

# Employee Benefits Guide

Groups 2-50 Employees



*In Partnership With:*



## *Benefits for 2026 - 2027*

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# Introduction



Dear Chamber member:

The Chamber of Commerce Association of Alabama (Alabama Chambers) is pleased to work with your local chamber to provide a robust, customizable package of benefits for you and your employees. Your support of your local chamber is appreciated and we are thankful that you continue to support their work within your community. The ability to provide tangible benefit to you is critical and we are pleased to partner with many Alabama based businesses to be able to do just that.

Founded in 1937, Alabama Chambers supports 100+ local chambers across the state. We work every day to empower Alabama chambers for economic progress and to provide resources, training, and tools to better equip our chamber professionals to support you- Alabama businesses and employers. We exist to strengthen the vital role local chambers of commerce play in economic and community development.

Alabama Chambers is pleased to partner with VIVA HEALTH, ALLIANCE, and Canopy Insurance to offer Alabama employers and their employees this comprehensive benefits package. We will act as the Program Manager\* for the Employee Benefit Program and will ensure that that our partners are responsive to your needs.

VIVA HEALTH, located in Birmingham, AL, is part of the University of Alabama at Birmingham (UAB) Health System. VIVA HEALTH is one of the largest health insurers in the state, with over 100,000 Medicare and commercial members.

ALLIANCE, based out of Birmingham, AL, is the largest provider of group supplemental health insurance plans in Alabama. ALLIANCE acts as a supplemental insurance program to help reduce health insurance premiums and lower the employee's out-of-pocket medical expenses.

Canopy Insurance, located in Birmingham, AL, supports Alabama businesses by offering a full suite of products to meet all of life's needs. Canopy Insurance is part of the Collateral family companies which has been serving the financial needs of Alabama families since 1933.

We thank you again for your continued support and engagement with your local chamber. By working together we can continue to build a strong business environment and stronger communities across our state.

\*This is a private program designed in partnership with Alabama Chambers. It is not available through outside brokers or consultants and is only available through Alabama Chambers.

## Benefits for 2026 - 2027

# Overview of Benefits Programs

### CHANGES AND QUALIFYING EVENTS

#### When Coverage Begins and Ends

- › Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued or the Group Insurance Policy is terminated.

#### Qualifying Events

- › Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:
  - Changes in employment status
  - Changes in legal marital status
  - Changes in number of dependents
  - Taking an unpaid leave of absence
  - Dependent satisfies or ceases to satisfy eligibility requirement
  - Family Medical Leave Act (FMLA) leave.
  - A COBRA-qualifying event
  - Entitlement to Medicare or Medicaid
  - A change in the place of residence of the employee, resulting in the current carrier not being available



Benefits for 2026 - 2027

Overview of Benefits Programs

Alabama Chambers provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

| BENEFITS AT-A-GLANCE                                                                                                                                                                                                                                                                              |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Coverage                                                                                                                                                                                                                                                                                          | Carrier                                                                               |
| <ul style="list-style-type: none"><li>Primary Health Insurance</li></ul>                                                                                                                                                                                                                          |    |
| <ul style="list-style-type: none"><li>Supplemental Health Insurance</li></ul>                                                                                                                                                                                                                     |  |
| <ul style="list-style-type: none"><li>Dental Insurance</li><li>Vision Insurance</li><li>Life Insurance (Basic &amp; Voluntary)<sup>1</sup></li><li>Disability Insurance (Long-Term &amp; Short-Term)<sup>1</sup></li><li>Accident Insurance</li><li>Critical Illness / Cancer Insurance</li></ul> |                                                                                       |
| <ul style="list-style-type: none"><li>Telemedicine (Included with Alliance Premium Saver)</li></ul>                                                                                                                                                                                               |  |

