

Your Life's Work: Powered by Portico

You give of yourself to serve others every single day. To do this work well, you need to be healthy and well cared for, or you risk burning out. The good news is, you're not alone. You can get the help and support you need to strengthen your overall health. Your Bethany College health benefits, administered by Portico Benefit Services, offer you programs that care for your emotional and physical well-being — so you can be at your best.



THE SUPPORT YOU NEED

Your own well-being is just as important as that of the people you serve. Portico's ELCA Health Plan is here with programs to support your vitality and health.



THE SERVICES YOU WANT

You want easy access to support, services, and guidance. Portico gives you options to connect in person, on the phone, or virtually.



THE CARE YOU DESERVE

Portico continues a 200+ year Lutheran legacy of caring for those who serve. As a faith-based nonprofit, your resilience and well-being are a top priority.

How to Get Started With Your 2026 Health Benefits

- 1** **CONSIDER** your options. Have questions? Call the Portico Customer Care Center at **800.352.2876**.
- 2** **ENROLL** online at Portico's website, **myPortico.PorticoBenefits.org**.
- 3** **RECEIVE** your new Portico ID card(s) in the mail, if applicable.
- 4** **SHOW** your ID card when you go to the doctor, fill a prescription, or get other in-person services.
- 5** **USE** your benefits to care for your health and feel better — many programs have no additional cost!



WORDS TO KNOW

Understanding these key terms can help you consider your options and use your benefits.

CONTRIBUTIONS

You pay this amount on a regular basis, generally via pretax payroll deduction, to purchase the health benefits you select for the year.

COPAY

You pay a fixed amount (for example, \$10) when you receive certain covered health care services. The copay amount varies by your health benefit option and the type of service.

DEDUCTIBLE

Each plan year, you must pay for covered health care services up to your deductible amount before the health plan starts to pay for a percentage of eligible expenses. (Contributions and, in some cases, copays don't count toward the deductible.)

COINSURANCE

The specified percentage of eligible expenses you're required to pay. You pay a coinsurance percentage until annual out-of-pocket limits have been reached. The coinsurance percentage varies by your health benefit option.

OUT-OF-POCKET LIMIT

This is the most you could pay out-of-pocket for covered health care services during a plan year. After you meet this limit, the health plan generally pays 100% of eligible expenses. (Your contributions and certain other expenses don't count toward this limit.)

PREVENTIVE CARE

Routine health care services, including immunizations, screenings, and checkups to help prevent and identify health issues early.

NETWORK

The facilities, providers, and suppliers the health plan has contracted with to provide health care services.

IN- AND OUT-OF-NETWORK

In-network health care services generally cost less, and out-of-network services cost more or may not be covered. You have a separate deductible, coinsurance, and out-of-pocket limit for in- and out-of-network services.

2026 HEALTH & PRESCRIPTION DRUG BENEFITS

CONSIDER YOUR OPTIONS

- 1

Choose one health benefit option for 2026: Platinum+, Gold+, Select Copay 2000, Essential Copay 2500, Silver+, or Bronze+. You're eligible if you are regularly scheduled to work 30+ hours per week.

TIP: Even if you choose not to enroll yourself or eligible dependents, it's a good idea to register on Portico's website and waive coverage. By doing so, you'll be able to enroll mid-year if you need health coverage.

Options At-a-Glance						
	Platinum+	Gold+	Select Copay 2000	Essential Copay 2500	Silver+	Bronze+
Monthly Contributions						
Health Deductible						
	In a family, the health plan starts to pay for a family member when they meet the individual deductible, even before family deductible is met; prescription drug costs don't apply toward deductible				Family combined deductible must be met before the plan starts to pay; prescription drug costs apply toward deductible	
Prescription Drug Costs	You pay copays for generic drugs and coinsurance with minimums/maximums for brand-name drugs				You pay 100% until deductible is met, then 20% up to out-of-pocket limit	
Copay for Clinic Visits	No copay; deductible/coinsurance apply		Yes copay; deductible/coinsurance applies to other services associated with visits such as X-rays/imaging		No copay; deductible/coinsurance apply	
Preventive Services	100% in-network coverage for dozens of services, including a routine checkup, immunizations, mammograms, screenings for hearing, vision, cancer, and more					
Tax-Advantaged Accounts	Use or lose the balance in your health flexible spending account (FSA)				Health savings account (HSA) balance carries forward	
Care Coordinators & Well-Being Programs	Included in every option at no additional cost					

