

COMPARE ALL 2026 ELCA-PRIMARY HEALTH BENEFIT OPTIONS

Select Copay 2000	Value Copay 4000	Select HDHP 2000	Value HDHP 4000
Included in All Four Options			
<ul style="list-style-type: none"> • Same health benefit coverage, broad provider network, and extensive prescription drug formulary; what differs is the employer monthly contribution and how plan members experience out-of-pocket costs • 100% in-network coverage for eligible preventive services, including a routine checkup, immunizations, dental cleaning twice per calendar year, screenings for hearing, vision, cancer, and more • Well-being support services designed to help prevent illness, manage health conditions, and strengthen overall well-being — at no or low out-of-pocket cost to plan members 			
ELCA-Endorsed			
Yes	Yes	Yes	Yes
A Good Choice for Plan Members Who...			
Want to pay for certain health care visits and laboratory tests with predictable, manageable copays and prefer a lower deductible.	Want to pay for certain health care visits and laboratory tests with predictable, manageable copays and can manage a higher deductible.	Want a health savings account to save pretax for current and future health care expenses and prefer a lower deductible.	Want a health savings account to save pretax for current and future health care expenses and can manage a higher deductible.
Health Benefits: Plan Member Out-of-Pocket Costs — Administered by BlueLink TPA with the Blue Cross Blue Shield PPO network			
<p>Copays Pay copays until combined out-of-pocket limit is met:</p> <ul style="list-style-type: none"> • \$0 virtual text-based care via 98point6® • \$10 retail clinic and Doctor On Demand® telemedicine visits • \$25 primary care, outpatient mental health, substance use office visits • \$30 outpatient medical therapy, massage therapy, acupuncture visits • \$50 specialist, chiropractic, urgent care visits • \$75 laboratory tests • \$300 ER visit, waived if admitted <p>Health Deductible Pay 100% of the negotiated rate for eligible health expenses that don't have a copay, including hospitalizations, X-rays, MRIs, ambulance care, durable medical equipment, and surgeries:</p> <ul style="list-style-type: none"> • \$2,000 single • \$4,000 family <p>Coinsurance After Deductible Pay 30% until combined out-of-pocket limit is met</p> <p>Combined Out-of-Pocket Limit Includes health benefits and prescription drugs; pay \$0 after limit is met:</p> <ul style="list-style-type: none"> • \$5,000 single • \$10,000 family 	<p>Copays Pay copays until combined out-of-pocket limit is met:</p> <ul style="list-style-type: none"> • \$0 virtual text-based care via 98point6® • \$10 retail clinic and Doctor On Demand® telemedicine visits • \$35 primary care, outpatient mental health, substance use office visits • \$50 outpatient medical therapy, massage therapy, acupuncture visits • \$70 specialist, chiropractic, urgent care visits • \$125 laboratory tests <p>Health Deductible Pay 100% of the negotiated rate for eligible health expenses that don't have a copay, including ER visits, hospitalizations, X-rays, MRIs, ambulance care, durable medical equipment, and surgeries:</p> <ul style="list-style-type: none"> • \$4,000 single • \$8,000 family <p>Coinsurance After Deductible Pay 30% until combined out-of-pocket limit is met</p> <p>Combined Out-of-Pocket Limit Includes health benefits and prescription drugs; pay \$0 after limit is met:</p> <ul style="list-style-type: none"> • \$6,000 single • \$12,000 family 	<p>Copays \$0 virtual text-based care via 98point6®</p> <p>Combined Deductible Includes health benefits and prescription drugs; pay 100% of the negotiated rate for eligible health expenses until combined deductible is met:</p> <ul style="list-style-type: none"> • \$2,000 single • \$4,000 family <p>Coinsurance After Combined Deductible Pay 30% until combined out-of-pocket limit is met</p> <p>Combined Out-of-Pocket Limit Includes health benefits and prescription drugs; pay \$0 after limit is met:</p> <ul style="list-style-type: none"> • \$5,000 single • \$10,000 family 	<p>Copays \$0 virtual text-based care via 98point6®</p> <p>Combined Deductible Includes health benefits and prescription drugs; pay 100% of the negotiated rate for eligible health expenses until combined deductible is met:</p> <ul style="list-style-type: none"> • \$4,000 single • \$8,000 family <p>Coinsurance After Combined Deductible Pay 30% until combined out-of-pocket limit is met</p> <p>Combined Out-of-Pocket Limit Includes health benefits and prescription drugs; pay \$0 after limit is met:</p> <ul style="list-style-type: none"> • \$6,000 single • \$12,000 family
NOTE: This comparison is based on 2026 in-network benefits. For full benefit details, refer to the ELCA Health Plan document. Benefits are subject to change without notice.			