# VIVA 5000 + ALLIANCE



| Summary of Primary Insurance                                                        |                                                                  | Summary of Secondary Benefits                                                       |                               |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------|
| Annual Plan Limits                                                                  |                                                                  | Annual Plan Limits                                                                  | Alliance                      |
| Calendar Year Deductibles                                                           | \$5,000 Individual / \$10,000 Family                             | Calendar Year Deductibles                                                           | \$250 Per Member              |
| Annual Out-of-Pocket Max                                                            | \$9,000 Individual / \$18,000 Family                             | Annual Secondary Benefit <sup>1</sup>                                               | \$6,000 Per Member Benefit    |
| Physician Office Benefits                                                           |                                                                  | Physician Office Benefits                                                           | Alliance                      |
| Preventive Care                                                                     | Covered at 100%                                                  | Preventive Care                                                                     | VIVA Covers 100%              |
| Primary Office Visit                                                                | \$35 Copay                                                       | Primary Office Visit                                                                | No Secondary Coverage Here    |
| Specialist Office Visit                                                             | \$50 Copay                                                       | Specialist Office Visit                                                             | No Secondary Coverage Here    |
| Physician Office – Labs, X-ray                                                      | Covered at 100%                                                  | Physician Office – Labs, X-ray                                                      | VIVA Covers 100%              |
| Pharmacy Benefits                                                                   |                                                                  | Pharmacy Benefits                                                                   | Alliance                      |
| Pharmacy Copays<br>(Rx Tiers: 1 - 4)                                                | Tier 1 - \$10    Tier 2 - \$30<br>Tier 3 - \$60    Tier 4 - \$80 | Pharmacy Copays                                                                     | No Secondary Coverage Here    |
| Specialty Medications<br>(Rx Tiers: 5 & 6)                                          | \$4,000 Deductible then;<br>Tier 5 - 40%    Tier 6 - 45%         | Specialty Medications                                                               | No Secondary Coverage Here    |
| Inpatient Services                                                                  |                                                                  | Inpatient Services                                                                  | Alliance                      |
| Inpatient Facility                                                                  | Covered at 80% after Deductible                                  | Inpatient Facility                                                                  | Covers Up To \$6,000 Annually |
| Inpatient Physicians                                                                | Covered at 80% after Deductible                                  | Inpatient Physicians                                                                | Covers Up To \$6,000 Annually |
| Maternity Physician Services                                                        | \$50 Copay                                                       | Maternity Physician Services                                                        | \$50 Copay                    |
| Outpatient Services                                                                 |                                                                  | Outpatient Services                                                                 | Alliance                      |
| Emergency Room                                                                      | \$860 Copay                                                      | Emergency Room                                                                      | Covers Up To \$6,000 Annually |
| Outpatient: IV Therapy, Dialysis,<br>Radiation Therapy, Chemotherapy                | Covered at 80% after Deductible                                  | Outpatient: IV Therapy, Dialysis,<br>Radiation Therapy, Chemotherapy                | Covers Up To \$6,000 Annually |
| Outpatient Diagnostic:<br>CAT Scan, MRI, PET/SPECT,<br>ERCP, Colonoscopy, Endoscopy | Covered at 80% after Deductible                                  | Outpatient Diagnostic:<br>CAT Scan, MRI, PET/SPECT,<br>ERCP, Colonoscopy, Endoscopy | Covers Up To \$6,000 Annually |
| Outpatient Diagnostic:<br>Labs, X-ray, Pathology                                    | Covered at 80% after Deductible                                  | Outpatient Diagnostic:<br>Labs, X-ray, Pathology                                    | Covers Up To \$6,000 Annually |
| Outpatient Facility                                                                 | Covered at 80% after Deductible                                  | Outpatient Facility                                                                 | Covers Up To \$6,000 Annually |
| Outpatient Physician - Surgery                                                      | Covered at 80% after Deductible                                  | Outpatient Physician - Surgery                                                      | Covers Up To \$6,000 Annually |
| Physical Therapies                                                                  | Covered at 80% after Deductible                                  | Physical Therapies                                                                  | Covers Up To \$6,000 Annually |
| Chiropractic Services                                                               | \$50 Copay                                                       | Chiropractic Services                                                               | Covers Up To \$6,000 Annually |
| Other Covered Services                                                              |                                                                  | Other Covered Services                                                              | Alliance                      |
| Ambulance Services                                                                  | Covered at 80% after Deductible                                  | Ambulance Services                                                                  | Covers Up To \$6,000 Annually |
| Durable Medical Equipment                                                           | Covered at 80% after Deductible                                  | Durable Medical Equipment                                                           | Covers Up To \$6,000 Annually |
| Allergy Testing & Treatment                                                         | Covered at 80% after Deductible                                  | Allergy Testing & Treatment                                                         | Covers Up To \$6,000 Annually |

<sup>1</sup> Alliance requires 5 or more covered employees to qualify for \$6,000 of annual secondary benefits.