- 2

If applicable, choose whether to cover your spouse and/or children under age 26. They will be enrolled in the same health coverage option as you.

YOUR MONTHLY CONTRIBUTIONS

Includes Health Benefits, Prescription Drug Benefits, and Well-Being Support Programs

	Platinum+	Gold+	Select Copay 2000	Essential Copay 2500	Silver+	Bronze+
Employee only	\$215	\$164	\$166	\$128	\$103	\$21
Employee, children	\$460	\$363	\$366	\$294	\$269	\$114
Employee, spouse	\$623	\$516	\$518	\$438	\$410	\$236
Employee, spouse, children	\$886	\$733	\$736	\$622	\$582	\$335

OUT-OF-POCKET COSTS AND COVERAGE LIMITS¹

Health Benefits Administered by BlueLink

Platinum+	Gold+	Silver+	Bronze+
Amounts shown are for in-network eligible expenses. Call a Quantum® Health Care Coordinator at 877.851.5656 to find a provider in the Blue Cross Blue Shield PPO network. No referrals needed.			
Copays • \$0 virtual text-based care via 98point6	Copays • \$0 virtual text-based care via 98point6	Copays • \$0 virtual text-based care via 98point6	Copays • \$0 virtual text-based care via 98point6
Health Deductible Pay 100% of negotiated rate for services until deductible is met • \$550 employee only • \$825 employee, children • \$1,100 employee, spouse • \$1,100 employee, spouse, children	Health Deductible Pay 100% of negotiated rate for services until deductible is met • \$1,800 employee only • \$2,700 employee, children • \$3,600 employee, spouse • \$3,600 employee, spouse, children	Combined Deductible Includes health benefits and prescription drugs; pay 100% of negotiated rate until combined deductible is met • \$2,500 single • \$5,000 family²	Combined Deductible Includes health benefits and prescription drugs; pay 100% of negotiated rate until combined deductible is met • \$5,000 single • \$10,000 family²
Preventive Care³ \$0; no copays or deductible	Preventive Care³ \$0; no copays or deductible	Preventive Care³ \$0; no copays or deductible	Preventive Care³ \$0; no copays or deductible
Coinsurance After Deductible Pay 20% until combined out-of-pocket limit is met	Coinsurance After Deductible Pay 20% until combined out-of-pocket limit is met	Coinsurance After Combined Deductible Pay 20% until combined out-of-pocket limit is met	Coinsurance After Combined Deductible Pay 20% until combined out-of-pocket limit is met
Combined Out-of-Pocket Limit Includes health benefits and prescription drugs; pay \$0 after limit is met • \$3,400 per person • \$6,800 family	Combined Out-of-Pocket Limit Includes health benefits and prescription drugs; pay \$0 after limit is met • \$4,300 per person • \$8,600 family	Combined Out-of-Pocket Limit Includes health benefits and prescription drugs; pay \$0 after limit is met • \$4,300 per person • \$8,600 family	Combined Out-of-Pocket Limit Includes health benefits and prescription drugs; pay \$0 after limit is met • \$6,800 per person • \$13,600 family

