

HEALTHIER TOGETHER

THE ALLIANCE HEALTH PLAN



2025 BENEFIT SUMMARY GUIDE



ALLIANCE **BENEFITS**

HEALTHIER TOGETHER

Dear Alliance family,

We have the honor and privilege of serving you again in 2025 as we strive to deliver health-care plans that are robust in benefits and competitive in cost compared to the marketplace. We know that your choice in health plans is not an easy one, and we are working hard to make this plan best in its class.

This Summary Guide is a great overview of your health plan details and how to best engage your various benefits. Specifically, with the Alliance Benefit Health Plan, you have access to:

- The Aetna Signature Administrators Provider Network—Aetna’s broad network, commitment to innovation, and focus on delivering high-quality health services align with our commitment to your care
- Telemedicine for urgent care (sinus infection, cough, earache, urinary tract infection, and more), mental health counseling, and virtual primary care service that can save you both time and money
- A robust wellness and employee assistance program (EAP)—our holistic approach to your overall health provides incentives to receive a generous \$250 (employee only) or \$500 (family) deposit into your health savings account (HSA) to assist with medical expenses now or in the future
- Dental, vision, life insurance, and long-term disability coverages at group rates

Finally, you will find the level of support in this plan to be unmatched—particularly for those with complex health needs and chronic conditions. Our partners at KnovaSolutions are committed to helping those in our plan dealing with difficult diagnoses or ailments with assistance in navigating the health-care system, coordinating care among multiple health-care providers, or even helping to build a recovery plan to improve quality of life. Our KnovaSolutions team also provides extra support to our diabetic and pre-diabetic population with HSA dollar incentives available just for engaging in the program.

Our commitment to you remains one of providing a best-in-class health-care plan with unmatched service for the Alliance family, by the Alliance family, and focused on serving those who serve His Kingdom. May God continue to bless you and your ministry.

On behalf of the team privileged to serve you,



Ken Baldes
Vice President for Operations/Treasurer and Interim Executive Director for Alliance Benefits

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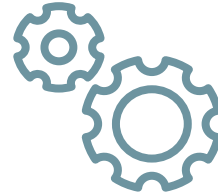
ADVANTAGES OF THE ALLIANCE HEALTH PLAN



**ALLIANCE
MONTHLY
PREMIUMS**



**ALLIANCE
CLAIMS PAID**



HOW IT WORKS

The Alliance Health Plan is a self-funded, multi-employer church plan. This means that monthly premiums collected are used to pay for medical claims incurred by our participants. These premium dollars are used specifically for the Alliance family, including those on our domestic and international plans.

Monthly Premium Includes:

- Medical
- HSA Contribution
- Prescription
- Dental
- Vision
- Life Insurance
- Long-Term Disability

- Employer health savings account (HSA) contribution included in monthly premium
- Cost containment choices to keep premiums as low as possible
- Operates within a cafeteria plan, allowing eligible pre-tax payroll deductions for employees (unlike individual plans on the market)
- Established group plan allows employers to legally make employee reimbursements
- Loyalty rewards for employers who have continuously participated in the Alliance Health Plan



SERVING WITH
COMPASSION • INTEGRITY • RESPECT

WHO MAY ENROLL?

EMPLOYERS

The Alliance Health Plan is a multi-employer plan and may enroll any employer who is an Alliance-affiliated entity. This includes:

- Alliance district offices
- Alliance churches and church plants
- The National Office and Orchard Alliance

**Employers may be asked to provide the Articles of Incorporation stating affiliation at time of enrollment.*

For employers to be eligible, they must maintain enrollment of 100 percent of licensed official workers employed 30 hours or more a week. To determine the 100 percent eligibility, employers do not need to include:

- Licensed official workers covered by Medicare, Medicaid, Tricare, or VA (does not include health-care sharing ministries, government exchange programs, or state exchange programs)
- Licensed official workers covered by a spouse's employer plan
- Licensed official workers covered by another employer's plan or who work less than 30 hours a week
- Licensed official workers under the age of 26 covered by a parent's plan
- Licensed official workers age 65 and older who have other coverage

After satisfying the above requirements, paid W-2 employees working 20+ hours may be eligible to enroll per employer approval.

EMPLOYEES

If the employer meets the requirements listed above, other staff employees may also be eligible to enroll if:

- They are paid W-2 employees working 20 hours or more per week (assuming the employer requirements above have been met)

Your employer determines the breakdown of the monthly premium percentages paid. If eligible, please discuss this breakdown with your employer.

FAMILY MEMBERS

If employees meet the requirements listed above, they are eligible to include the following family members at the time of enrollment:

- Spouse
 - Not divorced from you
 - Not legally separated from you
 - Not a domestic partner
- Dependent Children
 - Your biological children, adopted children (including child placed for adoption), stepchildren, and foster children
 - Under the age of 26

For questions regarding a disability, please contact Alliance Benefits at (800) 700-2651.

