



CONCORDIA PLANS

Employer Benefits Election Guide 2026

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The timeline **for making changes**
to your 2026 healthcare option(s) is
» **Sept. 2-Sept. 12.** «

Final day to submit elections: Sept. 12

To ensure timely and accurate coverage for your workers, we kindly ask that all elections be completed by Sept. 12. Unfortunately, **we’re unable to offer extensions beyond the deadline**, so it’s important to plan accordingly.

If you have any questions or would like to see rates for other Concordia Health Plan (CHP) medical, dental and vision option(s) than what’s included in your Employer Renewal Notice, please contact your Account Manager. Contact info can be found in your Employer Renewal Notice or by visiting ConcordiaPlans.org/MinistryEngagement.

Visit ConcordiaPlans.org/ERelections for additional 2026 Employer Benefits Election resources.



The Concordia Health Plan (CHP)

Comprehensive coverage for your workers.

No matter which CHP options you choose, your workers' health and wellness will be protected by a comprehensive suite of innovative healthcare and wellness solutions provided by best-in-class carriers and partners.

- **Medical**, including mental health, prescription drug coverage, telehealth and hearing aid discounts.
- **Wellness**, including solutions for weight management, diabetes and virtual physical therapy – all at no extra cost to your ministry or workers.
- **Dental and vision** with three dental options and two vision options.
- **Personal spending accounts (PSA)** offering health savings accounts (HSA), health reimbursement accounts (HRA) and flexible spending accounts (FSA).
- **Additional insurance options** don't cost you anything to offer to your workers. (Employers will be billed if a worker opts into this insurance. The amount should be deducted from the worker's paycheck.)

The benefits Concordia Plans offers are designed to help church workers be physically, financially and mentally well so they can be well to serve well.

» New program features in 2026

New features are being added to support your workers' health and wellness – making it easier for them to stay healthy and engaged in their wellness.

A refreshed Vitality experience

Vitality is getting a refresh starting Jan. 1! The wellness program for CHP members will introduce new features to make healthy living even easier:

- A streamlined mobile app for quick access to all Vitality activities.
- Personalized activity recommendations based on each worker's Vitality Health Review.
- New, engaging ways to earn points and boost status from Bronze to Silver, Gold or Platinum.

Lower your prescription costs with Price Assure

Price Assure is the newest prescription discount program for workers enrolled in Anthem/BCBS and Cigna. Express Scripts is partnering with GoodRx to integrate GoodRx's generic drug discounts at the point-of-sale. When a member fills a prescription for a generic medication, they will automatically receive the lower cost between the GoodRx discount and Express Scripts, even if it's lower than the copay. The claim will apply to the member's deductible and out-of-pocket maximum, even if the GoodRx discount is used.

» 2026 renewal action steps

Review your 2026 CHP options, rates & PSA(s)

Your 2026 CHP options and rates are available in your 2026 Employer Renewal Notice, which you should have received via the mail in late June. The notice includes an overview of your ministry's 2025 Concordia Plans participation, as well as a comparison of your 2025 and 2026 CHP rates. Also, be sure to review your PSA plan design(s).

A. Review your CHP option(s)

If your ministry is pleased with your current CHP option(s), no further action is needed – your CHP option(s) will automatically renew for 2026.

Minor adjustments have been made to the Healthy Me Copay options for Urgent Care and Prescription Preferred Brand copays. See page 8 for details.

If your ministry is currently enrolled in Whole Health 2000, we're changing the deductible and out-of-pocket maximum. The option will now be called Whole Health 2500. If you don't make a change, you'll be mapped to this option for 2026. See page 10 for details.

B. Review your personal spending account (PSA) plan design

If there are no PSA changes, no action is needed.

If your ministry provides a health reimbursement arrangement (HRA), review the HRA deductible and confirm that it matches your medical plan's deductible, if that's what you intend. You can review your current HRA plan design on your HealthEquity employer portal (my.healthequity.com).

If you would like to terminate your health savings account (HSA), contact your Account Manager.