Health Benefits Administered by BlueLink, *Continued*

Select Copay 2000	Essential Copay 2500
Amounts shown are for in-network eligible expenses. Call a Quantum Health Care Coordinator at 877.851.5656 to find a provider in the Blue Cross Blue Shield PPO network. No referrals needed.	
Copays Pay copays until combined out-of-pocket limit is met • \$0 virtual text-based care via 98point6 • \$10 retail clinic and Doctor on Demand telemedicine visits⁴ • \$25 primary care, outpatient mental health, substance use office visits⁴ • \$30 outpatient medical therapy,⁵ massage therapy, acupuncture visits • \$50 specialist, chiropractic, urgent care visits⁴ • \$75 laboratory tests • \$300 emergency room visit, waived if admitted	Copays Pay copays until combined out-of-pocket limit is met • \$0 virtual text-based care via 98point6 • \$10 retail clinic and Doctor on Demand telemedicine visits⁴ • \$35 primary care, outpatient mental health, substance use office visits⁴ • \$50 outpatient medical therapy,⁵ massage therapy, acupuncture visits • \$70 specialist, chiropractic, urgent care visits⁴ • \$125 laboratory tests
Health Deductible Pay 100% of the negotiated rate for eligible expenses that don't have a copay, including hospitalizations, X-rays, MRIs, ambulance care, durable medical equipment, and surgeries • \$2,000 single • \$4,000 family	Health Deductible Pay 100% of the negotiated rate for eligible expenses that don't have a copay, including emergency room visits, hospitalizations, X-rays, MRIs, ambulance care, durable medical equipment, and surgeries • \$2,500 single • \$5,000 family
Preventive Care³ \$0; no copays or deductible	Preventive Care³ \$0; no copays or deductible
Coinsurance After Deductible Pay 30% until combined out-of-pocket limit is met	Coinsurance After Deductible Pay 20% until combined out-of-pocket limit is met
Combined Out-of-Pocket Limit Includes health benefits and prescription drugs; pay \$0 after limit is met • \$5,000 single • \$10,000 family	Combined Out-of-Pocket Limit Includes health benefits and prescription drugs; pay \$0 after limit is met • \$6,000 single • \$12,000 family

Prescription Drug Benefits Administered by Express Scripts⁶

Platinum+, Gold+, Select Copay 2000, and Essential Copay 2500	Silver+ and Bronze+
Amounts shown are for in-network benefits. You have access to over 55,000 retail pharmacies in-network. The most economical combination is to fill your short-term prescriptions at a local in-network pharmacy, then save money by filling your long-term maintenance prescriptions through Express Scripts home delivery service. You also have the option to fill a three-month supply at your personalized retail pharmacy, which is either CVS Pharmacy or Walgreens. Visit express-scripts.com/portico to price a medication or find an in-network pharmacy.	
Copays Pay copays until combined out-of-pocket limit is met, then pay \$0; copays do not apply toward health deductible • \$12 for generic drugs via retail or specialty⁷ pharmacy, up to 31-day supply • \$24 for generic drugs via Express Scripts home delivery service or personalized retail pharmacy, up to 90-day supply • \$25 for preferred⁸ brand-name insulin, 30-day supply Coinsurance Pay coinsurance until combined out-of-pocket limit is met, then pay \$0; coinsurance does not apply toward health deductible Retail or specialty pharmacy, up to 31-day supply: • 20% subject to \$55 minimum and \$90 maximum⁹ for preferred brand-name drugs • 35% subject to \$90 minimum and \$180 maximum for non-preferred brand-name drugs Express Scripts home delivery service or personalized retail pharmacy, up to 90-day supply: • 20% subject to \$120 minimum and \$210 maximum for preferred brand-name drugs • 35% subject to \$210 minimum and \$300 maximum for non-preferred brand-name drugs	Copays • \$25 for preferred⁸ brand-name insulin, 30-day supply; applies toward combined out-of-pocket limit but not health deductible Combined Deductible Pay 100% of the total prescription drug cost for generic, preferred brand-name, and non-preferred brand-name drugs until combined deductible (health benefits and prescription drugs) is met • Via retail or specialty⁷ pharmacy, up to 31-day supply • Via Express Scripts home delivery service or personalized retail pharmacy, up to 90-day supply Coinsurance After Combined Deductible Pay 20% until combined out-of-pocket limit (health benefits and prescription drugs) is met, then pay \$0