# VIVA 9000 + ALLIANCE



| Summary of Primary Insurance                                                         |                                                                  | Summary of Secondary Benefits                                                        |                               |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------|
| Annual Plan Limits                                                                   | VIVA 9000                                                        | Annual Plan Limits                                                                   | Alliance                      |
| <b>Calendar Year Deductibles</b>                                                     | \$9,000 Individual / \$18,000 Family                             | <b>Calendar Year Deductibles</b>                                                     | \$250 Per Member              |
| <b>Annual Out-of-Pocket Max</b>                                                      | \$9,000 Individual / \$18,000 Family                             | <b>Annual Secondary Benefit<sup>1</sup></b>                                          | \$6,000 Per Member Benefit    |
| Physician Office Benefits                                                            | VIVA 9000                                                        | Physician Office Benefits                                                            | Alliance                      |
| <b>Preventive Care</b>                                                               | Covered at 100%                                                  | <b>Preventive Care</b>                                                               | VIVA Covers 100%              |
| <b>Primary Office Visit</b>                                                          | \$35 Copay                                                       | <b>Primary Office Visit</b>                                                          | No Secondary Coverage Here    |
| <b>Specialist Office Visit</b>                                                       | \$50 Copay                                                       | <b>Specialist Office Visit</b>                                                       | No Secondary Coverage Here    |
| <b>Physician Office – Labs, X-ray</b>                                                | Covered at 100%                                                  | <b>Physician Office – Labs, X-ray</b>                                                | VIVA Covers 100%              |
| Pharmacy Benefits                                                                    | VIVA 9000                                                        | Pharmacy Benefits                                                                    | Alliance                      |
| <b>Pharmacy Copays</b><br>(Rx Tiers: 1 - 4)                                          | Tier 1 - \$10    Tier 2 - \$30<br>Tier 3 - \$60    Tier 4 - \$80 | <b>Pharmacy Copays</b>                                                               | No Secondary Coverage Here    |
| <b>Specialty Medications</b><br>(Rx Tiers: 5 & 6)                                    | Covered at 100% after Deductible                                 | <b>Specialty Medications</b>                                                         | No Secondary Coverage Here    |
| Inpatient Services                                                                   | VIVA 9000                                                        | Inpatient Services                                                                   | Alliance                      |
| <b>Inpatient Facility</b>                                                            | Covered at 100% after Deductible                                 | <b>Inpatient Facility</b>                                                            | Covers Up To \$6,000 Annually |
| <b>Inpatient Physicians</b>                                                          | Covered at 100% after Deductible                                 | <b>Inpatient Physicians</b>                                                          | Covers Up To \$6,000 Annually |
| <b>Maternity Physician Services</b>                                                  | \$50 Copay                                                       | <b>Maternity Physician Services</b>                                                  | Covers Up To \$6,000 Annually |
| Outpatient Services                                                                  | VIVA 9000                                                        | Outpatient Services                                                                  | Alliance                      |
| <b>Emergency Room</b>                                                                | \$500 Copay                                                      | <b>Emergency Room</b>                                                                | Covers Up To \$6,000 Annually |
| <b>Outpatient: IV Therapy, Dialysis, Radiation Therapy, Chemotherapy</b>             | Covered at 100% after Deductible                                 | <b>Outpatient: IV Therapy, Dialysis, Radiation Therapy, Chemotherapy</b>             | Covers Up To \$6,000 Annually |
| <b>Outpatient Diagnostic: CAT Scan, MRI, PET/SPECT, ERCP, Colonoscopy, Endoscopy</b> | Covered at 100% after Deductible                                 | <b>Outpatient Diagnostic: CAT Scan, MRI, PET/SPECT, ERCP, Colonoscopy, Endoscopy</b> | Covers Up To \$6,000 Annually |
| <b>Outpatient Diagnostic: Labs, X-ray, Pathology</b>                                 | Covered at 100% after Deductible                                 | <b>Outpatient Diagnostic: Labs, X-ray, Pathology</b>                                 | Covers Up To \$6,000 Annually |
| <b>Outpatient Facility</b>                                                           | Covered at 100% after Deductible                                 | <b>Outpatient Facility</b>                                                           | Covers Up To \$6,000 Annually |
| <b>Outpatient Physician - Surgery</b>                                                | Covered at 100% after Deductible                                 | <b>Outpatient Physician - Surgery</b>                                                | Covers Up To \$6,000 Annually |
| <b>Physical Therapies</b>                                                            | Covered at 100% after Deductible                                 | <b>Physical Therapies</b>                                                            | Covers Up To \$6,000 Annually |
| <b>Chiropractic Services</b>                                                         | \$50 Copay                                                       | <b>Chiropractic Services</b>                                                         | Covers Up To \$6,000 Annually |
| Other Covered Services                                                               | VIVA 9000                                                        | Other Covered Services                                                               | Alliance                      |
| <b>Ambulance Services</b>                                                            | Covered at 100% after Deductible                                 | <b>Ambulance Services</b>                                                            | Covers Up To \$6,000 Annually |
| <b>Durable Medical Equipment</b>                                                     | Covered at 100% after Deductible                                 | <b>Durable Medical Equipment</b>                                                     | Covers Up To \$6,000 Annually |
| <b>Allergy Testing &amp; Treatment</b>                                               | Covered at 100% after Deductible                                 | <b>Allergy Testing &amp; Treatment</b>                                               | Covers Up To \$6,000 Annually |

