

LCMS International Center



2026

Your Concordia Plans

Taking care of you — and your family.



**CONCORDIA
PLAN SERVICES**

Table of Contents

| | |
|---|----|
| » Must-dos when you enroll | 4 |
| » Choosing your benefits | 5 |
| » Dependents vs. beneficiaries | 5 |
| » Embedded and non-embedded deductibles | 6 |
| » What to know about your medical benefits | 9 |
| » Personal spending accounts | 11 |
| » Health savings accounts | 12 |
| » Prescription drug coverage | 13 |
| » Dental and vision | 15 |
| » Solutions to help you live healthier | 18 |
| » Physical and emotional wellness solutions | 19 |
| » Solutions to help you be more financially secure..... | 21 |
| » Financial wellness solutions | 22 |
| » Supplemental Life Insurance | 24 |
| » Accidental Death & Dismemberment | 25 |
| » Accidental Injury & Critical Illness Insurance | 26 |
| » Provider contact information..... | 28 |
| » Legal notices..... | 29 |



Your care. Our calling.

Each person's health and financial wellness journey is different – but every journey deserves support.

For one Concordia Health Plan member, that support came through timely care. When an unexpected health diagnosis caught him off guard, his health plan gave him access to specialists who guided him through treatment – and recovery – without the burden of overwhelming costs.

After decades of service, another member was able to step into retirement with peace of mind. She consistently contributed to her retirement savings through the Concordia Retirement Savings Plan 403(b) and had pension benefits through the Concordia Retirement Plan.

Stories like these are the heart of what Concordia Plans Services is all about: your care is our calling.

Your employer has partnered with us to bring you quality benefits for your physical, emotional and financial wellness that align with our Lutheran faith and values – benefits that you won't find anywhere else. And isn't that a blessing!

Your calling is to serve.
Ours is to care for you as you do.

» Must-dos when you enroll

- **Your health plan option.** Review the medical, prescription, dental, vision and hearing coverage, as well as the mental health resources, available to you and your enrolled dependents.
- **Personal spending accounts (PSA).** If you participate in a flexible spending account (FSA), you will need to designate your new FSA savings for 2026. If you have a healthcare option that is compatible with a health savings account (HSA), be sure to confirm and/or update your 2026 contribution amounts. If you have a healthcare option that is compatible with a health reimbursement arrangement (HRA), be sure to confirm your participation.
- **403(b) savings for 2026.** Start contributing or increase your contribution to your retirement.
- **Supplemental Life Insurance.** Review your Basic Life Insurance coverage and use the [life insurance calculator](#) to help decide if you need to enroll in Supplemental Life Insurance or other voluntary insurance benefits. You can purchase guaranteed Supplemental Life (no medical records required) within 60 days of hire or a life-changing event by logging in to your [ConcordiaPlans.org/Member Portal](#). New members can enroll in up to \$200,000 and spouses up to \$25,000 without Evidence of Insurability (EOI).
- **Dependents and beneficiaries.** Even if you're not enrolling in the Concordia Health Plan, check your dependents and beneficiaries. Beneficiaries for your 403(b) must be designated separately through the Fidelity website, and beneficiaries for your HSA must be designated separately through your HSA provider (e.g., the HealthEquity website). You can access Fidelity and HealthEquity through [ConcordiaPlans.org/MemberPortal](#).
- **Concordia Disability & Survivor Plan dependent eligibility.** Please confirm that your child dependents age 21 or over are still eligible to remain in the disability plan, meaning they are both unmarried and a full-time student. [Learn more](#).
- **LCMS spouses making changes to health coverage.** If you and your spouse are BOTH LCMS workers eligible for the Concordia Health Plan and you wish to make changes to your health coverage, please contact Concordia Plan Services at 888-927-7526 or info@ConcordiaPlans.org.

» Choosing your benefits

We've made it quick and easy for you to choose your benefits through your Member Portal. Not registered for the Member Portal? Go to ConcordiaPlans.org, click on "My Account" and "Member Login," then follow the steps to set up your account. The first time you use the Member Portal, click "Register" (located in the lower right-hand corner of the login screen). Questions? Go to ConcordiaPlans.org/PortalHelp, email info@ConcordiaPlans.org or call 888-927-7526.