SILVER PREMIUM

THE ALLIANCE HEALTH PLAN 2025 RATES

SILVER PREMIUM HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
MEDICAL AND PRESCRIPTION	\$763	\$1,150	\$1,556	\$2,109
EMPLOYER HSA CONTRIBUTION	\$84	\$167	\$167	\$167
DENTAL	\$45	\$71	\$83	\$124
VISION	\$8	\$13	\$16	\$22
BASIC LIFE INSURANCE (30K)	\$16	\$16	\$16	\$16
LONG-TERM DISABILITY	\$10	\$10	\$10	\$10
TOTAL MONTHLY	\$926	\$1,427	\$1,848	\$2,448

LOYALTY REWARDS

For continuous employer plan participation—2025 discounted monthly premium rates per employee

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2024	\$919	\$1,417	\$1,834	\$2,429
Since 2023*	\$912	\$1,407	\$1,820	\$2,410
Since 2022 (or before)	\$906	\$1,396	\$1,807	\$2,392

We are excited to continue the Loyalty Rewards program. These rewards will be given to employers who have continuously participated in the Alliance Health Plan for one or more years.

These rewards are effective for the 2025 plan year and apply to the HDHP Premium plans. The amounts will be reviewed and approved by the Benefit Board annually.

*Any employer with a coverage start date before the end of 2024 will be eligible for the discounted 2024 loyalty rewards listed.

SILVER STANDARD

THE ALLIANCE HEALTH PLAN 2025 RATES

SILVER STANDARD HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
MEDICAL AND PRESCRIPTION	\$763	\$1,150	\$1,556	\$2,109
EMPLOYER HSA CONTRIBUTION	\$84	\$167	\$167	\$167
DENTAL	--	--	--	--
VISION	--	--	--	--
BASIC LIFE INSURANCE (30K)	\$16	\$16	\$16	\$16
LONG-TERM DISABILITY	--	--	--	--
TOTAL MONTHLY	\$863	\$1,333	\$1,739	\$2,292

LOYALTY REWARDS

For continuous employer plan participation—2025 discounted monthly premium rates per employee

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2024*	\$856	\$1,323	\$1,725	\$2,273
Since 2023	\$849	\$1,313	\$1,711	\$2,254
Since 2022 (or before)	\$843	\$1,302	\$1,698	\$2,236

We are excited to continue the Loyalty Rewards program. These rewards will be given to employers who have continuously participated in the Alliance Health Plan for one or more years.

These rewards are effective for the 2025 plan year and apply to the HDHP Standard plan. The amounts will be reviewed and approved by the Benefit Board annually.

*Any employer with a coverage start date before the end of 2024 will be eligible for the discounted 2024 loyalty rewards listed.

BRONZE PREMIUM

THE ALLIANCE HEALTH PLAN 2025 RATES

BRONZE PREMIUM HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
MEDICAL AND PRESCRIPTION	\$569	\$856	\$1,159	\$1,570
EMPLOYER HSA CONTRIBUTION	\$250 [†]	\$500 [†]	\$500 [†]	\$500 [†]
DENTAL	\$45	\$71	\$83	\$124
VISION	\$8	\$13	\$16	\$22
BASIC LIFE INSURANCE (30K)	\$16	\$16	\$16	\$16
LONG-TERM DISABILITY	\$10	\$10	\$10	\$10
TOTAL MONTHLY	\$648	\$966	\$1,284	\$1,742

LOYALTY REWARDS

For continuous employer plan participation—2025 discounted monthly premium rates per employee

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2024*	\$641	\$956	\$1,270	\$1,723
Since 2023	\$634	\$946	\$1,256	\$1,704
Since 2022 (or before)	\$628	\$935	\$1,243	\$1,686

We are excited to continue the Loyalty Rewards program. These rewards will be given to employers who have continuously participated in the Alliance Health Plan for one or more years.

These rewards are effective for the 2025 plan year and apply to the HDHP Premium plans. The amounts will be reviewed and approved by the Benefit Board annually.

*Any employer with a coverage start date before the end of 2024 will be eligible for the discounted 2024 loyalty rewards listed.

[†] Alliance Benefits will make a one-time contribution to NEW enrollees with Alliance Benefits only.

BRONZE STANDARD

THE ALLIANCE HEALTH PLAN 2025 RATES

BRONZE STANDARD HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
MEDICAL AND PRESCRIPTION	\$569	\$856	\$1,159	\$1,570
EMPLOYER HSA CONTRIBUTION	\$250 [†]	\$500 [†]	\$500 [†]	\$500 [†]
DENTAL	--	--	--	--
VISION	--	--	--	--
BASIC LIFE INSURANCE (30K)	\$16	\$16	\$16	\$16
LONG-TERM DISABILITY	--	--	--	--
TOTAL MONTHLY	\$585	\$872	\$1,175	\$1,586

LOYALTY REWARDS

For continuous employer plan participation—2025 discounted monthly premium rates per employee

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2024*	\$578	\$862	\$1,161	\$1,567
Since 2023	\$571	\$852	\$1,147	\$1,548
Since 2022 (or before)	\$565	\$841	\$1,134	\$1,530

We are excited to continue the Loyalty Rewards program. These rewards will be given to employers who have continuously participated in the Alliance Health Plan for one or more years.

These rewards are effective for the 2025 plan year and apply to the HDHP Standard plan. The amounts will be reviewed and approved by the Benefit Board annually.

*Any employer with a coverage start date before the end of 2024 will be eligible for the discounted 2024 loyalty rewards listed.

[†] Alliance Benefits will make a one-time contribution to NEW enrollees with Alliance Benefits only.