<sup>1</sup> Alliance requires 5 or more covered employees to qualify for \$6,000 of annual secondary benefits.



## Secondary Insurance – Quick Summary

**Alliance Premium Saver** is a supplemental health insurance plan that helps bridge the gap between deductibles and out-of-pocket expenses, and avoid placing unexpected stress on your financial well-being. Your Alliance Premium Saver policy will pay up to the *Allowed Amount* based on the benefit limits described below. Furthermore, Alliance Premium Saver will only pay for *Covered Services* that are *Eligible* for coverage under your Primary Health Insurance policy.

| Benefit                         | Covered Services                                                                                                                                                                                                                                                                                                                                                                              | Calendar Year Benefit Amounts                                                                                                                                                                                                                              |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b> | <ul style="list-style-type: none"> <li>Your <b>Alliance Premium Saver</b> deductible must be met prior to Secondary benefits being paid.</li> </ul>                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>\$250 Annual Deductible per person</li> </ul>                                                                                                                                                                       |
| <b>Total Annual Benefit</b>     | <ul style="list-style-type: none"> <li>Aggregate amount applies to the Inpatient and Outpatient Benefits listed below.</li> </ul>                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>\$6,000 maximum per person</li> <li>Unlimited maximum per family</li> <li><i>Maximum payable benefits cannot exceed the insured's total out-of-pocket exposure under VIVA Health major medical plan.</i></li> </ul> |
| <b>Inpatient Benefits</b>       | <ul style="list-style-type: none"> <li>Hospital Facility &amp; Physicians</li> <li>Inpatient Surgeries</li> <li>Diagnostic Treatment</li> <li>Ambulance &amp; Emergency Room (requiring hospitalization within 24 hours)</li> </ul>                                                                                                                                                           | <ul style="list-style-type: none"> <li>\$6,000 maximum per person</li> <li><i>Maximum payable benefits cannot exceed the insured's total out-of-pocket exposure under VIVA Health major medical plan.</i></li> </ul>                                       |
| <b>Outpatient Benefits</b>      | <ul style="list-style-type: none"> <li>Emergency Room</li> <li>Outpatient Surgeries</li> <li>Outpatient treatment including Chemotherapy, Radiation Therapy, IV Therapy, Dialysis, etc.</li> <li>Major Diagnostics including MRI, CAT Scan, Colonoscopy, etc.</li> <li>Durable Medical Equipment (DME)</li> <li>Physical Therapy</li> <li>Chiropractic Services</li> <li>AND MORE!</li> </ul> | <ul style="list-style-type: none"> <li>\$6,000 maximum per person</li> <li><i>Maximum payable benefits cannot exceed the insured's total out-of-pocket exposure under VIVA Health major medical plan</i></li> </ul>                                        |
| <b>Exclusions</b>               | <ul style="list-style-type: none"> <li>Preventative Services</li> <li>Elective Services</li> <li>Pharmacy &amp; Physician Office Copays</li> </ul>                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Preventative Services are covered at 100% by VIVA Health.</li> <li>Services must be medically necessary and eligible for coverage by VIVA Health.</li> </ul>                                                        |