If you would like to modify HSA contributions, log in to the HealthEquity employer portal (my.healthequity.com).

If you need to change or terminate your existing HRA and flexible spending account (FSA), you'll need to complete the following steps with HealthEquity:

- Log in to HealthEquity employer portal (my.healthequity.com)
- Click Employee Info > HRA/FSA Renewal
- Follow the prompts to make changes

If you need to establish a new PSA, you'll want to contact your Account Manager.

Any changes made after the Employer Benefits Election period may result in a fee from HealthEquity.

Considering a new CHP option(s)?

If you're thinking of offering a different CHP option(s) in 2026, contact your Account Manager to discuss additional options. His/her contact information is included in your Employer Renewal Notice or can be found by visiting ConcordiaPlans.org/MinistryEngagement.

» How to secure member ID cards by Jan. 1

To secure CHP member ID cards for your workers by Jan. 1, **all employer elections must be completed no later than Sept. 12. We're unable to offer extensions beyond the deadline.** If you want to discuss new CHP options with your Account Manager, please do so as soon as possible to ensure your elections are completed on time for your workers to participate in Member Open Enrollment this November. **If Concordia Plans doesn't hear from you, the CHP option(s) shown on your Employer Renewal Notice will automatically renew for 2026.**

» Things to consider when choosing which options to offer workers



Understand what your workers value (what they want, what they expect)

The CHP offers many options. Knowing what matters most to your workers will help guide your decision.

- Ask your workers what they value most.
- Do your workers value the predictability of copays, or are they willing to take on the risk of a higher deductible if it means paying less per paycheck for the coverage?
- Would your workers want to use a health savings account to help cover healthcare costs?



Understand provider networks available to your ministry

A good place to begin when deciding which options to offer is to find which provider network(s) is available to your ministry.

Please keep in mind when offering a new carrier (Anthem/Blue Cross Blue Shield, Cigna, UMR/UnitedHealthcare, Kaiser Permanente), a worker's physician may not be in that network. **(IMPORTANT: If your ministry is mapped to a new plan option, networks will remain the same.)** Before deciding to switch, consider:

- If required, are my workers willing to switch physicians?
- Am I willing to tell workers they may have to switch physicians who are no longer in-network?
- What are the trade-offs for switching networks? Am I able to charge workers less for their portion of healthcare coverage by making this change?
- Do I have time to adequately communicate a network change while still assuring workers that they can access in-network providers?



