fees for EFT, wire transfers, or direct deposits. But check with your bank, as they might.

International Care Management

Support from Specialists

The Aetna International Care Management program provides access to a team of nurses and specialists to support you.

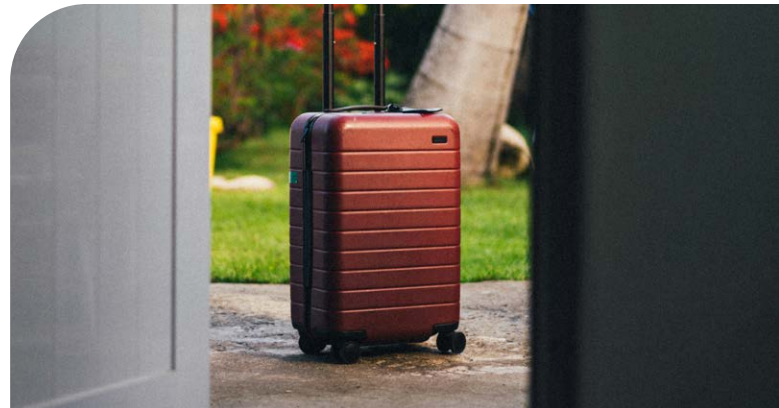
What's included in your medical plan:

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

Pre- and Post-Assignment Coordination

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.

Call the number on your ID card to connect with the Aetna International Care Management team.



Aetna experts can answer questions like:

- ▶ Are there vaccines I may need?
- ▶ Is it allowed in the country?
- ▶ How will I refill my prescription?
- ▶ 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? How do I find one?
- ▶ If I need care, how do I find doctors or hospitals?

Prescription Coverage

Outside the U.S.

If you pick up medications at a pharmacy outside the U.S., you'll pay out of pocket and submit a claim for reimbursement. **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.**

- ▶ Go to expatps.com/Aetna and submit your order online.
- ▶ EPS verifies your prescriptions, 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 benefit 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.

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.

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)

We no longer offer a 365-day supply in the U.S. because you have international prescription coverage through Aetna International. If a 365-day supply is necessary, please contact MedOne.

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

Find your prescription!
See how your medication is covered in the U.S.
Group ID: XXMCFCHRMA

Specialty Medications Inside the U.S.

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

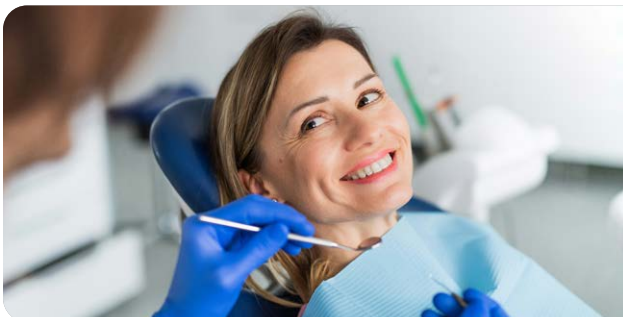
You must call to begin the process. A designated RxAlly® Patient Care Coordinator (PCC) will work directly with you and your doctor to gather, prepare, and apply for patient assistance. Once your PCC submits both your portion and your doctor's portion of the application, it will be reviewed to determine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

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

Life Insurance

Basic Life Insurance

To help give you and your family extra peace of mind, The Alliance International 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 International 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
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.**

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 about your eligibility 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