

# How Does Gold+ Compare to the New Value Copay?

Because people make health insurance decisions differently, this worksheet provides several ways to consider your options, ranging from simple to more complicated. Use it to compare the Gold+ option with the new Value Copay option.

For those who don't mind getting into the weeds, there's another way to compare the options, too. Tally your health care costs (known and expected) for 2024, and use that information to estimate your costs for 2025. Learn how on myPortico.

## Ways to Weigh Your Options



### Check Your Emotional Response

Choosing a health benefit, like all financial decisions, has an emotional component. Choose the phrase that, for you, best completes the sentence below.

**“When it comes to managing out-of-pocket health care costs, I feel most comfortable...”**

- A. Limiting my financial exposure by going with a lower deductible and out-of-pocket limit option like Gold+.
- B. Going with an option like Value Copay, where, for many visits and laboratory tests, I'll know how much I'll pay and that the plan is paying the rest — even on Jan. 1.



### FOR MORE INFORMATION

**VISIT:**  
*Portico.ws/ValueCopay*

**CALL:**  
A Quantum Health  
Care Coordinator at  
**877.851.5656**



## Compare Options Side by Side

2025 ELCA-ENDORSED OPTIONS		
	Gold+	Value Copay
<b>REMINDER</b>	<b>All ELCA-Primary health options have the same health benefit coverage, provider network, preventive benefits, dental benefits, and well-being support services. What's different is how you experience out-of-pocket costs.</b>	
<b>A good choice for plan members who...</b>	Prefer a lower annual deductible and out-of-pocket limit.	Prefer to pay for many health care visits and laboratory tests with predictable, manageable copays.
<b>Health benefit out-of-pocket costs</b>	<p><b>Copays</b> \$0 virtual text-based care via 98point6</p> <p><b>Health deductible</b> Pay 100% of the negotiated rate for services until deductible is met.</p> <ul style="list-style-type: none"> <li>\$1,800 individual</li> <li>\$2,700 member and children</li> <li>\$3,600 member and spouse</li> <li>\$3,600 member spouse, and children</li> </ul> <p><b>Coinsurance</b> After health deductible is met, plan pays 80% and member pays 20% until combined out-of-pocket limit is met.</p>	<p><b>Copays</b> Pay copays until combined out-of-pocket limit is met. Copays do not apply toward health deductible.</p> <ul style="list-style-type: none"> <li>\$0 virtual text-based care via 98point6</li> <li>\$10 retail clinic and Doctor On Demand telemedicine visits</li> <li>\$35 primary care, outpatient mental health, substance use office visits</li> <li>\$50 outpatient medical therapy, massage therapy, acupuncture visits</li> <li>\$70 specialist, chiropractic, urgent care visits</li> <li>\$125 laboratory tests</li> </ul> <p><b>Health deductible</b> Pay 100% of the negotiated rate for eligible health services that don't have a copay, including ER visits, hospitalizations, X-rays, MRIs, ambulance care, durable medical equipment, and surgeries.</p> <ul style="list-style-type: none"> <li>\$2,500 individual</li> <li>\$5,000 family</li> </ul> <p><b>Coinsurance</b> After health deductible is met, plan pays 80% and member pays 20% until combined out-of-pocket limit is met.</p>
<b>Prescription drug out-of-pocket costs</b>	Pay until combined out-of-pocket limit is met; does not apply toward health deductible.	
	<ul style="list-style-type: none"> <li>Generic drugs: \$12 copay, up to 31-day supply</li> <li>Preferred brand-name insulin: \$25 copay for 30-day supply</li> <li>Preferred brand-name drugs: 20% coinsurance with \$55 minimum, \$90 maximum, up to 31-day supply</li> <li>Non-preferred brand-name drugs: 35% coinsurance with \$90 minimum, \$180 maximum, up to 31-day supply</li> </ul>	
<b>Combined out-of-pocket limit</b>	Includes health benefits and prescription drugs. Pay \$0 after limit is met. <ul style="list-style-type: none"> <li>\$4,300 individual</li> <li>\$8,600 family</li> </ul>	Includes health benefits and prescription drugs. Pay \$0 after limit is met. <ul style="list-style-type: none"> <li>\$6,000 individual</li> <li>\$12,000 family</li> </ul>
<b>Tax-advantaged account</b>	Health flexible spending account (FSA), if sponsored	

NOTE: This comparison is based on 2025 in-network benefits. For full benefit details, refer to the ELCA Health Plan document. Benefits are subject to change without notice.



## Learn From Hypothetical Examples

Joe and Mia represent two ELCA health plan members with typical health care needs. By looking at their fictional scenarios, you can see the out-of-pocket differences between Gold+ and Value Copay for a person with individual coverage using in-network providers.

Keep in mind that any treatments described here are just examples of how these plan options might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors.

Notice how Value Copay saves Joe money when he needs services covered by a copay. When Mia needs services covered primarily by a deductible, however, Value Copay and Gold+ cost Mia about the same.

### Chronic Condition: Joe’s Type 2 Diabetes

Routine in-network care of a well-controlled condition for one calendar year. Services: primary care office visits, blood work, prescription drugs, and a glucose meter. **The total cost of this care is \$5,600.**

	WITH GOLD+	WITH VALUE COPAY
<b>ELCA HEALTH PLAN PAYS:</b>	\$3,270	\$4,200

**JOE PAYS:**

His full deductible	\$1,800	\$0
Copay	\$500 <sup>1</sup>	\$1,400 <sup>1, 2</sup>
Coinsurance	\$30	\$0
<b>TOTAL</b>	<b>\$2,330</b>	<b>\$1,400</b>

<sup>1</sup> Prescription drug copay

<sup>2</sup> Medical copay

### Unexpected Injury: Mia’s Simple Fracture

An in-network emergency room visit and follow-up care. Services: emergency room care, medical supplies, diagnostic X-ray, crutches, and physical therapy. **The total cost of this care is \$2,800.**

	WITH GOLD+	WITH VALUE COPAY
<b>ELCA HEALTH PLAN PAYS:</b>	\$790	\$800

**MIA PAYS:**

Her full deductible	\$1,800	\$1,700
Copay	\$10 <sup>1</sup>	\$300 <sup>2</sup>
Coinsurance	\$200	\$0
<b>TOTAL</b>	<b>\$2,010</b>	<b>\$2,000</b>

<sup>1</sup> Prescription drug copay

<sup>2</sup> Medical copay



## Answer a Few Key Questions

These questions can help you explore likely scenarios you might encounter in your health care journey, and offer suggestions and follow-up actions, depending on your response. Many people will find that more than one plan seems like a good fit and can use the insights found here to help them choose.

QUESTION	YES	NO	SUGGESTION
If you seek care regularly, is it mostly outpatient medical, mental health, and medical therapy visits?			If yes, consider Value Copay, the option that allows you to pay for most outpatient visits with \$35, 50, and \$70 copays.
Is it likely that you will hit your annual out-of-pocket limit next year?			If yes, consider Gold+ with the lowest out-of-pocket limit.
Do you expect one family member to incur most of your family's costs?			If yes, consider Gold+, the option that pays 80% for an individual family member when their medical and mental health claims meet the \$1,800 per person deductible.
Do you use higher-cost prescription drugs?			Both Gold+ and Value Copay are good options because they have the same prescription drug benefit and will share the cost of your drugs day one.
Do you expect to incur substantial out-of-pocket costs early in the year?			If yes, Value Copay may let you manage some of these costs with copays.

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.

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