Understand your budget and financial constraints

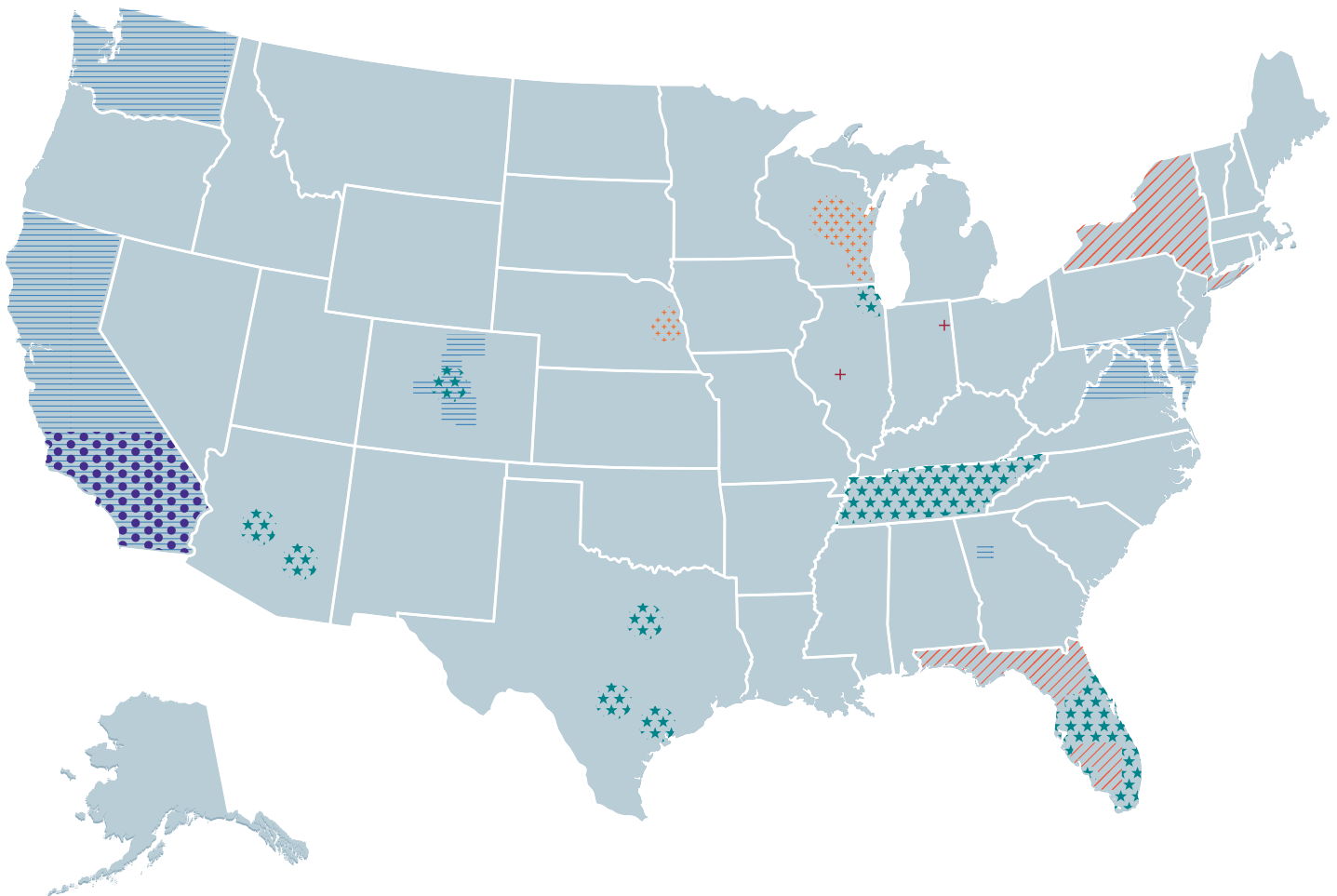
The kinds of benefits you offer play a key role in retaining and attracting workers. You also have to operate within a budget. The decisions you make around the CHP should support your ministry's short-term and long-term goals.

- Have you budgeted for an increase?
- Do you need to reduce spending?
- Is your budget not an immediate concern, but you recognize the need to transition to a model where workers have more responsibility for the overall cost of coverage?

Contact your Account Manager to talk about ways your ministry can maximize your healthcare dollars. You'll find his/her contact info on your Employer Renewal Notice.

» Provider networks available in your area

Provider networks for CHP options include Anthem/Blue Cross Blue Shield, Cigna, Kaiser Permanente and UMR/UnitedHealthcare. Networks are available based on state and ZIP code. Contact your Account Manager to learn more about the network options available to your ministry.



■ Anthem/Blue Cross Blue Shield
≡ Kaiser Permanente
★ Cigna (LocalPlus Network)

/// Cigna (Open Access Plus Network)
● Cigna Select HMO
++ UnitedHealthcare Choice Plus Network

» Understanding key network differences



Administered by Ameriben in partnership with Anthem/BCBS

Anthem/BCBS is a broad-access PPO network that offers flexibility to members in selecting their healthcare providers. Anthem partners with all the BCBS plans across the country through their PPO network offering steep discounts for services from in-network providers. Staying in-network assures that both members and the Plan will save. Some areas in the United States may have alternate networks; their network name will appear on the ID card. The Anthem/BCBS plans also offer out-of-network coverage, though members will pay more if they seek care from out-of-network providers. Talk to your Account Manager for more information.



Administered by Allegiance, a Cigna Company

Cigna offers networks across the country that vary by number of providers and differentiate based on quality and cost.