# VIVA HEALTH + ALLIANCE



Through a partnership between VIVA and ALLIANCE. Claims data is transmitted daily from VIVA to ALLIANCE via an electronic claims feed (EDI 837 Integration). This unique process eliminates the need for Healthcare Providers to file a Secondary claim - thereby reducing filing errors, speeding up processing and payments.

## Benefits for 2026-2027

# Telemedicine

Employees who are enrolled in Alliance Premium Saver have **24/7** access to board-certified physicians, no matter where they are, through **Recuro Health**. This Telemedicine benefit will connect you to a board-certified doctor by phone or video chat.

## Commonly Treated Conditions

- Sinus Infections
- Pink Eye
- Strep Throat
- Ear Infections
- Common Cold
- UTI
- Allergies
- Diarrhea
- Insect bites
- Constipation
- Acid reflux
- And more!



## Cost Per Consultation

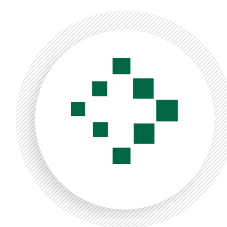
# \$0

Unlimited Consults

[www.recurohealth.com](http://www.recurohealth.com)

Download the App and get treated today!





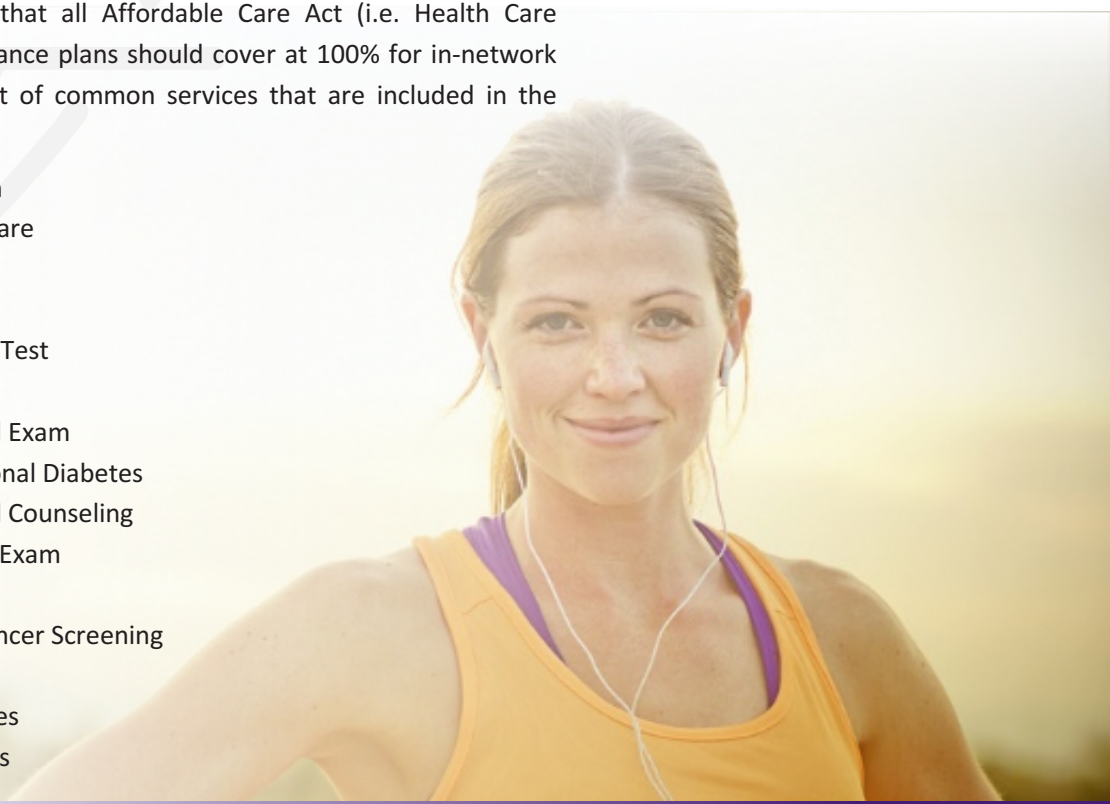
# Medical

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Alabama Chambers, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