ABOUT THE ALLIANCE HEALTH PLAN

HIGH-DEDUCTIBLE HEALTH PLAN

Alliance Benefits offers two high-deductible health plans (HDHP). Once the deductible has been met (including out-of-pocket medical and prescription costs), coinsurance begins where the plan pays a high percentage of the claim and the employee pays a smaller portion. The Alliance Health Plan also offers additional wellness benefits paid at 100 percent. They can be found at alliancebenefits.org on the **Preventive Schedule** and **Preventive Drug List**. The Alliance Health Plan offers two packages:

The Alliance High-Deductible Premium Health Plan—includes medical, prescription, dental, vision, life insurance, long-term disability, and HSA with employer contribution (optional for Bronze Plan)

The Alliance High-Deductible Standard Health Plan—includes medical, prescription, life insurance, and HSA with employer contribution (optional for Bronze Plan)

Those enrolled in the Alliance Health Plan will have an HSA serviced through Lively.

HSA OVERVIEW

- A health savings account (HSA) is a personal savings account for health expenses. HSAs are owned by you and can be transferred from job to job or institution to institution. They are yours for life!
- HSAs allow for pre-tax contributions, tax-free interest, and tax-free withdrawals (for medical expenses). In 2025, individuals can contribute up to \$4,300 in tax-free savings, and families can contribute up to \$8,550. Plus, if you are 55 or older, you can contribute an additional \$1,000 to each level. These limits include both employer and employee contributions.
- HSAs work with HSA-eligible health plans and are the only completely tax-free way to save for future health costs. You may use funds in your HSA to pay for things such as doctor visits, hospital costs, deductibles, coinsurance, and prescription drug expenses for you and any qualifying dependents. Your HSA may also be used to pay for most dental and vision expenses. Go to livelyme.com/whats-eligible for a complete list of qualified medical expenses.
- Please note that Medicare, Medicaid, and General-Purpose flexible spending accounts are common disqualifiers of HSA eligibility. Lively can answer all eligibility questions—go to bit.ly/lively-eligibility to find more information.
- An HSA helps you save for health-care expenses tax-free—today and well into retirement!

HSA INVESTMENTS

Lively makes investing your HSA dollars easy through the TD Ameritrade/Charles Schwab HSBA platform. Lively has designed a truly integrated experience, including the ability to access an investment account directly from within Lively using Single Sign-On, so there's no need for a separate login to access investments. Transaction fees may apply.*

*Visit bit.ly/ameritrade-fee-schedule for Ameritrade's fee schedule.

WHAT'S NEW FOR 2025?

Luckily, not much! In June 2024, we transitioned to Aetna Signature Administrators Network, the parent network of First Health Network. With much improved customer satisfaction, we are staying with Aetna Signature Administrators for 2025!

We are introducing a new provider for our life insurance, New York Life. They are able to provide the same products, but with a larger, more sustainable company.

WHAT'S STAYING THE SAME?

- Great care for the Alliance family provided by the Alliance Benefits team
- High-deductible health plan with an HSA—no change to deductible or out-of-pocket maximum
- Contribution to employee HSA (\$1,000 for employee only and \$2,000 for family) through Lively Silver Plan only
- Extra support and HSA incentive program for those affected by type-1 or type-2 diabetes
- Preventive care covered 100%
- FirstStop Health telemedicine provides both telehealth and virtual counseling. See page 22 for details.
- Provider networks—EyeMed®, and Delta Dental®, Allied, MedOne, VIVIO
- KnovaSolutions® health coaching service available at no additional cost
- The “Take a Healthy Step” wellness program provides our members with opportunities that offer a healthier lifestyle and additional dollars into their Health Savings Account. See page 24 for details.

The Loyalty Rewards program gives rewards to employers who have continuously participated in the Alliance Health Plan for the previous one, two, and three or more years. The rewards are as follows:

EMPLOYER PLAN PARTICIPATION	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	FAMILY
Since 2024*	\$7 per month	\$10 per month	\$14 per month	\$19 per month
Since 2023	\$14 per month	\$20 per month	\$28 per month	\$38 per month
Since 2022 (or before)	\$20 per month	\$31 per month	\$41 per month	\$56 per month

These rewards are effective for the 2025 plan year and apply to both the HDHP Premium and Standard plans. These amounts will be reviewed and approved by the Benefit Board annually.

***Any employer with a coverage start date before the end of 2024 will be eligible for the discounted 2024 loyalty rewards listed.**

Please refer to the 2025 rates on pages 6–9 of this guide for total monthly premium amounts.

ENROLLMENT DETAILS

WHEN MAY I ENROLL?

- When eligible employers decide to participate in the health plan
- During annual open enrollment
- Within 30 days of hire date
- Within 30 days of employment status change (part-time to full-time, etc.)
- Within 30 days of involuntary loss of other coverage
- Within 60 days of the date on which you lost Medicaid or Children's Health Insurance Program coverage due to ineligibility

WHEN MAY I ENROLL MY FAMILY?

- When you enroll
- During annual open enrollment
- Within 30 days of marriage (spouse and stepchildren only)
- Within 60 days of birth (new child only)
- Within 30 days of adoption or placement for adoption (new child only)
- Within 30 days of a dependent's loss of other coverage (affected dependent only)
- Within 60 days of the date on which a spouse or dependent child loses Medicaid or Children's Health Insurance Program coverage due to ineligibility (affected spouse or dependent children only)

Employees are enrolled in benefits on the first day of the month following their qualifying event.

Open enrollment is the only time a participant may change plan options from Premium to Standard and Silver to Bronze or vice versa.

MEDICARE AND OTHER COVERAGE

When you have two insurance plans, specific rules apply for coordination of benefits between the plans. You must inform Alliance Benefits within 30 days before starting or ending any other coverage on any covered family member. This includes Medicare, Medicaid, a spouse's employer plan, or any other coverage.

