



Employer Benefits Election Guide for 2025

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» The timeline **for making changes** to your 2025 healthcare option(s) is **Sept. 2-Sept. 13**.

We consolidated some CHP options to better care for ministries and workers.

Your CHP plan option(s) may be different for 2025. If your 2025 plan option is different from your current plan, we have mapped your ministry to a new option that is similar, which is shown on your Employer Renewal Notice. **In addition, if your ministry is currently in a Grandfathered plan option, your dental and vision plans are no longer bundled with your medical option. Your ministry will be mapped to Dental Premium and Vision Basic. If you are satisfied with your mapped option(s), no action is required.** If you have any questions or would like to see other CHP medical, dental and vision option(s), please contact your Account Manager. Contact info can be found on your Employer Renewal Notice or by visiting ConcordiaPlans.org/MinistryEngagement.

Visit ConcordiaPlans.org/ERelections for additional 2025 Employer Benefits Election resources.

Worker well-being starts with the Concordia Health Plan

Be a benefits champion for your workers by choosing the best Concordia Health Plan option(s) for your ministry's healthcare coverage. You'll be taking a great first step toward helping your workers with their health and wellness journeys. The solutions Concordia Plans offers are designed to help church workers be physically, financially and mentally well so they can be well to serve well.



» What's happening in 2025

The world is very different than it was a few years ago. We continuously monitor the factors that impact the Concordia Plans and adjust to help ensure the sustainability of the Plans and – most importantly – support you so your ministry thrives and your workers live well.

Adjustments to the Concordia Health Plan

The CHP has offered many plan options with few distinctions between each one. In 2025, CPS is consolidating options to provide clear choices that are strategically spread across a value spectrum and offer more meaningful choices to ministries. This will bring efficiency to the administration of your ministry's health plan.

There will be fewer options, but this **will not change** the robust benefits that you offer your workers.

- Networks will not change, so workers will continue to have access to their healthcare providers and facilities.
- Wellness solutions (e.g., Vitality, Sword, etc.) will continue to be included because these wellness solutions drive better health outcomes which helps lower healthcare costs.

Wellness solutions for your workers

- **Healthcare navigation by Quantum Health.** Quantum's Care Coordinators are a team of nurses, benefits experts and claims specialists who are dedicated to serving your workers and helping them understand and get the most out of their benefits. Care Coordinators can help members understand their coverage, find providers or specialists, assist with complicated prescription fills, access additional benefits, understand and deal with billing issues and more. If a CHP member faces a complex care issue or health diagnosis, they'll be assigned a dedicated Nurse Care Coordinator to help navigate their healthcare journey.
- **Evernorth Confide.** Confide Behavioral Health Navigator is an enhanced Employee Assistance Program (EAP) that offers expanded mental health care solutions, providing personalized navigation designed to break down the most common barriers to getting behavioral health care. *(Available to CHP members and anyone living in the primary member's household.)*
- **Compare cost and quality with Healthcare Bluebook.** Find the best options in health care using Healthcare Bluebook, where your workers can find and rate the cost and quality of medical facilities and providers.
- **Telehealth with Teladoc.** Teladoc will give your workers the ability to access health care, prescriptions and counseling via text or video using their computers, smartphones or tablets. *(Cigna HMO or Kaiser Permanente health options keep their current telehealth providers.)*
- **Diabetes Management Plus from Teladoc.** Teladoc provides an approach to diabetes management that makes living with diabetes easier. Your workers will receive coaching, an advanced blood glucose meter and unlimited testing strips to better control their blood sugar levels.

» 2025 renewal action steps

Review your 2025 CHP options and rates on your 2025 Employer Renewal Notice

Your 2025 CHP options and rates are available in your 2025 Employer Renewal Notice, which you should have received via the mail in late June. The notice includes an overview of your ministry's 2024 Concordia Plans participation, as well as a comparison of your 2024 and 2025 CHP rates.