- **Open Access Plus** is the broadest Cigna network. Each time your workers need care, they can choose the doctors, other healthcare professionals and hospitals that work best for them. This network offers both in-network and out-of-network coverage. However, members will pay more if they seek care from out-of-network providers.
- **LocalPlus** gives your workers access to a local, focused network of quality and cost-effective healthcare professionals and facilities located in your area. This network offers coverage for both in-network and out-of-network providers. However, members will pay more if they seek care from out-of-network providers.

Administered by Cigna

Cigna's HMO network gives your workers access to an integrated, connected network of quality and cost-effective healthcare professionals and facilities in your area. **Note: There are no out-of-network services, except for emergency services.**

- **Select HMO** is a California network associated with Providence/St. Joseph and Hoag Health located in Orange County, Scripps located in San Diego, MemorialCare located in Los Angeles, and Heritage Provider Network located in Riverside and San Bernardino.



Administered by Kaiser Permanente

The Kaiser network gives your workers access to an integrated, connected network of quality and cost-effective healthcare professionals and facilities located in your area. **Note: There are no out-of-network services, except for emergency services.**



Administered by UMR, a UnitedHealthcare company

UnitedHealthcare Choice Plus Network is a PPO network that offers flexibility to members in selecting their healthcare providers in certain regions of the country. Coverage is available from both in-network and out-of-network providers, though members will pay more if they seek care from out-of-network providers.

Healthy Me Copay Options

(Reflects worker's responsibility for in-network services)

This chart reflects minimal changes (**in bold**) to urgent care and preferred brand prescriptions.

Plan Option Name	Healthy Me Copay C*	Healthy Me Copay D*	Healthy Me Copay E*	Healthy Me Copay F*
Network	Anthem/BCBS, Cigna & UMR/UnitedHealthcare	Anthem/BCBS, Cigna & UMR/UnitedHealthcare	Anthem/BCBS, Cigna & UMR/UnitedHealthcare	Anthem/BCBS, Cigna & UMR/UnitedHealthcare
Annual Deductible & Coinsurance				
Coinsurance	20%	20%	20%	20%
Type of Deductible	Embedded	Embedded	Embedded	Embedded
Deductible Single	\$600	\$1,250	\$2,500	\$4,500
Deductible Family	\$1,200	\$2,500	\$5,000	\$9,000
Annual Out-of-Pocket (OOP) Maximum				
Individual	\$3,000	\$4,000	\$5,000	\$9,000
Family	\$6,000	\$8,000	\$10,000	\$18,000
Type of OOP Max	Embedded	Embedded	Embedded	Embedded
Copayments				
Physician Office Visit	\$25	\$25	\$25	\$35
Specialist Office Visit	\$45	\$45	\$45	\$75
Preventive Care	No Charge, Deductible waived	No Charge, Deductible waived	No Charge, Deductible waived	No Charge, Deductible waived
Teladoc/Virtual	\$10	\$10	\$10	\$15
Emergency Room	\$250 + Deductible + Coinsurance	\$250 + Deductible + Coinsurance	\$250 + Deductible + Coinsurance	\$500 + Deductible + Coinsurance
Urgent Care	\$55	\$55	\$55	\$80
Prescription Copayments				
Retail				
Generic	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Preferred Brand	\$40 Copay	\$40 Copay	\$40 Copay	\$50 Copay
Non-Preferred Brand	30% Coinsurance (Maximum \$250)	30% Coinsurance (Maximum \$250)	30% Coinsurance (Maximum \$250)	30% Coinsurance (Maximum \$250)
Mail Order				
Generic	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Preferred Brand	\$75 Copay	\$75 Copay	\$75 Copay	\$125 Copay
Non-Preferred Brand	30% Coinsurance (maximum \$625)	30% Coinsurance (maximum \$625)	30% Coinsurance (maximum \$625)	30% Coinsurance (maximum \$625)
Prescription Enhancement Programs	**Patient Assurance Program, SaveOnSP, Payer Matrix			

*See the Healthy Me Copay At-a-Glances at ConcordiaPlans.org/ERelections for more details about this plan option.