Medicare: Becoming Medicare-eligible may significantly change your coverage. Contacting Alliance Benefits at least three months prior to you or your spouse turning 65 will better prepare you for important decisions affecting your well-being.

If your local employer has fewer than 20 employees, Medicare will be the primary insurer paying medical and prescriptions claims.

ENDING COVERAGE

EMPLOYEES

Coverage for you and your dependents will end on the last day of the month. Some reasons for losing eligibility are:

- You choose to discontinue participation in the health plan (may not violate employer participation rules referred to on page 2)
- Your employment with the sponsoring church ends
- Your work hours drop below 20 hours per week
- You take a leave of absence from employment
- Your employer has failed to make premium payments

Your employer may cancel your enrollment by completing the “End of Coverage” form and sending it to Alliance Benefits by email, fax, postal mail, or electronically. If an employer or employee chooses to end participation in the Alliance Health Plan, he or she will be eligible to participate again only by completing a waiting period of 12 months. If end of coverage notification is received late, Alliance Benefits will refund only one month’s premium.

SPOUSES AND DEPENDENTS

Coverage for your dependents will end on the last day of the month in which they are no longer eligible for coverage. Some reasons for losing eligibility are:

- Your eligibility ends
- Divorce or legal separation
- Your child reaches the age of 26

COVERAGE EXTENSION

As a church plan, the Alliance Health Plan is not governed by ERISA laws and therefore does not provide COBRA coverage. We offer coverage extension, which is not the same as COBRA. If your employment ends and you are not eligible to enroll in another health plan, you may be offered the option to continue your coverage for a maximum of 12 months.

Coverage extension premiums are paid by the employee.

CHURCH TRANSFER/DEDUCTIBLE CARRYOVER

If you are transferring to another church participating in the Alliance Health Plan or enrolling in coverage extension, your deductible will not start over in that calendar year as long as there is no gap in coverage.



Our commitment to you remains one of providing a best-in-class health-care plan with unmatched service for the Alliance family, by the Alliance family, and focused on serving those who serve His Kingdom.



MEDICAL & PRESCRIPTION COVERAGE

SILVER STANDARD & PREMIUM

HIGH-DEDUCTIBLE HEALTH SILVER PLANS (HDHP)	INDIVIDUAL/FAMILY PER CALENDAR YEAR	INDIVIDUAL/FAMILY PER CALENDAR YEAR
WHAT PLAN PAYS—MEDICAL	IN-NETWORK	OUT-OF-NETWORK
Deductible <i>(includes medical and prescription)</i>	\$2,000*/\$4,000	\$4,000/\$12,000
Employer HSA Contribution	\$1,000/\$2,000	
Out-of-Pocket Maximum	\$6,300/\$12,600 <i>(includes deductible)</i>	\$12,600/\$37,800 <i>(includes deductible)</i>

*\$2,000 deductible applies to “Employee Only” coverage; \$4,000 deductible is shared by family

BRONZE STANDARD & PREMIUM

HIGH-DEDUCTIBLE HEALTH BRONZE PLANS (HDHP)	INDIVIDUAL/FAMILY PER CALENDAR YEAR	INDIVIDUAL/FAMILY PER CALENDAR YEAR
WHAT PLAN PAYS—MEDICAL	IN-NETWORK	OUT-OF-NETWORK
Deductible <i>(includes medical and prescription)</i>	\$7,000*/\$14,000	\$14,000/\$28,000
HSA One-Time Contribution	\$250/\$500 <i>(provided by Alliance Benefits for new enrollees only)</i>	
Out-of-Pocket Maximum	\$8,050/\$16,100 <i>(includes deductible)</i>	\$16,100/\$32,200 <i>(includes deductible)</i>

*\$7,000 deductible applies to “Employee Only” coverage and to each person of a family plan

SILVER & BRONZE

HIGH-DEDUCTIBLE HEALTH BRONZE & SILVER PLANS (HDHP)	INDIVIDUAL/FAMILY PER CALENDAR YEAR	INDIVIDUAL/FAMILY PER CALENDAR YEAR
WHAT PLAN PAYS - MEDICAL	IN-NETWORK	OUT-OF-NETWORK
Physician Services		
Primary Care Office Visit	90% after deductible	50% after deductible
Specialist Office Visit	80% after deductible	50% after deductible
Urgent Care	85% after deductible	50% after deductible
First Stop Health SM Telemedicine (Refer to page 18 for details)	\$25 consult fee if Rx is prescribed; all other visits at no cost <i>(applied toward deductible)</i>	N/A
Preventive Services		
Routine Wellness Exams*	100% covered	not covered
Routine Wellness Lab Work*	100% covered	not covered
Wellness Immunizations <i>*services listed on preventive schedule only</i>	100% covered	not covered
Diagnostic Services		
Basic Diagnostics (X-rays, allergy testing, etc.)	80% after deductible	50% after deductible
Advanced Imaging (MRI, CAT scan, etc.)	80% after deductible	50% after deductible
Colorectal Cancer Screening		
Preventative <i>(beginning at age 50; every 10 years)</i>	100% covered	50% after deductible
Medical Services	80% after deductible	50% after deductible