## WHICH PREVENTIVE CARE SERVICES ARE COVERED?

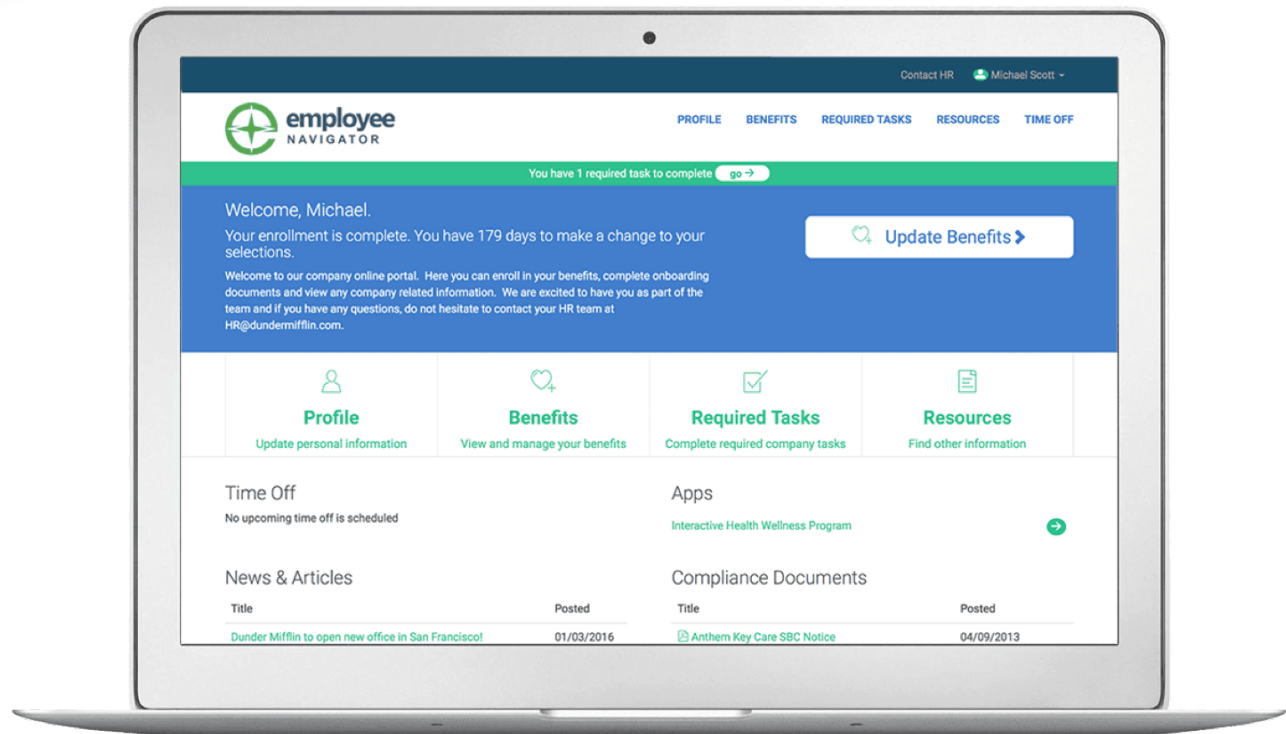
The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- › Routine Physical Exam
- › Well Baby and Child Care
- › Well Woman Visits
- › Immunizations
- › Routine Bone Density Test
- › Routine Breast Exam
- › Routine Gynecological Exam
- › Screening for Gestational Diabetes
- › Obesity Screening and Counseling
- › Routine Digital Rectal Exam
- › Routine Colonoscopy
- › Routine Colorectal Cancer Screening
- › Routine Prostate Test
- › Routine Lab Procedures
- › Routine Mammograms
- › Routine Pap Smear
- › Smoking Cessation
- › Health Education/Counseling Services
- › Health Counseling for STDs and HIV
- › Testing for HPV and HIV
- › Screening and Counseling for Domestic Violence



*“An ounce of prevention is worth a pound of cure”*

## Online Enrollment & Administration



Employee Navigator is FREE to any employer who offers 1 or more benefits with Canopy Insurance!