**Patient Assurance Program and SaveOnSP are only available with Anthem/BCBS and Cigna. Payer Matrix is only available with UMR.

Healthy Me HSA Options

(Reflects worker's responsibility for in-network services)

Plan Option Name	Healthy Me HSA A*	Healthy Me HSA B*	Healthy Me HSA C*	Healthy Me HSA D*
Network	Anthem/BCBS, Cigna & UMR/UnitedHealthcare	Anthem/BCBS, Cigna & UMR/UnitedHealthcare	Anthem/BCBS, Cigna & UMR/UnitedHealthcare	Anthem/BCBS, Cigna & UMR/UnitedHealthcare
Annual Deductible & Coinsurance				
Coinsurance	20%	20%	20%	20%
Type of Deductible	Non-Embedded	Non-Embedded	Embedded	Embedded
Deductible Single	\$1,750	\$2,500	\$3,500	\$5,000
Deductible Family	\$3,500	\$5,000	\$7,000	\$10,000
Annual Out-of-Pocket Maximum				
Individual	\$3,500	\$5,000	\$7,000	\$8,300
Family	\$7,000	\$8,300	\$14,000	\$16,600
Type of OOP Max	Non-Embedded	Non-Embedded	Embedded	Embedded
Copayments				
Physician Office Visit	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Specialist Office Visit	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Preventive Care	No Charge, Deductible waived	No Charge, Deductible waived	No Charge, Deductible waived	No Charge, Deductible waived
Teladoc/Virtual	\$10 after Deductible	\$10 after Deductible	\$10 after Deductible	\$10 after Deductible
Emergency Room	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Urgent Care	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Prescription Copayments				
Retail	Deductible then:	Deductible then:	Deductible then:	Deductible then:
Generic	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Preferred Brand	30% Coinsurance (min. \$25/max. \$75)	30% Coinsurance (min. \$25/max. \$75)	30% Coinsurance (min. \$25/max. \$75)	30% Coinsurance (min. \$25/max. \$75)
Non-Preferred Brand	40% Coinsurance (min. \$50/max. \$100)	40% Coinsurance (min. \$50/max. \$100)	40% Coinsurance (min. \$50/max. \$100)	40% Coinsurance (min. \$50/max. \$100)
Mail Order	Deductible then:	Deductible then:	Deductible then:	Deductible then:
Generic	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Preferred Brand	30% Coinsurance (min. \$62.50/max. \$187.50)	30% Coinsurance (min. \$62.50/max. \$187.50)	30% Coinsurance (min. \$62.50/max. \$187.50)	30% Coinsurance (min. \$62.50/max. \$187.50)
Non-Preferred Brand	40% Coinsurance (min. \$125/max. \$250)	40% Coinsurance (min. \$125/max. \$250)	40% Coinsurance (min. \$125/max. \$250)	40% Coinsurance (min. \$125/max. \$250)
Preventive Drugs, Generic	No Charge, deductible waived	No Charge, deductible waived	No Charge, deductible waived	No Charge, deductible waived
Prescription Enhancement Programs	Brand Diabetes Bypass, Generic Preventive Rx **Patient Assurance Program, Payer Matrix.			

*See the Healthy Me HSA At-a-Glances at ConcordiaPlans.org/ERelections for more details about this plan option.

**Patient Assurance Program is only available with BCBS and Cigna. Payer Matrix is only available with UMR.

HMO Options (Kaiser Permanente & Cigna)

(Reflects worker's responsibility for in-network services)

This chart reflects changes (**in bold**) to Whole Health 2500 deductibles and out-of-pocket maximums. If your ministry is currently enrolled in Whole Health 2000, note that we're changing the deductible and out-of-pocket maximum. The option will now be called Whole Health 2500. If you don't make a change, you'll be mapped to this option for 2026.

