

Compare All 2020 Health Benefit Options

The ELCA Health Plan includes four ELCA-Primary health benefit options. All four 2020 options offer the same broad network of providers and wellness-focused benefits. Options differ in contribution amounts for sponsoring employers and costs for plan members.

2020 ELCA-Primary Health Benefit Options

| Platinum+ Lowest deductible | Gold+ Lower deductible | Silver+ Higher deductible | Bronze+ Highest deductible |
|---|--|---|---|
| IN-NETWORK BENEFITS | | | |
| <p>Medical & Mental Health — Administered by BlueLink TPA. Broad provider network, 100% eligible preventive services, plus medically necessary services including hospital, specialized facility, surgical, office visit, urgent care, emergency room, lab work, X-rays, imaging, and counseling.</p> | | | |
| Deductible \$550 per person \$825 member and children \$1,100 member and spouse or ESGP ¹ \$1,100 member, spouse or ESGP, and children | Deductible \$1,300 per person \$1,950 member and children \$2,600 member and spouse or ESGP ¹ \$2,600 member, spouse or ESGP, and children | Combined Deductible Includes medical & mental health and prescription drugs \$2,500 single \$5,000 family | Combined Deductible Includes medical & mental health and prescription drugs \$5,000 single \$10,000 family |
| Costs After Deductible 20% | Costs After Deductible 20% | Costs After Combined Deductible 20% | Costs After Combined Deductible 20% |
| Combined Out-of-Pocket Limit Includes medical & mental health and prescription drugs \$3,200 per person; \$6,400 family | Combined Out-of-Pocket Limit Includes medical & mental health and prescription drugs \$4,100 per person; \$8,200 family | Combined Out-of-Pocket Limit Includes medical & mental health and prescription drugs \$4,100 per person; \$8,200 family | Combined Out-of-Pocket Limit Includes medical & mental health and prescription drugs \$6,500 per person; \$13,000 family |
| <p>Prescription Drugs — Administered by Express Scripts. Extensive formulary, broad pharmacy network, home delivery pharmacy. Up to 31-day supply costs are for participating retail pharmacy. Up to 90-day supply costs are from Express Scripts home delivery. Preferred Brand-Name insulin copayment is \$25 for a 30-day supply.</p> | | | |
| Plan Member Pays Generic \$10 copayment (up to 31-day supply) \$20 copayment (up to 90-day supply home delivery) | Plan Member Pays Generic \$10 copayment (up to 31-day supply) \$20 copayment (up to 90-day supply home delivery) | Plan Member Pays 100% of the total prescription drug cost until combined deductible is met | Plan Member Pays 100% of the total prescription drug cost until combined deductible is met |
| Preferred² Brand-Name 20% coinsurance; minimum ³ and maximum ⁴ per prescription: \$45 – \$75 (up to 31-day supply) \$100 – \$175 (up to 90-day supply home delivery) | Preferred² Brand-Name 20% coinsurance; minimum ³ and maximum ⁴ per prescription: \$45 – \$75 (up to 31-day supply) \$100 – \$175 (up to 90-day supply home delivery) | Costs After Combined Deductible 20% until combined out-of-pocket limit is met; when out-of-pocket limit is reached, plan member pays \$0. | Costs After Combined Deductible 20% until combined out-of-pocket limit is met; when out-of-pocket limit is reached, plan member pays \$0. |
| Non-Preferred Brand-Name 35% coinsurance; minimum ³ and maximum ⁴ per prescription: \$75 – \$150 (up to 31-day supply) \$175 – \$250 (up to 90-day supply home delivery) | Non-Preferred Brand-Name 35% coinsurance; minimum ³ and maximum ⁴ per prescription: \$75 – \$150 (up to 31-day supply) \$175 – \$250 (up to 90-day supply home delivery) | | |
| Costs After Copayment or Coinsurance None ⁴ When combined out-of-pocket limit is reached, plan member pays \$0. | Costs After Copayment or Coinsurance None ⁴ When combined out-of-pocket limit is reached, plan member pays \$0. | | |
| <p>Dental — Administered by Delta Dental. 100% eligible preventive services, plus basic and restorative care, orthodontia.</p> | | | |
| Deductible \$150 per person; \$300 family | Deductible \$150 per person; \$300 family | Deductible \$150 per person; \$300 family | Deductible \$150 per person; \$300 family |
| Costs After Deductible 20% basic; 50% major restorative | Costs After Deductible 20% basic; 50% major restorative | Costs After Deductible 20% basic; 50% major restorative | Costs After Deductible 20% basic; 50% major restorative |
| Annual Benefit Maximum \$2,850 per person | Annual Benefit Maximum \$2,850 per person | Annual Benefit Maximum \$2,850 per person | Annual Benefit Maximum \$2,850 per person |
| Orthodontia Benefit 50% no deductible; \$2,850 per person lifetime maximum | Orthodontia Benefit 50% no deductible; \$2,850 per person lifetime maximum | Orthodontia Benefit 50% no deductible; \$2,850 per person lifetime maximum | Orthodontia Benefit 50% no deductible; \$2,850 per person lifetime maximum |

NOTE: This comparison is based on annual in-network benefits. For full benefit details, refer to the ELCA Health Plan Summary. Benefits are subject to change without notice.