SILVER & BRONZE

HIGH-Deductible Health Bronze & Silver Plans (HDHP)	Individual/Family Per Calendar Year	Individual/Family Per Calendar Year
WHAT PLAN PAYS—MEDICAL	IN-NETWORK	OUT-OF-NETWORK
Hospital Services		
Inpatient/Outpatient	80% after deductible	50% after deductible
Emergency Room	80% after deductible	80% after deductible
Non-Precertification Penalty	\$500 penalty	\$700 penalty
Maternity (non-preventive services)	80% after deductible	50% after deductible
Physical & Occupational Therapy <i>Limit 60 combined visits per year</i>	80% after deductible (with licensed PT or OT only)	50% after deductible (with licensed PT or OT only)
Chiropractic & Massage Therapy <i>Limit 20 combined visits per year</i>	80% after deductible	80% after deductible
Mental Health/ Substance Abuse <i>Inpatient/outpatient</i>	80% after deductible	80% after deductible
WHAT PLAN PAYS—PRESCRIPTION	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 + cost difference	90% after deductible + cost difference
Compounding	not covered	not covered
Specialty*	75% after deductible <i>(per prior authorization)</i>	<i>Available in 30-day supply only</i>

*Starting in 2025, **specialty medication** co-pay assistance programs can only be utilized (if available) after deductible. Contact Alliance Benefits with questions.

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

VISION COVERAGE

EyeMed® offers the right mix of thousands of independent providers, top optical retailers, and online options. The Alliance Health Plan uses the EyeMed® Insight Network. Visit eyemed.com for a list of providers.

WHAT PLAN PAYS—VISION	IN-NETWORK	OUT-OF-NETWORK
Eye Examinations <i>Every 12 months</i>	100%	Reimbursed up to \$40
Retinal Imaging	Member pays up to \$39	N/A
Eyeglasses		
Standard Lenses: <i>Every 12 months</i> <i>(in lieu of contact lenses)</i>	100% after copay for materials: <ul style="list-style-type: none"> • Single Vision—\$15 copay • Bifocals—\$15 copay • Trifocals—\$15 copay • Lenticulars—\$15 copay • Progressive—\$70 copay 	Reimbursed up to: <ul style="list-style-type: none"> • \$30—Single Vision • \$50—Bifocals • \$70—Trifocals • \$70—Lenticulars • \$50—Progressive
Premium Progressive Lenses: <i>Every 12 months</i>	\$100–\$190 copay (range based on tier*)	Reimbursed up to \$50
Frames: <i>Every 24 months</i>	100% coverage up to \$130	Reimbursed up to \$91
Contact Lenses <i>Fitting and Follow-up</i> <i>Every 12 months</i> <i>(in lieu of eyeglass lenses)</i>	Standard Lenses: <ul style="list-style-type: none"> • \$0 copay/paid in full Premium Lenses: <ul style="list-style-type: none"> • \$0 copay/10% retail price with \$55 allowance 	Reimbursed up to \$40 Reimbursed up to \$40
Conventional & Disposable	\$0 copay with \$120 allowance, then 15% off balance over \$120	Reimbursed up to \$120
Medically Necessary	\$0 copay/paid in full	Reimbursed up to \$210

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

Be sure to visit eyemed.com for additional offers and discounts that you won't want to miss!



DENTAL COVERAGE

With the Delta Dental® of Colorado PPO Plan, you have the freedom to choose any dentist, but you will pay less if you use an in-network PPO provider. Visit deltadentalco.com for a list of network providers.

WHAT PLAN PAYS—DENTAL	IN-NETWORK		OUT-OF-NETWORK
	PPO	PREMIER	
Preventive Care	100%	100%	100%*
<i>Annual Cleanings (will not subtract from annual maximum)</i>			
Annual Deductible	\$50 Individual	\$50 Individual	\$50 Individual
<i>Applies to Basic and Major Services</i>	\$150 Family	\$150 Family	\$150 Family
Basic Services			
<i>Fillings, Root Canals, and Periodontics</i>	80%	70%	70%*
Major Services			
<i>Crowns, Bridges, Partials, and Dentures</i>	50%	50%	50%*
Annual Maximum	\$1,250 per person	\$1,250 per person	\$1,250 per person*
Orthodontics <i>No age limit</i>	50%	50%	50%*
Orthodontic Lifetime Maximum	\$1,500 per person	\$1,000 per person	\$1,000 per person*

**The Delta Dental® allowable amount for out-of-network providers is based on a portion of the PPO Schedule of Allowance. You may have additional out-of-pocket costs by using a non-participating dentist. This is a brief outline of coverage and does not list services that are limited or excluded.*

You may enjoy discounts by using either a Delta Dental® PPO or a Delta Dental® Premier provider. You will save the most by using a Delta Dental® PPO provider since the Premier provider discounts are not as great. If you choose an out-of-network provider, you will be billed the total amount the provider charges beyond what Delta Dental® pays.

If you are checking on expensive services, it's always best to call in advance to determine what is covered. Your Delta Dental® dentists are generally very good about helping with this, but you may also call Delta Dental® directly at (800) 610-0201. While your dentist may recommend certain services or items, there can be exclusions (non-covered services or items).

LIFE INSURANCE & LONG-TERM DISABILITY COVERAGE

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

To help give you and your family extra peace of mind, the Alliance Health Plan provides you with the following as part of your coverage:

- \$30,000 of Basic Life Insurance
- \$30,000 of AD&D

Note: Reduction in Coverage at Age 65

There are reductions in life insurance amounts beginning at age 65 for basic life insurance and at age 70 for voluntary life insurance.