Plan Option Name	Whole Health*	Whole Health 1000*	Whole Health 2500*
Network	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
Type of Plan	Copay	Copay	HSA
Annual Deductible & Coinsurance			
Coinsurance	NA	20%	NA
Type of Deductible	NA	Embedded	Non-Embedded
Deductible Single	\$0	\$1,000	\$2,500
Deductible Family	\$0	\$2,000	\$5,000
Annual Out-of-Pocket Maximum			
Individual	\$1,500	\$3,000	\$4,000
Family	\$3,000	\$6,000	\$8,000
Type of OOP Max	Embedded	Embedded	Non-Embedded
Copayments			
Physician Office Visit	\$25	\$20	\$30 after Deductible
Specialist Office Visit	\$25	\$20	\$30 after Deductible
Preventive Care	No Charge	No Charge, Deductible waived	No Charge, Deductible waived
Emergency Room	\$100/waived if admitted	Deductible + Coinsurance	\$100/waived if admitted (after Deductible)
Urgent Care	\$25	\$20	\$30 after Deductible
Prescription Copayments – Retail			
Retail 30 day supply	Kaiser Permanente Retail: \$10 Generic / \$20 Brand Formulary Community Network Pharmacy: \$20 Generic / \$30 Brand Formulary	Kaiser Permanente Retail: \$10 Generic / \$20 Brand Formulary Community Network Pharmacy: \$20 Generic / \$30 Brand Formulary	Kaiser Permanente Retail: \$10 Generic / \$30 Brand Formulary Community Network Pharmacy: \$20 Generic / \$40 Brand Formulary
Mail Order	Generic: \$10 up to 30-day supply / \$20 up to 90-day supply (100 in CA) Formulary: \$20 up to 30-day supply / \$40 up to 90-day supply (100 in CA)	Generic: \$10 up to 30-day supply / \$20 up to 90-day supply (100 in CA) Formulary: \$20 up to 30-day supply / \$40 up to 90-day supply (100 in CA)	Generic: \$10 up to 30-day supply / \$20 up to 90-day supply (100 in CA) Formulary: \$30 up to 30-day supply / \$60 up to 90-day supply (100 in CA)

*See the HMO At-a-Glances at ConcordiaPlans.org/ERelections for more details about this plan option.

HMO Options Continued (Kaiser Permanente & Cigna)

(Reflects worker's responsibility for in-network services)

Plan Option Name	Whole Health 3500*	Option Select HMO-C*	Option Select HMO-C 2000*
Network	Kaiser Permanente	Cigna Select HMO	Cigna Select HMO
Type of Plan	HSA	Copay	Copay
Annual Deductible & Coinsurance			
Coinsurance	NA	NA	NA
Type of Deductible	Embedded	NA	Embedded
Deductible Single	\$3,500	\$0	\$2,000
Deductible Family	\$7,000	\$0	\$4,000
Annual Out-of-Pocket Maximum			
Individual	\$7,000	\$2,500	\$4,000
Family	\$14,000	\$7,500	\$8,000
Type of OOP Max	Embedded	Embedded	Embedded
Copayments			
Physician Office Visit	\$30 after Deductible	\$30	\$30
Specialist Office Visit	\$30 after Deductible	\$40	\$40
Preventive Care	No Charge, deductible waived	No Charge	No Charge, deductible waived
Emergency Room	\$100/waived if admitted (after Deductible)	\$150/waived if admitted	\$150/waived if admitted
Urgent Care	\$30 after Deductible	\$90	\$100
Prescription Copayments – Retail			
Retail 30-day supply	Kaiser Permanente Retail: \$10 Generic / \$30 Brand Formulary Community Network Pharmacy: \$20 Generic / \$40 Brand Formulary	Generic: \$15 Formulary: \$35 Non-formulary: \$55	Generic: \$15 Formulary: \$35 Non-formulary: \$55
Mail Order	Generic: \$10 up to 30-day supply / \$20 up to 90-day supply (100 in CA) Formulary: \$30 up to 30-day supply / \$60 up to 90-day supply (100 in CA)	90 day supply Generic: \$35 Formulary: \$70 Non-formulary: \$110	90 day supply Generic: \$35 Formulary: \$70 Non-formulary: \$110

*See the HMO At-a-Glances at ConcordiaPlans.org/ERelections for more details about this plan option.