A. Review your mapped CHP option(s)

For 2025 (if your plan option has changed), we mapped your ministry to a new option(s) that is similar to your current option(s). If your ministry is pleased with this CHP option(s), **no further action is needed – your CHP option(s) will automatically renew for 2025.** See the chart to the right for plan option mapping.

B. Considering a new CHP option(s)

If you're thinking of offering a different CHP option(s) in 2025, **contact your Account Manager to discuss additional options.** His/her contact information is included on your Employer Renewal Notice or by visiting ConcordiaPlans.org/MinistryEngagement.

Member ID cards

To secure CHP member ID cards for your workers by Jan. 1, **all employer elections must be completed no later than Sept. 13.** 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 CPS does not hear from you, the CHP option(s) shown on your Employer Renewal Notice will automatically renew for 2025.**

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 offering health savings accounts, health reimbursement accounts and flexible spending accounts.
- Critical Illness and Accidental Injury Insurance doesn'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.*)

2024 Plans listed in bold below have been eliminated.

2024 Plan	2025 Plan
Healthy Me Copay A	Healthy Me Copay C
Healthy Me Copay B	Healthy Me Copay C
Healthy Me Copay C	Healthy Me Copay C
Healthy Me Copay D	Healthy Me Copay D
Healthy Me Copay E	Healthy Me Copay E
Healthy Me HSA A	Healthy Me HSA A
Healthy Me HSA B	Healthy Me HSA B
Healthy Me HSA C	Healthy Me HSA C
Healthy Me HSA D	Healthy Me HSA D
Healthy Me HSA E	Healthy Me HSA D
Option A	Healthy M Copay C
Option B	Healthy Me Copay C
Option C	Healthy Me Copay C
Option D	Healthy Me Copay D
Option E	Healthy Me Copay E
Option HDHP	Healthy Me HSA A



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 (BCBS, Cigna, UMR, Kaiser), 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

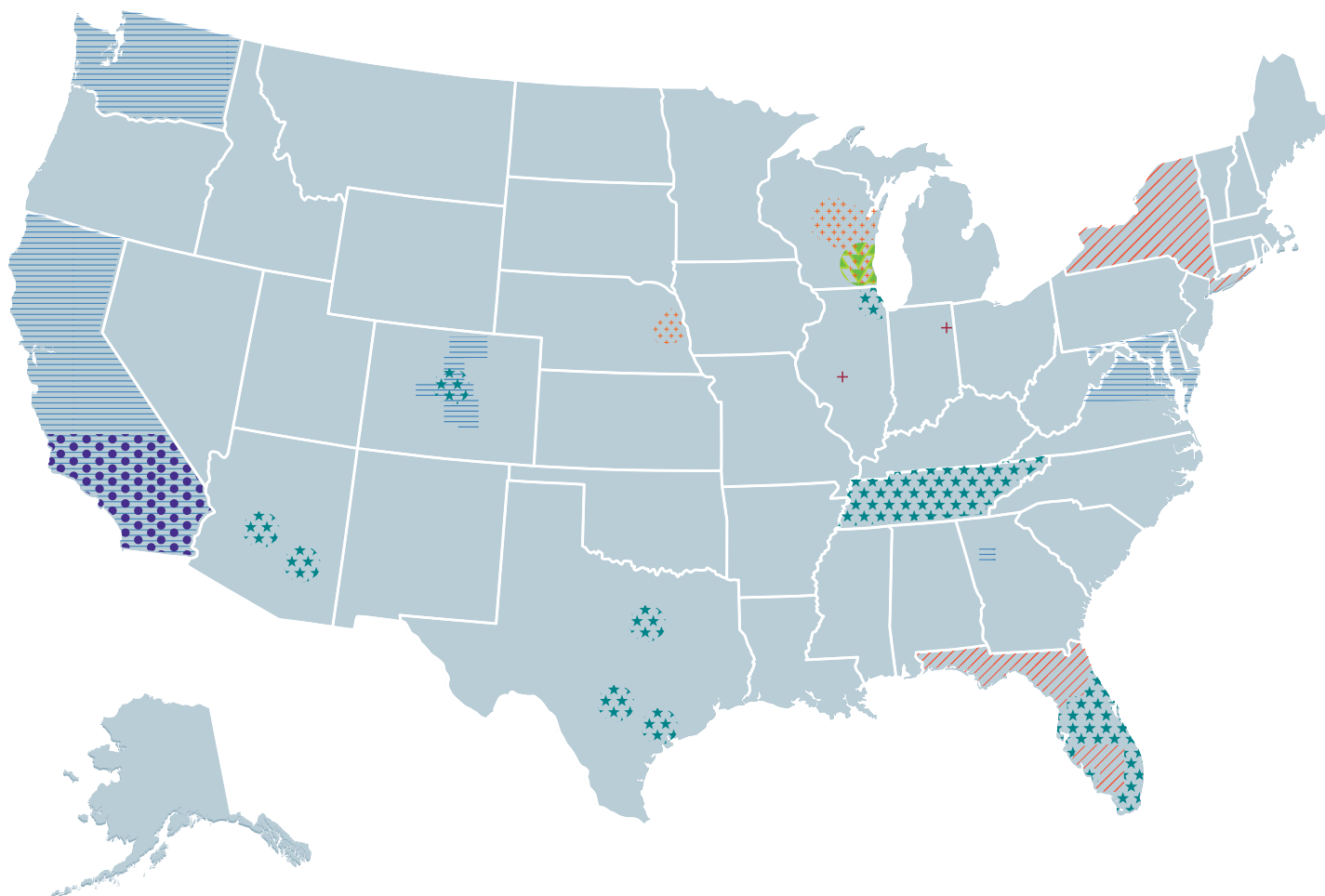
The kinds of benefits you offer play a key role in retaining and attracting workers. You also have to operate within a budget. The decisions you make around the CHP should support your ministry's short-term and long-term goals.