Tax-Advantaged Accounts Administered by HealthEquity (formerly Further)¹⁰

Platinum+, Gold+, Select Copay 2000, and Essential Copay 2500	Silver+ and Bronze+
See 2026 TAX-ADVANTAGED ACCOUNTS for details.	
• Health flexible spending account (FSA) • Dependent care FSA for day care expenses	• Health savings account (HSA) • Limited-purpose health FSA • Dependent care FSA for day care expenses

1. See the ELCA Medical and Dental Benefits Plan (ELCA Health Plan) document for full details.
2. For plan members with family coverage, the deductible is met when the eligible expenses of one or more family members reach this amount during the year.
3. Subject to annual visit limits.
4. Deductible and coinsurance apply to X-rays and imaging (CT/PET scans, MRIs) performed in conjunction with an office visit; a separate lab exam/testing copay will apply to lab work performed in conjunction with an office visit.
5. Includes physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, and pulmonary rehabilitation.
6. The plan member will pay the Express Scripts negotiated rate for the drug if it's less than the minimum.
7. Specialty drugs are limited to a 31-day supply and must be purchased from the specialty pharmacy, Accredo®.
8. ELCA-Primary benefits are subject to Express Scripts National Preferred Formulary (list of preferred drugs). Non-preferred drugs are typically more expensive than their preferred alternatives or new to the marketplace.
9. The plan 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.
10. See the ELCA Flexible Benefits Plan document for full details.

The ELCA Medical and Dental Benefits Plan is administered by Portico Benefit Services for use by the ELCA and church-affiliated organizations. While every effort has been made to ensure the information contained herein is correct, the applicable legal plan document(s), policy(ies), or program(s) will control in the event of any omission or misstatement. Benefit plans are governed and administered individually through separate plan documents. Portico (and its designee, insurer, or claims administrator, as applicable) will have the power, including, without limitation, discretionary power, to make all determinations that the plan(s) require for its administration, and to construe and interpret the plan(s) for purposes of determining eligibility and benefits. The health plan is self-insured and not provided through an insurance company, with the exception of the Medicare Advantage benefit and ELCA Part D drug benefit. Portico's ability to pay claims is dependent upon continued contributions, claims experience, and market performance. Portico has contracted with an insurance company to administer the Medicare Advantage benefit and the ELCA Part D drug benefit. Portico reserves the right to change any plan terms at any time through the amendment or termination process described in the health plan document. The ELCA Medical and Dental Benefits Plan document is available by contacting Portico.

2026 DENTAL COVERAGE



CONSIDER YOUR OPTIONS

- 1

Choose a dental coverage option for 2026: Enhanced, Basic, or Economy. You're eligible if you are regularly scheduled to work 30+ hours per week. You can elect dental coverage even if you waive health coverage.
- 2

If applicable, choose whether to cover your spouse and/or children under age 26. They will be enrolled in the same dental coverage option (Enhanced, Basic, or Economy) as you.

YOUR MONTHLY CONTRIBUTIONS

	Enhanced	Basic	Economy
Employee only	\$42	\$33	\$16
Employee, children	\$131	\$105	\$48
Employee, spouse	\$90	\$72	\$32
Employee, spouse, children	\$179	\$144	\$68

