

2026 Health Benefit Options

We are pleased to announce new ELCA-Primary health benefit options that will continue to offer the comprehensive coverage you trust — with a refreshed approach to out-of-pocket costs. Effective Jan. 1, 2026, we will sunset today's Platinum+, Gold+, Value Copay, Silver+, and Bronze+ options and introduce four simplified options: two copay and two high-deductible health plan options.¹

Sponsoring employers and plan members will select the option that meets their financial and health care needs this fall during Annual Enrollment. **Contribution rates, deductibles, and other cost details will be available in August after Portico Board of Trustees approval, along with comparison resources and decision-making tools.**

All four new options will continue to provide the same medical and mental health benefit coverage, access to the Blue Cross and Blue Shield nationwide provider network, preventive coverage, and a spectrum of rich wellness benefits to support whole-person well-being. What's different is how plan members experience out-of-pocket costs.

Copay Options

- Work well for **members who want predictable and manageable copays** for many health care visits and laboratory tests, and copays for prescription drugs, without first needing to meet a deductible
- Paired with a flexible spending account (FSA)
- Out-of-pocket costs work similarly to today's Value Copay

High-Deductible Health Plan (HDHP) Options

- Work well for **members who want the triple tax advantages² of a health savings account (HSA)** to pay for current and future health care expenses **and can manage paying the full cost** for health care services and prescription drugs until meeting a deductible
- Out-of-pocket costs work similarly to today's Silver+ and Bronze+

COST-SHARING APPROACH

Cost-sharing will remain true to the ELCA's longstanding principles. Plan members pay out-of-pocket costs: deductibles, copays, and coinsurance. Sponsoring employers pay monthly contributions.³

To make it easier for members and employers to choose, options will be grouped into two sets, each containing one copay and one high-deductible option, both of which will have the same deductibles and out-of-pocket maximum amounts. One set will be designed and priced so that, on average, employers pay 80% of overall health plan costs. In the other set, employers will pay 75%, on average. By comparison, employers pay 78 – 82%, on average, of overall health plan costs in 2025 to provide the ELCA-endorsed options (Gold+, Silver+ with an employer HSA contribution, and Value Copay).

Your Health Care + Our Commitment

Keeping Our Community Health Plan Strong



BENEFITS reEXAMINED
Dialogue. Discern. Design.

Nationwide health care costs continue to rise, while congregation size and resources decline, making it more difficult for many sponsoring employers to sustain coverage. To keep the ELCA Health Plan affordable and flexible while preserving the guiding principles that make our church plan unique, we have a responsibility to act. While some aspects of the plan will change, our commitment to our plan members' well-being remains steadfast. Through Benefits reExamined, we listened to church input and carefully analyzed claims and industry data to make thoughtful decisions that will help us sustain community value and care for the future.



LEARN MORE

Frequently Asked Questions

How much will the deductibles and copay amounts be?

This information will be essential to help you compare and select your option during Annual Enrollment this fall. Just like every year, amounts will be communicated in August after approval by our board of trustees.

Which option is endorsed by the ELCA?

All four of the 2026 options were endorsed by the ELCA Church Council at its April 2025 meeting.

Why eliminate Gold+ when it's been the standard for so many years?

We understand that health care is deeply personal and losing a familiar option can feel overwhelming. The new approach is designed to simplify the decision-making process by offering two sets of options that are easy to compare. Note that prescription drug copays, a key feature of Gold+, will carry forward in the new copay options. We encourage members and employers to take a fresh look and choose the option that best meets their needs. Resources and tools will be available starting in August to support a smooth transition.

What's the difference between an FSA and an HSA?

A health flexible spending account (FSA) allows members to set aside pretax money for eligible medical expenses, but unused funds expire at the end of the plan year. A health savings account (HSA) allows tax-free contributions from both members and employers, earns interest, and funds roll over year to year.

Why can't I have an HSA with a copay option?

Only plans that meet the IRS definition of a high-deductible health plan (HDHP) can be paired with an HSA. The new copay options will not meet this definition even though they may have the same deductibles as the HDHP options. A key requirement for HDHPs is that the plan cannot pay for any health care services — other than preventive care — until after the deductible is met. Members with a copay option will pay a copay only for certain services and the plan will cover the rest right away — before the deductible is met.

Why not offer a catastrophic coverage-only option that would be even more affordable for employers?

Input from bishops and plan members during our 2024 research affirmed the importance of uniformity across the country to help ensure consistent benefits and equitable treatment of all rostered ministers during the call process.

Disability benefits currently provide Gold+ coverage. What will happen in 2026?

We recognize plan members receiving disability benefits under the ELCA Disability Benefits Plan often need significant medical care. We are carefully evaluating this and will communicate details in August after board of trustees approval.

1. Change applies to the Traditional Benefits Program.
2. An HSA offers the advantages of tax-deductible contributions, tax-free growth, and tax-free withdrawals for qualified medical expenses.
3. The ELCA Philosophy of Benefits states: "Employers are expected to support the well-being of their rostered ministers and lay employees by paying all or a significant portion of the contributions for benefits."

NEXT STEPS



Watch for tools and resources in August to help you compare costs.



Plan members and employers should have a conversation in September to discern your best option together.



Select your 2026 option during Annual Enrollment this fall.