

## Making Decisions for 2026

Some congregations have found it helpful to consider selecting a health care plan for 2026 as a two-step decision making process.

### Decision 1:

- Do you want a plan that includes Co-Pays or no Co-pays?

### Decision 2:

- Do you want a plan that includes a \$2000 single/\$4000 family deductible or a \$4000 single/\$8000 family deductible?

## Portico Health Plan Comparison Charts

### 2025 Benefit Chart:

<https://vasynod.org/wp-content/uploads/2025/09/2025-Portico-Benefits-Chart.pdf>

### 2026 Benefit Chart:

<https://vasynod.org/wp-content/uploads/2025/09/Elca-Primary-Health-Benefit-Options-2026.pdf>

**The pages below show basic comparisons between plans from 2025 and 2026.**

*Updated 9/18/25*

## **Portico Health Plan Comparisons 2025 vs 2026**

### **Platinum Plan offered 2025**

#### **No Co-Pays for Visits**

##### **Deductible**

- \$550 per person
- \$825 member and child(ren)
- \$1,100 member and spouse
- \$1,100 member, spouse, and child(ren)

##### **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

- \$3,400 per person
- \$6,800 family

##### **FSA Account Available**

## **Portico Health Plan Comparisons 2025 vs 2026**

### **Select Co-Pay 2000 offered 2026**

#### **Pays for Visits**

- Cost ranges from \$0 to \$75 depending on the type of visit

##### **Deductible**

- \$2,000 single
- \$4,000 family

##### **Coinsurance After Deductible**

- Pay 30% 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

##### **FSA Account Available**

## **Portico Health Plan Comparisons 2025 vs 2026**

### **Gold Plan offered 2025**

#### **No Co-Pays for Visits**

#### **Deductible**

- \$1,800 per person
- \$2,700 member and child(ren)
- \$3,600 member and spouse
- \$3,600 member, spouse, and child(ren)

#### **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

- \$4,300 per person
- \$8,600 family

#### **FSA Account Available**

## **Portico Health Plan Comparisons 2025 vs 2026**

### **Select Co-Pay 4000 offered 2026**

#### **Co-Pays for Visits**

- Cost ranges from \$0 to \$125 depending on the type of visit

#### **Deductible**

- \$4,000 single
- \$8,000 family

#### **Coinsurance After Deductible**

- Pay 30% 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:

- \$6,000 single
- \$12,000 family

#### **FSA Account Available**

## **Portico Health Plan Comparisons 2025 vs 2026**

### **Silver Plan offered 2025**

#### **No Co-Pays for Visits**

#### **Deductible**

- \$2,500 single
- \$5,000 family

#### **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

- \$4,300 per person
- \$8,600 family

#### **HSA Account Available**

Employer Contributions Optional

## **Portico Health Plan Comparisons 2025 vs 2026**

### **Select HDHP 2000 offered 2026**

#### **No Co-Pays for Visits**

#### **Deductible**

- \$2,000 single
- \$4,000 family

#### **Coinsurance After Combined Deductible**

- Pay 30% until combined out-of-pocket limits met

#### **Combined Out-of-Pocket Limit**

Includes health benefits and prescription drugs; pay \$0 after limit is met:

- \$5,000 single
- \$10,000 family

#### **HSA Account Available**

Employer Contributions Optional

## **Portico Health Plan Comparisons 2025 vs 2026**

### **Bronze Plan offered 2025**

#### **No Co-Pays for Visits**

#### **Deductible**

- \$5,000 single
- \$10,000 family

#### **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

- \$6,800 per person
- \$13,600 family

#### **HSA Account Available**

Employer Contributions Optional

## **Portico Health Plan Comparisons 2025 vs 2026**

### **Select HDHP 4000 offered 2026**

#### **No Co-Pays for Visits**

#### **Deductible**

- \$4,000 single
- \$8,000 family

#### **Coinsurance After Combined Deductible**

- Pay 30% 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:

- \$6,000 single
- \$12,000 family

#### **HSA Account Available**

Employer Contributions Optional