OUT-OF-POCKET COSTS AND COVERAGE LIMITS¹

Dental Benefits Administered by Delta Dental

	Enhanced	Basic	Economy
Amounts shown are for in-network benefits. Visit deltadentalmn.com to find a provider in the Delta Dental PPO or Premier network.			
Deductible & Benefit Limits			
Annual deductible ² — Employee's responsibility	You pay \$150 per person or \$300 maximum per family	You pay \$50 per person or \$150 maximum per family	You pay \$0
Annual benefit maximum (other than orthodontia) — Maximum amount paid per year by the plan for preventive, basic, and major restorative care	Plan pays up to \$2,850 per person	Plan pays up to \$1,000 per person	Plan pays up to \$750 per person
Lifetime orthodontia benefit maximum — Maximum amount paid by the plan; amount is set in the first year services are received	Plan pays up to \$2,850 per person, no age limit	Plan pays up to \$1,000 per person, maximum age 18	Plan pays \$0
Type of Service			
Preventive services — Teeth cleaning twice per calendar year, periodontal maintenance, oral examinations, X-rays, etc.	You pay \$0 no deductible; plan pays 100% of eligible services		
Basic care — Fillings, tooth extractions, root canal therapy, oral surgery, etc.	You pay 20% after you meet the deductible; plan pays 80% subject to annual benefit maximum		You pay 60%; plan pays 40% of eligible services (excluding oral surgery, periodontics and endodontics)
Major restorative care — Crowns, bridges, dentures, implants, etc.	You pay 50% after you meet the deductible; plan pays 50% subject to annual benefit maximum		N/A
Orthodontia	You pay 50% no deductible; plan pays 50% subject to lifetime orthodontia benefit maximum		N/A

1. See the ELCA Medical and Dental Benefits Plan (ELCA Health Plan) document for full details.
2. The sum of deductible amounts for the member and all other family members enrolled in dental benefits shall not exceed the family Enhanced option and Basic option deductible amount maximums.

The ELCA Medical and Dental Benefits Plan is administered by Portico Benefit Services for use by the ELCA and church-affiliated organizations. While every effort has been made to ensure the information contained herein is correct, the applicable legal plan document(s), policy(ies), or program(s) will control in the event of any omission or misstatement. Benefit plans are governed and administered individually through separate plan documents. Portico (and its designee, insurer, or claims administrator, as applicable) will have the power, including, without limitation, discretionary power, to make all determinations that the plan(s) require for its administration, and to construe and interpret the plan(s) for purposes of determining eligibility and benefits. The health plan is self-insured and not provided through an insurance company, with the exception of the Medicare Advantage benefit and ELCA Part D drug benefit. Portico's ability to pay claims is dependent upon continued contributions, claims experience, and market performance. Portico has contracted with an insurance company to administer the Medicare Advantage benefit and the ELCA Part D drug benefit. Portico reserves the right to change any plan terms at any time through the amendment or termination process described in the health plan document. The ELCA Medical and Dental Benefits Plan document is available by contacting Portico.

2026 VISION CARE SERVICES

CONSIDER YOUR OPTIONS

- 1

Choose Enhanced or Basic vision care services for 2026, or waive this optional coverage. You can select vision care services even if you waive health coverage.
- 2

If applicable, choose whether to cover your spouse and/or children under age 26. You must elect vision care services for yourself in order to elect vision care services for your spouse and/or children. They will be enrolled in the same coverage option (Enhanced or Basic) as you.

YOUR MONTHLY CONTRIBUTIONS

	Enhanced	Basic
Employee only	\$9.26	\$7.48
Employee, children	\$22.40	\$18.10
Employee, spouse	\$18.52	\$14.96
Employee, spouse, children	\$31.66	\$25.58

OUT-OF-POCKET COSTS AND COVERAGE LIMITS¹

Vision Care Services Administered by VSP™

Benefit	Description	Copay
Amounts shown are for in-network benefits. Visit vsp.com to find a provider in the VSP Choice network.		
WellVision Exam	• Focuses on your eyes and overall wellness • Every calendar year	\$0
Routine Retinal Screening	• As an enhancement to a VSP WellVision Exam®	No more than \$39
Frame	• \$170 featured frame brands allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$80 Walmart®/Sam's Club®/Costco® frame allowance • Enhanced Option: Every calendar year • Basic Option: Every other calendar year	\$25
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year	
Lens Enhancements	• Scratch-resistant coating • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements • Every calendar year	\$0 \$0 \$50 \$50

Vision Care Services Administered by VSP, *Continued*

Benefit	Description	Copay
Contacts (Instead of Glasses)	• \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year	Up to \$45
Primary EyecareSM	• \$0 retinal screening for members with diabetes • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration • Treatment and diagnoses of eye conditions, including pink-eye, vision loss, and cataracts available for all members • Limitations and coordination with your medical coverage may apply; ask your VSP doctor for details • As needed	\$20 per exam
Glasses and Sunglasses	• Extra \$20 to spend on featured frame brands²; go to vsp.com/offers for details • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam	
Laser Vision Correction	• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	

1. See the ELCA Medical and Dental Benefits Plan (ELCA Health Plan) document for full details.

2. Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on provider's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network provider for more details.