COMPARE ALL 2026 ELCA-PRIMARY HEALTH BENEFIT OPTIONS

Select Copay 2000 & Value Copay 4000	Select HDHP 2000 & Value HDHP 4000
Prescription Drugs: Plan Member Out-of-Pocket Costs — Administered by Express Scripts by EVERNORTH®	
<p>Pay copays and coinsurance until combined out-of-pocket limit is met. Copays and coinsurance do not apply toward health benefit deductible.</p> <p>Copays¹</p> <ul style="list-style-type: none"> • \$12 for generic drugs via retail² or Accredo Specialty Pharmacy, up to 31-day supply • \$24 for generic drugs via Express Scripts home delivery service or personalized retail pharmacy², up to 90-day supply • \$25 for preferred³ brand-name insulin, 30-day supply 	<p>Coinsurance</p> <p>Retail² or Accredo Specialty Pharmacy, up to 31-day supply:</p> <ul style="list-style-type: none"> • 20% subject to \$55 minimum and \$90 maximum⁴ for preferred³ brand-name drugs • 35% subject to \$90 minimum and \$180 maximum⁴ for non-preferred brand-name drugs <p>Express Scripts home delivery service or personalized retail pharmacy², up to 90-day supply:</p> <ul style="list-style-type: none"> • 20% subject to \$120 minimum and \$210 maximum⁴ for preferred³ brand-name drugs • 35% subject to \$210 minimum and \$300 maximum⁴ for non-preferred brand-name drugs
Tax-Advantaged Accounts — Administered by HealthEquity (formerly Further)	
<p>Health Flexible Spending Account (FSA)</p> <ul style="list-style-type: none"> • Employer contribution options not available • Plan member contribution limit \$3,300 • Eligible FSA expenses must be incurred Jan. 1, 2026 – Dec. 31, 2026 	<p>Health Savings Account (HSA)⁵</p> <ul style="list-style-type: none"> • Employer contributions optional: monthly and/or one-time at the start of the year • Plan member and employer combined contribution limit \$4,400 single/\$8,750 family, plus an additional \$1,000 if plan member is age 55+ on or before Dec. 31, 2026 <p>Limited-Purpose Health Flexible Spending Account (FSA)⁶</p> <ul style="list-style-type: none"> • Employer contribution options not available • Plan member contribution limit \$3,300 • Eligible FSA expenses must be incurred Jan. 1, 2026 – Dec. 31, 2026
Dental — Administered by Delta Dental®	
<p>Deductible Pay 100% of the negotiated rate for services until deductible is met: \$150 per person; \$300 family</p> <p>Coinsurance After Deductible Pay 20% for basic care, 50% for major restorative care</p> <p>Annual Benefit Maximum \$2,850 per person for preventive, basic, and restorative care</p> <p>Orthodontia Benefit Pay 50% no deductible; \$2,850 per person lifetime maximum</p>	
Well-Being Support	
<p>Care Coordinators — Provided by Quantum® Health. Team of health care experts helps members get the best possible care at the right price.</p> <p>Chronic Condition Management — Provided by Omada Health. Personalized digital care programs with tools and support to lose weight, help prevent disease, and manage diabetes and hypertension.</p> <p>Digital Physical Therapy & Mobility — Provided by Sword Health. Digital therapy programs combining physical therapy, behavioral coaching, and education with easy-to-use technology to address pain.</p> <p>Employee Assistance Program (EAP) — Connects members with counseling, legal, and work/life services.</p> <p>Hearing Discount — Provided by Amplifon Hearing Health Care. Discounts on certain diagnostic tests, hearing aids, and hearing aid batteries.</p> <p>Online Health & Fitness — Provided by Burnalong. Health, wellness, and fitness platform providing live and on-demand classes across more than 45 categories.</p> <p>Video-Based Primary Care — Provided by Doctor On Demand®. Providers treat common non-emergency medical and mental health issues through live video visits. Members with Select Copay 2000 or Value Copay 4000 pay a copay; members with Select HDHP 2000 or Value HDHP 4000 pay the full visit cost until their deductible is met.</p> <p>Virtual Text-Based Care — Provided by 98point6® by Transcarent. U.S.-based care teams answer, diagnose, and treat acute and chronic illness 24/7.</p> <p>Vision Care Services — Provided by VSP™. Voluntary, member-paid coverage offering discounts and copays for eye exams, frames, lenses, and contact lenses.</p>	
<p>1. The member will pay the Express Scripts negotiated rate for the drug if it's less than the minimum.</p> <p>2. Plan members have access to over 55,000 retail pharmacies in network. Each member chooses or is assigned a personalized retail pharmacy, either CVS Pharmacy or Walgreens, that they can choose to use for short-term or long-term maintenance medications. The major chain will remain the member's choice for the year and the other chain will be considered out of network.</p> <p>3. ELCA-Primary benefits are subject to the Express Scripts National Preferred Formulary (list of preferred drugs). Non-preferred drugs are typically more expensive than their preferred alternatives or those new to the marketplace.</p> <p>4. The member will pay more than the maximum, up to the full cost of the drug, if an equivalent generic drug is available and the member chooses the brand-name drug.</p> <p>5. For plan members who will have Select Copay 2000 or Value Copay 4000 coverage and are 65 or older, or will turn age 65 in 2026, special rules affecting HSA participation may apply for part or all of 2026. Additional details are available on myPortico.</p> <p>6. A limited-purpose health flexible spending account (FSA) allows sponsored plan members to set aside pretax dollars to pay for eligible dental, vision, and post-deductible health and prescription drug expenses.</p>	