¹Eligible same gender partner (ESGP) is an individual who satisfied Portico's same gender partnership requirements as attested to on a completed Affidavit of Partnership filed with Portico.

²The ELCA Health Plan uses the 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.

³The member will pay the Express Scripts negotiated rate for the drug if it's less than the minimum.

⁴The 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.

Compare All 2020 Health Benefit Options (continued)

2020 ELCA-Primary Health Benefit Options

Platinum+
Lowest deductible

Gold+
Lower deductible

Silver+
Higher deductible

Bronze+
Highest deductible

SUPPORT SERVICES FOR ALL HEALTH BENEFIT OPTIONS

Portico Care Coordinators by Quantum Health — Team of health care experts helps members get the best possible care at the right price.

Wellness Program — Tools, activities, and resources to support healthy lifestyles.

New in 2020: Online Care — Text-based primary care, online mental health program.

Chronic Condition Prevention Program — Administered by Omada Health, Inc. Weight loss program helps at-risk members avoid the onset of type 2 diabetes and heart disease.

Diabetes Management Program — Administered by Livongo, an Express Scripts partner. Blood glucose meter, unlimited test strips, and personalized support to make living with diabetes easier.

Employee Assistance Program (EAP) — Administered by Beacon Health Strategies, a BlueLink TPA partner. Counseling for family, legal, substance abuse, and other issues 24/7.

WAYS TO MANAGE COSTS

Tax-Advantaged Accounts — Administered by Further. Plan members make pretax contributions for eligible health care expenses.

Account Type
Health Flexible Spending Account (FSA)

Employer Contribution Options
Not available

Plan Member Contribution Limit
\$2,700 (IRS may increase 2020 contribution limit in the fall)

Eligible FSA Expenses Must be Incurred
Jan. 1, 2020 – Dec. 31, 2020

Account Type
Health Flexible Spending Account (FSA)

Employer Contribution Options
Not available

Plan Member Contribution Limit
\$2,700 (IRS may increase 2020 contribution limit in the fall)

Eligible FSA Expenses Must be Incurred
Jan. 1, 2020 – Dec. 31, 2020

Account Type
Health Savings Account (HSA)¹

Employer Contribution Options
Level A: \$1,200 single/\$2,400 family
Level B: \$600 single/\$1,200 family
Level C: \$0- single/\$0- family

Regardless of which level is chosen, a one-time HSA contribution can also be made to your plan members' HSAs.

Combined HSA Contribution Limit
Includes contributions from sponsoring employers, the plan member, and wellness dollars
\$3,550 single; \$7,100 family
Additional \$1,000 if the plan member is age 55+ on or before Dec. 31, 2020

Account Type
Limited-Purpose Health Flexible Spending Account (FSA)²

Employer Contribution Options
Not available

Plan Member FSA Contribution Limit
\$2,700 (IRS may increase 2020 contribution limit in the fall)

Eligible FSA Expenses Must be Incurred
Jan. 1, 2020 – Dec. 31, 2020

Account Type
Health Savings Account (HSA)¹

Employer Contribution Options
Level A: \$1,200 single/\$2,400 family
Level B: \$600 single/\$1,200 family
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Combined HSA Contribution Limit
Includes contributions from sponsoring employers, the plan member, and wellness dollars
\$3,550 single; \$7,100 family
Additional \$1,000 if the plan member is age 55+ on or before Dec. 31, 2020

Account Type
Limited-Purpose Health Flexible Spending Account (FSA)²

Employer Contribution Options
Not available

Plan Member FSA Contribution Limit
\$2,700 (IRS may increase 2020 contribution limit in the fall)

Eligible FSA Expenses Must be Incurred
Jan. 1, 2020 – Dec. 31, 2020

Wellness Dollars — Financial incentives earned for completing wellness activities for plan members and spouses or ESGPs with ELCA-Primary health benefits.

Can Earn up To
\$200 each, member and spouse or ESGP³ for \$400 total

Credited To Personal Wellness Account

Can Earn up To
\$200 each, member and spouse or ESGP³ for \$400 total

Credited To Personal Wellness Account

Can Earn up To
\$200 each, member and spouse or ESGP³ for \$400 total

Deposited In Health Savings Account (HSA)¹

Can Earn up To
\$200 each, member and spouse or ESGP³ for \$400 total

Deposited In Health Savings Account (HSA)¹

Fitness Center Discount — Administered by NIHCA. Up to \$20 discount (\$40 max per household) for visiting a participating location at least eight days per month.

Hearing Discount — Administered by Amplifon Hearing Health Care, a Delta Dental partner. Discounts on certain diagnostic tests, hearing aids, and hearing aid batteries.

¹For plan members who will have Silver+ or Bronze+ coverage and are 65 or older, or will turn age 65 in 2020, special rules affecting HSA participation may apply for part or all of 2020. Additional details are available on myPortico.

²A 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 medical, mental health, and prescription drug expenses.

³Eligible same gender partner (ESGP) is an individual who satisfied Portico's same gender partnership requirements as attested to on a completed Affidavit of Partnership filed with Portico.