Coverage with a retail chain may be different or not apply. VSP and WellVision Exam are registered trademarks and VSP Diabetic Eyecare Plus Program is a service mark of Vision Service Plan. All other brands or marks are the property of their respective owners.

Portico Benefit Services administers the ELCA Medical and Dental Benefits Plan (which includes the ELCA post-retirement medical benefits). The health plan is self-insured, with the exception of the Medicare Advantage Benefit and the ELCA Part D drug benefit, and not provided through an insurance company. Portico's ability to pay claims is dependent on continued contributions, claims experience, and market performance. Portico has contracted with an insurance company to manage and administer the Medicare Advantage Benefit and the ELCA Part D drug benefit.

Plan member rights are governed by the plan document, which is the full, legal description of the plan. If any information herein is inconsistent with the corresponding plan document, the plan document is the controlling document. The plan is a church plan, as defined in section 414(e) of the Internal Revenue Code and is not subject to the Employee Retirement Income Security Act of 1974 (ERISA).

The eligibility for any benefit will be governed by the applicable plan and its related program or policy terms. Portico (and its designee, the insurer, or claims administrator, as applicable) shall have the power, including, without limitation, discretionary power to make all determinations that the plan requires for administration, and to construe and interpret the plan for purposes of determining eligibility and benefits. Portico reserves the right to change any plan term through the amendment or termination process described in the plan document. The plan document is available by contacting Portico.

2026 TAX-ADVANTAGED ACCOUNTS

Tax-advantaged accounts let you set aside pretax dollars from your paycheck, reducing the amount you pay in taxes and helping you budget for future dependent care and health care expenses.¹

CONSIDER YOUR OPTIONS

- 1 Choose how much to contribute for day care expenses.** You can select a dependent care flexible spending account (FSA) even if you waive health coverage.
- 2 Choose how much to contribute for health care expenses.** ELCA Health Plan and IRS rules determine the health care account(s) available to you.

HELP PAY FOR DAY CARE

Dependent Care FSA

- Used to reimburse eligible day care expenses for children under age 13 (or other eligible tax dependents, such as an elderly parent who lives with you) that enable you and your spouse, if you're married, to work or look for work
- Annual election, requires qualifying event to change mid-year
- Incur eligible expenses by Dec. 31, 2026; submit claim for reimbursement by April 30, 2027
- Any account balance not claimed by the deadline is forfeited
- 2026 contribution limit: \$7,500 per household or \$3,750 if married and filing separately



HELP PAY FOR HEALTH CARE

Health FSA

- Used to reimburse eligible health care expenses, such as copays, deductible amounts, prescription drug cost-share, vision expenses, and over-the-counter medical supplies
- Annual election, requires qualifying event to change mid-year
- You can access your full annual election amount Jan. 1 (or your FSA effective date if later)
- Incur eligible expenses by Dec. 31, 2026; submit claim for reimbursement by April 30, 2027
- Expenses incurred after termination of employment are not eligible for reimbursement; submit claim for reimbursement of eligible expenses incurred prior to termination within four months of your termination date
- Any account balance not claimed by the deadline is forfeited
- 2026 contribution limit: IRS has not released limit (\$3,400 est.)



1. The eligibility for any benefit will be governed by the plan. See the ELCA Flexible Benefits Plan document for full details.