- 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 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)
-  Nexus
-  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. The BCBS PPO network offers steep discounts for services from in-network providers. Staying in-network assures that both members and the Plan will save. Some areas in the U.S. may have alternate networks; their network name will appear on the ID card. The 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 and 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 out-of-network.

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 out-of-network.
- **Nexus** is a southeast Wisconsin network that provides access to local quality and cost-effective healthcare professionals through three tiers of benefits, with the richest benefits received by seeking care in a Nexus network and good benefits by seeking care in the Choice Plus Network. Members will pay more if they seek care out-of-network.

Healthy Me Copay Options

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

Plan Option Name	Healthy Me Copay C*	Healthy Me Copay D*	Healthy Me Copay E*	Healthy Me Copay F*
Network	BCBS, Cigna & UMR/ United Health Care	BCBS, Cigna & UMR/ United Health Care	BCBS, Cigna & UMR/ United Health Care	BCBS, Cigna & UMR/ United Health Care
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 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	\$75	\$75	\$75	\$100
Prescription Copayments				
Retail				
Generic	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Preferred Brand	\$30 Copay	\$30 Copay	\$30 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 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	BCBS, Cigna & UMR/ United Health Care	BCBS, Cigna & UMR/ United Health Care	BCBS, Cigna & UMR/ United Health Care	BCBS, Cigna & UMR/ United Health Care
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	**Patient Assurance Program, Payer Matrix. Brand Diabetes Bypass, Generic Preventive Rx			

*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)