### Say goodbye to manually processing enrollments and employee management

We've made it simple for employees to enroll and access their benefits and HR resources online from their mobile device or computer.

#### Employees can:

- Enroll in their benefits
- View compliance documents
- Request & view their PTO
- View list of company contacts
- View their benefit details
- And more!

#### Employers can:

- Get new hires enrolled quickly
- Track enrollment status & deadlines
- Review coverage status for all employees
- Store, review, and acknowledge important plan documents
- And more!

#### Progress

- 
- ✓ Personal Information
  - ✓ Dependent Information
  - ✓ Medical
  - ✓ Vision
  - Dental
  - Health Savings Account
  - Employee Perk
  - Enrollment Summary



+



ROOTED IN ALABAMA

## Underwritten Monthly Premiums



| Enrollment Type       | VIVA 5000                                 | VIVA 9000                                 |
|-----------------------|-------------------------------------------|-------------------------------------------|
| Employee Only         | Underwritten Rates Available Upon Request | Underwritten Rates Available Upon Request |
| Employee + Spouse     | Underwritten Rates Available Upon Request | Underwritten Rates Available Upon Request |
| Employee + Child(ren) | Underwritten Rates Available Upon Request | Underwritten Rates Available Upon Request |
| Family                | Underwritten Rates Available Upon Request | Underwritten Rates Available Upon Request |

**\*\*VIVA rates include full COBRA administration for all available Alabama Chamber employee benefits\*\*  
(VIVA HEALTH, ALLIANCE and Canopy Insurance)**



| Enrollment Type       | Alliance + WellVia                        |
|-----------------------|-------------------------------------------|
| Employee Only         | Underwritten Rates Available Upon Request |
| Employee + Spouse     | Underwritten Rates Available Upon Request |
| Employee + Child(ren) | Underwritten Rates Available Upon Request |
| Family                | Underwritten Rates Available Upon Request |

| Enrollment Type       | Life Insurance                            |                         |
|-----------------------|-------------------------------------------|-------------------------|
|                       | Employer Paid Basic Life                  | Voluntary Life          |
| Employee Only         | Underwritten Rates Available Upon Request |                         |
| Employee + Spouse     | Underwritten Rates Available Upon Request |                         |
| Employee + Child(ren) | Underwritten Rates Available Upon Request |                         |
| Enrollment Type       | Disability Insurance                      |                         |
|                       | Voluntary Short-Term                      | Employer Paid Long-Term |
| Employee Only         | Underwritten Rates Available Upon Request |                         |

# Information Required for Quotes <sup>1</sup>

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## Benefit: Health, Dental, or Vision Insurance

- 1.) Excel Census of **All Covered Employees & Dependents** Including:
    - First & Last Names
    - Date of Births
    - Genders
    - Home Zip Codes
  - 2.) Copy of Current Plan Summary & Rates
    - *Please disregard if no current coverage in force.*
- 

## Benefit: Life or Disability Insurance

- 1.) Excel Census of **All Full-Time Employees** Including:
    - First and Last Names
    - Date of Births
    - Genders
    - Home Zip Codes
    - Job Titles
    - Annual Salary or Pay Rates
  - 2.) Copy of Current Plan Summary & Rates
    - *Please disregard if no current coverage in force.*
- 

**Email requirements to: [CCAAquotes@allianceplans.com](mailto:CCAAquotes@allianceplans.com)**

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<sup>1</sup> Quotes are based on the information provided and are subject to change based on actual final enrollment. Any changes to the physical location of the business, the effective date, a member's age, or tier can impact the rates. To be eligible for the Alabama Chambers Benefit Plan, the employers must be an active member of their local Chamber - before the effective date and maintain their Chamber membership.

## Notes



Booklet Developed in Partnership With



# *Alabama Chambers*

2026 - 2027 Employee Benefit Guide