HELP PAY FOR HEALTH CARE, *CONTINUED*

Health Savings Account (HSA)²

- Only available to members who have a high-deductible health plan³
- Used to reimburse eligible health care expenses, such as deductible amounts, prescription drug cost-share, vision expenses, and over-the-counter medical supplies
- Election can start, stop, or change at any time during the year without a qualifying event
- Unused money earns interest, is portable, and carries over to next year
- 2026 contribution limit: \$4,400 single or \$8,750 family, plus \$1,000 if age 55+



Limited-Purpose Health FSA

- Only available to members who have a high-deductible health plan³
- Only used to reimburse eligible vision and dental expenses until the combined health and prescription drug deductible is met
- Annual election, requires qualifying event to change mid-year
- Incur eligible expenses by Dec. 31, 2026; submit claim for reimbursement by April 30, 2027
- Expenses incurred after termination of employment are not eligible for reimbursement; submit claim for reimbursement of eligible expenses incurred prior to termination within four months of your termination date
- Any account balance not claimed by the deadline is forfeited
- 2026 contribution limit: IRS has not released limit (\$3,400 est.)



1. The eligibility for any benefit will be governed by the plan. See the ELCA Flexible Benefits Plan document for full details.

2. Special rules affect HSA participation for plan members who are age 65 or older or who will turn 65 during the plan year. Additional details are available on myPortico.PorticoBenefits.org.

3. Qualifying high-deductible health plans include the ELCA-Primary Silver+, Bronze+, Select HDHP 2000, and Value HDHP 4000 health benefit options.

2026 WELL-BEING SUPPORT

These programs and services are included with your 2026 ELCA-Primary health and prescription drug benefits. Use these to help prevent illness, manage health conditions, and strengthen your overall well-being — most at no additional cost. Learn more at myPortico.PorticoBenefits.org.¹

CARE COORDINATORS

Quantum® Health Care Coordinators make it easier to navigate today's complex health care system. They work closely with you and your doctors, helping you save time, purchase health care wisely, and achieve healthier outcomes. Get help with:

- Claims, billing, and other questions about your medical, mental health, and prescription drug benefits
- Finding in-network providers, pharmacies, and facilities
- Replacing ID cards
- Learning about a new diagnosis
- Managing an existing health condition
- Saving money on out-of-pocket costs

Call a Care Coordinator

877.851.5656

7:30 a.m. – 9 p.m. (Central)

Monday – Friday

VIRTUAL TEXT-BASED PRIMARY CARE

98point6® by Transcarent delivers 24/7 primary care through a highly secure in-app messaging experience via mobile phone. The care team includes U.S.-based, board-certified physicians who answer questions, diagnose and treat acute and chronic illnesses, outline care, and order any necessary prescription or laboratory tests. In 2026, pay a \$0 copay per visit. Coverage and separate costs under ELCA-Primary health benefits will apply for laboratory tests and prescriptions ordered by 98point6 physicians.

Learn More Online

98point6.com/portico

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Transcarent Behavioral Health connects you or household members (age 13+) with appropriate comprehensive care through its integrated partner, Spring Health™. Spring Health offers personalized care, unique programs, and essential services to ensure each person has access to support that's right for them. Talk with a professional counselor up to six times per year at no additional cost, via phone, video, or in person including:

- Anxiety or depression
- Grief and loss
- Marital, family, and other relationships
- Substance use

The Spring Health clinical network includes thousands of licensed providers with options to connect via phone, video, or text. You can continue working with your in-network Spring Health counselor after you complete your six included sessions. Copays and/or deductibles will apply.

Additionally, the EAP offers legal support, discounted legal and mediation assistance, financial planning assistance, child and elder care referral services, and other work/life resources.

CHRONIC CONDITION MANAGEMENT

These digital programs through **Omada Health** combine the latest technology with personalized support for members who qualify. There is no additional cost to use these benefits.