VOLUNTARY LIFE OPTIONS

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

- Up to \$250,000 for self
- Up to \$50,000 for spouse (must purchase **double this amount** on self)
- Up to \$10,000 per child (must purchase **double this amount** on self)

VOLUNTARY LIFE MONTHLY RATES

Rate x per \$1,000 of coverage = monthly premium

AGE	EMPLOYEE RATE	SPOUSE RATE
<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
70-79	\$2.890	ineligible
80+	\$7.665	ineligible

Children rates are \$0.112 per \$1,000 of coverage and available in increments of \$1,000 from \$2,000–\$10,000. Voluntary life coverage for children is available until they reach age 26.

***Those enrolled are eligible to buy up during open enrollment.**

EVIDENCE OF INSURABILITY

If you apply for voluntary life insurance outside of certain qualifying events (such as marriage or a birth), coverage is subject to approval based on evidence of insurability per medical testing. Therefore, it is advantageous to enroll when first joining the plan.

Important: Basic life, AD&D, and voluntary life coverage concludes when active employment ends. Conversion may be available for purchase if notified within 30 days of ending active employment.

RETIREE LIFE INSURANCE

Alliance Benefits offers \$7,500 of retiree life insurance to participants who retire at age 65 or older with 20 or more years of Alliance service. Please contact Alliance Benefits for more details at (800) 700-2651.

LONG-TERM DISABILITY COVERAGE

The Alliance Premium Health Plan includes a safety net in the event you are unable to work due to a serious illness or injury. If you become disabled, subject to approval, this benefit will pay up to 60 percent of your salary to a maximum of \$5,000 per month (including ministerial housing allowance if applicable). If approved, you must first satisfy a 90-day waiting period. Refer to Colonial Life® supplemental products for coverage options during this 90-day waiting period. Generally, this benefit is paid until age 65 if you continue to qualify. If you become disabled after age 62, the following schedule of benefits 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

TELEMEDICINE COVERAGE



Telemedicine is proving to be a cost-saving solution for health-care needs. With costs rising at twice the rate of inflation, faster access to care is an effective alternative to doctor, urgent care, or emergency room visits. Statistics show that 40 percent of emergency room visits are unnecessary, and up to 85 percent of pediatric visits could be conducted via phone or video chat.

We would like to introduce you to First Stop HealthSM. This service provides 24/7 access to U.S.-based physicians and can help you save health-care dollars. First Stop HealthSM believes access to health care should be convenient, affordable, and transparent.

HIGHLIGHTS:

- No online registration required
- Call (888) 691-7867 to speak to a doctor
- Consultation fee of \$25 if an Rx is prescribed (all other visits are at no cost)
- Completed over the phone or by video chat 24/7
- Doctors available in all 50 states
- Mobile app available to allow even quicker access to a doctor
- Benefit provided to employees enrolled in the health plan
- Secure online dashboard available to employees
- No more waiting days or months for a doctor's appointment

COMMON CONDITIONS TREATED:

- Infections (ear, upper respiratory, eye, etc.)
- Sinus or allergy-related problems
- Sore throat and/or cough
- Cold and flu
- Swelling and muscle or joint pain
- Nausea or vomiting
- Rashes
- Refill of a maintenance medication
- Other minor illnesses or injuries
- And more . . .

VIRTUAL COUNSELING BENEFIT

24/7 ACCESS TO COUNSELORS AT NO ADDITIONAL COST

From our telemedicine provider that many of you already know and use, First Stop HealthSM's virtual counseling solution makes accessing short-term mental health care even more convenient. This unique benefit is available at no additional cost to Alliance Health Plan participants and their immediate family members. Here are the details:

- **FREE** to use; there are no copays or consultation fees to use this service.
- Counselors are U.S.-based and licensed to practice in the state from where you are calling.
- Use their mobile app (tinyurl.com/firststophealthmobile) or online dashboard (app.fshealth.com); or call (888) 691-7867 to request your visit.
- Visits are confidential and completed by phone or video.
- Your immediate family members are also eligible to use the service.
- No online registration is required; just call First Stop HealthSM!

REASONS TO SPEAK WITH A COUNSELOR:

- Stress
- Anxiety
- Depression
- Grief
- Marital/relationship issues
- Drug/alcohol misuse
- And more . . .

WELLNESS AND EMPLOYEE ASSISTANCE (EAP) PROGRAMS

The Alliance Health Plan has partnered with Workpartners LifeSolutions to provide a holistic approach to your overall health. LifeSolutions offers services to address every aspect of your well-being. You can access personalized wellness programs and counseling resources, receive support over the phone, or explore the online resource center.

HEALTHY LIVING SUPPORT

- Increase your physical activity
- Manage your weight
- Eat healthier
- Reduce your stress

LifeSolutions' services are private, confidential, and available to you and members of your household at no cost.

Ready to take charge of your well-being? Contact LifeSolutions by visiting workpartners.com/cma or by calling (844) 833-0527 (TTY 711).

EMPLOYEE ASSISTANCE PROGRAM RESOURCES

Help is available 24 hours a day, seven days a week, 365 days a year.

- Coaching and counseling in person, over the phone, or by video
- Improve relationships, manage stress or life changes, cope with losing a loved one, and more
- Receive referrals for childcare, elder care, and daily living needs
- Obtain legal and financial resources
- Explore their website's work-life section, featuring Skill Builder courses, webinars, and other valuable resources

EARN ADDITIONAL DOLLARS FOR YOUR HSA!