Plan Option Name	Whole Health*	Whole Health 1000*	Whole Health 2000*	Option Select HMO-C*	Option Select HMO-C 2000*
Network	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente	Cigna Select HMO	Cigna Select HMO
Type of Plan	Copay	Copay	HSA	Copay	Copay
Annual Deductible & Coinsurance					
Coinsurance	NA	20%	NA	NA	NA
Type of Deductible	NA	Embedded	Non-embedded	NA	Embedded
Deductible Single	\$0	\$1,000	\$2,000	\$0	\$2,000
Deductible Family	\$0	\$2,000	\$4,000	\$0	\$4,000
Annual Out-of-Pocket Maximum					
Individual	\$1,500	\$3,000	\$3,000	\$2,500	\$4,000
Family	\$3,000	\$6,000	\$6,000	\$7,500	\$8,000
Type of OOP Max	Embedded	Embedded	Non-embedded	Embedded	Embedded
Copayments					
Physician Office Visit	\$25	\$20	\$30 after Deductible	\$30	\$30
Specialist Office Visit	\$25	\$20	\$30 after Deductible	\$40	\$40
Preventive Care	No Charge	No Charge, deductible waived	No Charge, deductible waived	No Charge	No Charge, deductible waived
Emergency Room	\$100/waived if admitted	Deductible + Coinsurance	\$100/waived if admitted (after Deductible)	\$150/waived if admitted	\$150/waived if admitted
Urgent Care	\$25	\$20	\$30 after Deductible	\$90	\$100
Prescription Copayments – Retail					
Retail 30 day supply	Kaiser Permanente Retail: \$10 Generic / \$20 Brand Formulary	Kaiser Permanente Retail: \$10 Generic / \$20 Brand Formulary	Kaiser Permanente Retail: \$10 Generic / \$30 Brand Formulary	Generic : \$15 Formulary: \$35 Non-formulary: \$55	Generic : \$15 Formulary: \$35 Non-formulary: \$55
	Community Network Pharmacy: \$20 Generic / \$30 Brand Formulary	Community Network Pharmacy: \$20 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)	Generic: \$10 up to 30-day supply / \$20 up to 90-day supply (100 in CA)	Generic: \$10 up to 30-day supply / \$20 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
	Formulary: \$20 up to 30-day supply / \$40 up to 90-day supply (100 in CA)	Formulary: \$20 up to 30-day supply / \$40 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/Elections 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	\$1,000
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.

REMINDER: If your ministry is currently in a Grandfathered plan option, your dental and vision plans are no longer bundled with your medical option. Your ministry will be mapped to Dental Premium and Vision Basic.

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 do not 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 great financial advantages for your workers to budget and save for everyday healthcare and dependent care costs, while also providing tax advantages that let your workers keep more money in their pockets. These financial accounts can help to offset worker costs for lower-premium plans, while still helping you be mindful of the costs to your ministry.



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' HSA 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.

When you offer PSAs to your workers, you:

- Provide financial support and tax-advantages for your workers.
- Protect your workers' finances, giving them greater peace of mind.
- Round out the benefits you offer, improving recruitment and retention of your workers.
- Offer great features, including direct deposit, debit card access, online account management and even automatic bill payment.

» **If you have no changes to your PSA offering, no action is necessary.** However, if you offer an HRA, consider reviewing your medical deductible for 2025. **If your intention is for your HRA plan design deductible to match your medical deductible, you'll need to change your existing HRA.** If you need to make this plan design change or any other changes to your PSA elections for 2025, contact your Account Manager. Any changes made after the Employer Election period may result in a fee from HealthEquity.

Learn more about PSA by downloading the "2025 Employer Guide to Personal Spending Accounts" at ConcordiaPlans.org/PSAGuide.

» Critical Illness and Accidental Injury Insurance

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



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.



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.

To learn more, visit ConcordiaPlans.org/AICI.

Your ministry can offer Critical Illness Insurance and Accidental Injury Insurance to your workers and administer premium payments through payroll deduction. If you would like to offer Critical Illness and/or Accidental Injury Insurance to your workers, contact your Account Manager.



Don't forget!

If you're making any changes for 2025, the deadline to elect your 2025 healthcare option(s) is Sept. 13. 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 2025 Employer Benefits Election resources at
ConcordiaPlans.org/ERelections.



CONCORDIA PLANS

FOR MORE INFORMATION

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