Chronic Condition Prevention Program

This Omada program is designed to help those at risk for type 2 diabetes or heart disease to create modest changes that promote weight loss and help reduce their risk. Participants receive:

- Professional coach for one-on-one guidance
- Wireless smart scale to monitor progress
- Weekly online lessons to educate and inspire
- Small online peer group for real-time support

Diabetes Management Program

Those with type 1 or type 2 diabetes who use the ELCA prescription drug benefit for diabetes supplies and medications are eligible for this Omada program. Participants receive:

- A continuous glucose monitor and a blood glucose meter that provides personalized tips and enables sharing readings
- Unlimited test strips and lancets
- Coaching from a Certified Diabetes Care and Education Specialist

The ELCA prescription drug benefit provides a 30-day supply of preferred brand-name insulin for a \$25 copay.

Hypertension Management Program

This Omada program helps those with high blood pressure to:

- Lose weight
- Manage blood pressure with diet and medication
- Measure blood pressure with a provided blood pressure cuff and connected scale if needed
- Get coaching and support by a trained hypertension provider

DIGITAL PHYSICAL THERAPY AND MOBILITY PROGRAMS

These digital programs through **Sword Health** offer a variety of solutions for common conditions. All programs include treatment with a dedicated Doctor of Physical Therapy and are available at no additional cost.

Learn More Online

go.omadahealth.com/portico

Call Omada Health

888.409.8687

10 a.m. – 8 p.m. (Central)

Monday – Friday

Learn More Online

meet.swordhealth.com/portico

Digital Physical Therapy for Back and Joint Pain

Thrive is a convenient alternative to in-person therapy. Physical therapists administer a therapy program digitally with eligible members, monitoring their physical progress via electronic sensors.

Pelvic Health Therapy

Bloom is Sword's digital, clinical-grade care program for pelvic health that helps women in all stages of life. Bloom physical therapists provide comprehensive care for issues including:

- Pelvic disorders — sexual health, pelvic pain, pelvic organ prolapse, and other conditions
- Reproductive health — preconception, pregnancy, postpartum, and menopause
- Bladder and bowel health — incontinence, constipation, bloating, and pain

Mobility Program

Move is a whole-body solution designed to address chronic pain, reduce the risk of injury, and help you move more consistently. You're matched with a physical therapist who provides you with real human connection, support, movement plans, and accountability to help you achieve your goals.

ONLINE HEALTH AND FITNESS CLASSES

The **Burnalong** virtual platform offers thousands of on-demand and live online classes and social motivation. You can work out together remotely with up to four friends or family members you invite to join the platform — all at no additional cost. You also have the option to purchase a monthly Burnalong+ membership, which provides in-person access to thousands of gyms nationwide without any contract, joiner, or cancellation fees.

Learn More Online

join.burnalong.com/portico

HOLISTIC WELLNESS EDUCATION

Portico, in collaboration with Being, created the Being Here podcast series. Host pastor Melissa Pohlman and her guests explore real-world issues and topics important to professionals in the faith community.

Learn More Online

<https://myportico.porticobenefits.org/health-other-benefits/well-being-education>

1. See the ELCA Medical and Dental Benefits Plan (ELCA Health Plan) document for full details.

The ELCA Medical and Dental Benefits Plan is administered by Portico Benefit Services for use by the ELCA and church-affiliated organizations. While every effort has been made to ensure the information contained herein is correct, the applicable legal plan document(s), policy(ies), or program(s) will control in the event of any omission or misstatement. Benefit plans are governed and administered individually through separate plan documents. Portico (and its designee, insurer, or claims administrator, as applicable) will have the power, including, without limitation, discretionary power, to make all determinations that the plan(s) require for its administration, and to construe and interpret the plan(s) for purposes of determining eligibility and benefits. The health plan is self-insured and not provided through an insurance company, with the exception of the Medicare Advantage benefit and ELCA Part D drug benefit. Portico's ability to pay claims is dependent upon continued contributions, claims experience, and market performance. Portico has contracted with an insurance company to administer the Medicare Advantage benefit and the ELCA Part D drug benefit. Portico reserves the right to change any plan terms at any time through the amendment or termination process described in the health plan document. The ELCA Medical and Dental Benefits Plan document is available by contacting Portico.