THE "TAKE A HEALTHY STEP" PROGRAM

As part of this wellness program, you will have the opportunity to take an active role in your health decisions and earn additional dollars for your HSA! Workpartners and MyHealth OnLine are working together to bring you the "Take a Healthy Step" program.

How does it work?

This program gives you the chance to earn an HSA contribution by taking healthy steps, completing specific requirements, and earning incentive points. Some examples of how to achieve these points are by:

- Participating in health promotion programs in various ways—in person, in groups, by telephone, online, or through self-study
- Engaging in EAP, Wellness, and KnovaSolutions® videos and services
- Completing an annual biometric screening or physical, dental, and vision exams



For 2025, participants will be required to:

- Complete the MyHealth Questionnaire (Online Health Assessment)
- Earn an additional 200 Healthy Step points from any items on the incentives list

All employees and their spouses (if applicable) participating in the health plan are eligible to earn incentive points. Once they complete their questionnaire and achieve their annual incentive points (200 points for employee only and 200+200 points for employee and spouse), the following HSA dollar amounts will credit to the employee's account:

- \$250 for employee-only plan
- \$500 for employee + children plan
- \$500 for employee + spouse plan
- \$500 for a family plan

Health plan participants can expect to receive specific details from Workpartners and MyHealth Online regarding how to access their online account, enroll, and get started.

Note: Both the employee and spouse do not need to complete the requirements to earn the incentive; as soon as one contract member completes, they earn their part of the incentive.

UNIQUE CARE SUPPORT PROGRAM

Did you know that as part of your benefits package through the Alliance Health Plan, you can access a unique care support program called KnovaSolutions®? We know that trying to manage complex health-care-related issues can be a full-time job. So, Alliance Benefits has partnered with KnovaSolutions® to provide you and your family with the support you need to navigate any medical-related concerns.

WHAT IS KNOVASOLUTIONS®?

KnovaSolutions® is a clinical prevention service to help members better understand and manage their medical care, treatments, and medications via telephone and email. Their clinical team focuses on the member as a whole, not just the health complications they may be facing, by providing access to health information and support in making the best health decisions possible.

DOES IT COST ME ANYTHING?

No. There is no cost to you or any family member for participating in the program.

WILL MY EMPLOYER KNOW I AM USING KNOVASOLUTIONS® SERVICES?

No. KnovaSolutions® is an entirely voluntary, confidential health information service. At no time will information related to you or your family member's specific health concerns be shared with your employer.

WHAT DOES KNOVASOLUTIONS® DO FOR MY FAMILY AND ME?

They take a person-centered approach that goes beyond illness and injury. You'll have access to a support team that includes a nurse, pharmacist, and medical research librarian. They will give you information, support your medical journey, and work with you to build a health management action plan to make informed decisions. Your plan will address concerns that impact your overall well-being by navigating work, family, and school-related issues.

These services should enhance, not replace, the relationship you have with your provider.

Your clinical team can answer questions like:

- What does my diagnosis mean?
- Where can I go for the best treatment?
- How do I get a second opinion?
- What are the risks and benefits of this surgery?
- How do I get a copy of my medical records?
- What lifestyle changes will improve my health?
- How can I decrease the stress in my life?

HOW DO I USE THIS SERVICE OR GET CONNECTED?

If you are eligible for our services, KnovaSolutions® will send you an introductory letter and set up a consultation with a clinical support nurse. This program is voluntary and member-driven. You decide if, when, and how often you want to connect with your team. The services are secure, confidential, and customized to fit your individual needs.

Also, if you are ready to enroll, you can call or email KnovaSolutions®:

Phone: (800) 355-0885, Monday-Friday,
7 a.m. to 7 p.m. (Central Standard Time)

Email: contactknovasolutions@workpartners.com

CERTIFIED DIABETES CARE AND EDUCATION SPECIALISTS

The KnovaSolutions® certified diabetes care and education specialists (CDCES) are here for you. There's no additional cost to get assistance. Their educators can provide the support you need to live a healthier life. KnovaSolutions® CDCESs are trained professionals who are experts in managing diabetes. They can help you:

- Learn to manage your blood sugar levels
- Reduce your risk of heart disease; eye, kidney, and nerve damage; and other serious complications
- Understand your medications and the role they play in wellness
- Manage your weight and your blood pressure
- Make the lifestyle changes that are most important to you

To talk with a KnovaSolutions® CDCES, please email contactnovasolutions@workpartners.com or call 1-800-355-0885 (TTY: 711). Make the lifestyle changes that are most important to you. Participants can earn an HSA contribution of up to \$160 (\$40 per quarter) for staying engaged with the program throughout the year.

ADDITIONAL COVERAGE OPTIONS



The Alliance Health Plan partners with Colonial Life® in offering voluntary supplemental benefit products under a group discounted rate. These products offer you solutions to help pay for your unexpected out-of-pocket costs.



HOSPITAL INDEMNITY INSURANCE

Group Medical Bridge Insurance can help with medical costs associated with a hospital stay that your health insurance may not cover.



SHORT-TERM DISABILITY INSURANCE

If a covered accident or covered sickness prevents you from earning a paycheck, group short term disability insurance can provide a monthly benefit to help you cover your ongoing expenses.



ACCIDENT INSURANCE

If you are in an accident, your focus should be on recovery, not how you're going to pay your bills. Colonial Life accident insurance can pay benefits directly to you to use however you like—from medical costs to everyday expenses.