Dental Options Summary

(Reflects worker's responsibility)

Dental Benefits – Administered by Cigna – Total Cigna DPPO Network

Dental Plan	Basic	Plus	Premium
In-Network Coverage			
Preventive Care	\$0, no deductible	\$0, no deductible	\$0, no deductible
Deductible	\$100 per person (no family max.)	\$50 per person/ \$150 family max.	\$50 per person/ \$150 family max.
Calendar Year Maximum	\$1,000	\$1,500	\$1,500
Progressive Max Benefit	N/A	N/A	\$300 year / \$900 max. (applies to in-network and out-of-network)
Basic Dental Care	20% after deductible	20% after deductible	10% after deductible
Major Dental Care	Not Covered	50% after deductible	40% after deductible
Orthodontia	Not Covered	Child Only: 50% (\$1,500 lifetime max.)	Adult & child: 50% after deductible (\$2,000 lifetime max.)
Out-of-Network Coverage			
Preventive Care	Plan pays 100% of MAC	Plan pays 100% of 80% of R&C	Plan pays 100% of 80% of R&C
Deductible	\$300 per person (no family max.)	\$150 per person (no family max.)	\$150 per person (no family max.)
Calendar Year Maximum	\$1,000	\$1,500	Plan Pays per person: Year 1 \$1,000 Year 2 \$1,300 Year 3 \$1,600 Year 4 \$1,900
Basic Dental Care	After deductible: 20% of MAC	After deductible: 20% of 80% of R&C	After deductible: 20% of 80% of R&C
Major Dental Care	Not Covered	Not Covered	After deductible: 50% of 80% of R&C
Orthodontia	Not Covered	Not Covered	Adult & child: after deductible 50% of 80% of R&C (\$2,000 lifetime max.)

Note: R&C = Reasonable and Customary; MAC = Maximum Allowable Charge

See the Dental At-a-Glance at ConcordiaPlans.org/ERElections for a more in-depth explanation of the two types of charges.

Please reach out to your Account Manager if you have any questions.

Vision Options Summary

(Reflects worker's responsibility)

Vision Benefits – Administered by VSP – VSP Network

Vision Plan	Basic	Premium
In-Network Coverage		
Routine Exam	\$10	\$10
Lenses	\$25	\$25
Frames	\$150 allowance	\$200 allowance OR an Easy Option* selection
Contacts	\$150 allowance / \$25 copay, if medically necessary	\$200 allowance / \$25 copay, if medically necessary
Frequency	Lenses or Contacts: once every calendar year Frames: once every other calendar year	Lenses or Contacts: once every calendar year Frames: once every calendar year
Cover Lens Enhancements		
Progressive Lenses	Not covered, average discount of 20%-25% off lens option	Not covered, average discount of 20%-25% off lens option OR an Easy Option* selection
Anti-Reflective Coating	Not covered, average discount of 20%-25% off lens option	Not covered, average discount of 20%-25% off lens option OR an Easy Option* selection
Polycarbonate Lenses for Children	Covered in full	Covered in full

*An Easy Option selection includes upgrade frame to \$250 **OR** add Progressive Lens coverage **OR** add anti-reflective coverage.

It's important to remember that if you elect dental and/or vision and offer more than one health plan option, the dental and vision options **must** be the same for all. For example, if you choose Dental Plus and Vision Basic, they **must** be paired with all health plan options you offer.

How to determine funding for dental and vision benefits

- **Non-Contributory** – *Your workers DO NOT share in the cost.* Your ministry pays the entire cost for all your workers. If you choose this funding route, **ALL** eligible workers (including those who don't elect health coverage) must be enrolled in the dental and/or vision benefits. However, workers can choose not to enroll eligible dependents.
- **Contributory** – *Your workers DO share in the cost.* Your ministry and your workers share the cost, ONLY if workers want to enroll in dental and/or vision benefits.
- **Voluntary** – *Your ministry DOES NOT share in the cost.* If a worker wants dental and/or vision benefits, the worker must pay the entire cost.