CRITICAL ILLNESS AND CANCER INSURANCE

A critical illness policy pays a lump sum if you're diagnosed with a covered serious illness like cancer or heart attack. This money could help cover medical cost, replace income, or handle other expenses, allowing you to focus on recovery without financial stress.

Scan the QR code to see plan descriptions, instructions on how to enroll, or to answer questions you may have.



CONTACT INFORMATION

WHO	TOPIC	PHONE	WEB SITE
Aetna® Signature Administrators Network	How to Find In-Network Providers	(866) 455-8727	www.alliedbenefit.com/ProviderNetworks
AlliedBenefit®	Medical Coverage Inquiries, Claims	(800) 288-2078 (Customer Service) (800) 892-1893 (Precert)	www.alliedbenefit.com
Lively	HSA Account Maintenance, Balances	(888) 576-4837	www.livelyme.com
First Stop HealthSM	Online 24/7 Access to a Doctor	(888) 691-7867	www.fshealth.com
MedOne®	Prescription Coverage Inquiries	(866) 335-9057	www.medone-rx.com
VIVIO Health	Specialty Medication	(800) 470-4034	www.myvivio.com
Delta Dental® of Colorado	Dental Coverage Inquiries	(800) 610-0201	www.deltadentalco.com
EyeMed®	Vision Coverage Inquiries	(866) 939-3633	www.eyemed.com
Colonial Life®	Supplemental Coverage Options	(800) 507-3800	www.coloniallife.com
KnovaSolutions®	Member Care for Complex Health-Care-Related Issues	(800) 355-0885	Email: contactknovasolutions@workpartners.com
Workpartners Life Solutions	Wellness and Employee Assistance Program (EAP)	(844) 833-0527	www.workpartners.com/cma
Alliance Benefits	Eligibility, Billing, HSA Contributions, Enrollment, Life Changes, Retirement, Ending Employment, Life Insurance, Long-Term Disability, Elevated Claims Assistance, Wellness Program, General Questions and Service	Phone: (800) 700-2651 Fax: (719) 262-5397 Email: benefits@cmalliance.org Website: www.alliancebenefits.org	

PARTNERING WITH ALLIANCE BENEFITS



Workpartners is an innovative health, wellness, and productivity company that assists clients in transforming the well-being of their workforce. Our customizable, integrated workforce planning solutions enable organizations to maximize employee engagement, lower health-care costs, and improve overall employee health. Core strategic lines of business include analytics, absence management wellness, employee assistance programs, worker's compensation, on-site health services, and benefits administrative platforms. Built on more than 20 years of experience and proven results, Workpartners is part of UPMC, a leading integrated health delivery system.



KnovaSolutions® is the clinical prevention service of HCMS® Group. This service is available to help people manage complex health-care situations by gaining a better understanding of their choices for medical care, treatment, and medication. The KnovaSolutions® slogan is, "Your Health, Your Decisions," and it's all about empowering patients to make the best health decisions possible.



MedOne is a full-service pharmacy benefit manager providing your pharmacy insurance as part of your benefit suite. MedOne, based in Dubuque, IA, serves clients and members (like you!) nationwide. Their purpose is to unlock the most appropriate prescription at the most affordable price for organizations and their health plan members. The MedOne model delivers real prescription savings by cutting out the traditional "PBM middleman" and facilitating direct relationships between health plans and high-performing pharmacies to ensure the lowest pharmacy costs possible. MedOne assists members in enrollment and troubleshooting of their pharmacy benefits and is dedicated to helping organizations alleviate the unnecessary burden of high pharmacy spend.



Acrisure is a \$4.3 billion insurance brokerage company that has 16,000 employees and is located in the US and 20 other countries. Benefit Dynamics Co was recently acquired by Acrisure. Our team that supports the Alliance has 25+ years of experience. We work with employers and associations to find alternative strategic solutions to their employee benefit programs. Our focus is centered on cost strategies while also providing employee/participant-centered employee benefit programs. We specialize in self-funded employers/associations that are interested in controlling their health-care spending and also being part of the solution.

MOBILE APPS AVAILABLE



Lively's mobile apps bring the power of an HSA to your phone. Lively users can manage their account anywhere they want to use their HSA. Features include a simple dashboard, HSA spend tracking, and Investments-At-A-Glance.

tinyurl.com/livelymobile



First Stop HealthSM telemedicine is available to those enrolled as Alliance Health Plan members. The app is available for iOS devices and gives you the ability to talk to a First Stop HealthSM physician via phone or video in minutes.

tinyurl.com/firststophealthmobile



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

alliedbenefit.com/Members



Your dental health is important to Delta Dental® and to your overall health. We want to make it easy for you to make the most of your dental benefits so you can maximize your health wherever you are. Delta Dental's® mobile app gives you access to the dentist search tool, claims and coverage, ID cards, and more—right on your mobile device.

tinyurl.com/deltadentalapp



EyeMed's® free mobile app is available for iPhone and Android through iTunes or on the Google Play store. This helpful app lets you find a nearby eye doctor, make an appointment in seconds, see your full listing of benefits, manage claims, view a copy of your ID card, get special member-only discounts, and much more!

tinyurl.com/eyemedapp



Included in the wellness program, Workpartners offers the RxWell app. Sometimes you need a few minutes for your mental health. These moments often come when you have little time to spare. The RxWell app can help you become emotionally and physically healthy by combining health coaching support with proven techniques. Take the first step to improve your mental health—download RxWell today!

tinyurl.com/workpartnersmobile



ALLIANCE
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