» Put more money in your workers' pockets by offering personal spending accounts

Personal spending accounts (PSA) offer your workers a smart way to budget and save for everyday healthcare and dependent care expenses, while also providing valuable tax advantages that help them keep more money in their pockets. These accounts can offset out-of-pocket costs for lower-premium plans and support your ministry's budget goals. PSAs also strengthen your overall benefits package – boosting recruitment, retention and financial peace of mind – with convenient features like direct deposit, debit card access, online account management and automatic bill payment.



Health savings accounts (HSA) are medical savings accounts that can be paired with any high-deductible health plan option. HSA balances roll over from year to year, regardless of continued enrollment. Account balances accumulate and can be used for future eligible expenses, even after retirement. You can determine if you want to make a contribution to your workers' HSAs to help them with their qualified expenses.



Health reimbursement arrangements (HRA) are funded by employers to help workers pay for eligible out-of-pocket expenses. It's a great way to ensure coverage of your workers' medical costs while providing an affordable healthcare plan to your ministry.



Flexible spending accounts (FSA) for medical expenses will help workers pay for qualified eligible expenses on a pre-tax basis. FSA funds don't roll over from year to year – any unused funds remaining in the account following the end of the plan year are forfeited, unless the employer has chosen a carry-over period.



Flexible spending accounts (FSA) for dependent care expenses may be used to cover dependent care costs, including daycare, nursery school and day camp for eligible children, as well as for adult dependents who need care. FSA funds don't roll over from year to year – any unused funds remaining in the account following the end of the plan year are forfeited.

Learn more about PSA by downloading the "2026 Employer Guide to Personal Spending Accounts" at ConcordiaPlans.org/PSAGuide.

» Additional insurance options

Your workers can't always prevent things from happening to them or those they love, but they can be proactive and prepare for the unknown. These solutions create a "safety net" for them and their families.

Your ministry can offer any of the voluntary insurance options below to your workers and administer premium payments through payroll deduction. Contact your Account Manager. IMPORTANT: To offer to workers, you must elect to do so during the Employer Benefits Election period. Workers who are already enrolled in any of these insurances don't need to re-enroll.

Supplemental Life insurance

While the Concordia Disability & Survivor Plan offers workers a Basic Life insurance benefit, it may not be enough to meet their – and their family's – needs. (Workers can see their Basic Life benefit amount through the Member Portal.) To fill the gap between the benefits they have and what they may need, Supplemental Life insurance is available at low-cost group rates for them and their family. They can purchase coverage from \$50,000 to \$500,000. The rates are based on their age as of the beginning of the next calendar year.

Accidental Death & Dismemberment insurance

AD&D coverage pays workers if their a covered family member dies or is seriously injured as the result of an accident. They can elect a coverage amount between \$25,000 and \$300,000 for just themselves or for them and their family.

Accidental Injury insurance

Cleaning the gutters. Riding a bicycle. Walking down steps. Life offers plenty of opportunities for accidental injuries. When your workers get hurt, out-of-pocket expenses may impact their finances. Accidental Injury insurance pays a benefit directly to your workers for accidents (on or off the job) that require medical treatment, such as fractures, dislocations, hospitalizations or burns.

Critical Illness insurance

Financial worry can cause additional stress for your workers when they're facing a critical illness diagnosis and ongoing treatment. Critical Illness insurance pays a lump sum benefit directly to your workers or members of their families when diagnosed with a covered condition. They can use the payment to help pay out-of-pocket medical costs or keep up with ordinary living expenses, such as mortgage payments or childcare.



Don't forget!

If you're making any changes for 2026, **the deadline to elect your 2026 healthcare option(s) is Sept. 12.** We are unable to offer extensions beyond the deadline.

However, if you're not making any changes,
no further action is required.

As always, your Account Manager is available and ready to help.

You can find 2026 Employer Benefits Election resources at **ConcordiaPlans.org/ERelections.**

Questions?

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