Your Member Portal lets you:

- Check out plan options and choose your benefits
- Designate or update your beneficiaries
- Contribute more or enroll in your 403(b)

Explore what's available to you and choose your benefits using your Member Portal at ConcordiaPlans.org/MemberPortal.

» Dependents vs. beneficiaries

It's important to understand the difference between your dependents and your beneficiaries.

- Dependents are your spouse and/or your children who are enrolled in your health and life insurance benefits.
- Beneficiaries are people or entities you designate to receive an amount or the balance of your HSA, Basic Life Insurance, 403(b) and/or any additional life insurance accounts upon your death. Your beneficiary(ies) can be your spouse, children, relative, church, a trust, etc. They do not have to be enrolled in your benefits to be designated as your beneficiaries.

» Plan your legacy and earn Vitality Points

Concordia Health Plan members can earn 300 points through the Vitality "Legacy Planning" activity. Qualifying activities include:

- Confirming your beneficiaries = 100 points
- Reviewing your Will = 100 points
- Calculating your life insurance needs = 100 points

You can submit up to three activities per year. For example, you could do:

- One of each of three activities (100 x 3 = 300)
- Two beneficiary confirmations (100+100) and review your Will (+100) = 300

However, to receive the 300 points, you can submit only one proof of designation or review per day.

Proof of activity is required. Log in to your Vitality account to learn more.

» Understanding embedded and non-embedded deductibles

We're breaking down the ins and outs of **embedded and non-embedded deductibles**, as well as **out-of-pocket maximums**, to help you better understand how they work. Knowing these differences can help you make more informed decisions about your healthcare coverage.

What is a deductible?

A deductible is the amount you pay out of pocket each year for covered medical services before your health plan starts sharing the cost.

Example: With Healthy Me HSA A, the single deductible is \$1,750. You'll pay the full cost of services until you've met the \$1,750 deductible. After that, your health plan begins to pay its share – usually through copayments or coinsurance.

What is an out-of-pocket maximum?

The out-of-pocket maximum is the most you'll pay in a plan year for covered services and prescription drugs. Once the out-of-pocket maximum is met, your health plan pays 100% of all covered costs for the rest of the year.

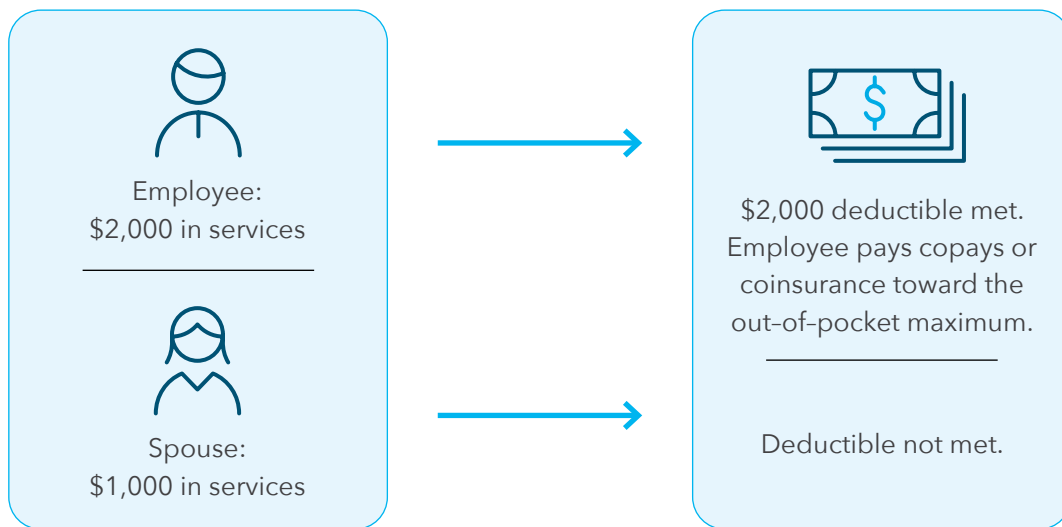
Example: With Healthy Me HSA A, the single out-of-pocket maximum is \$3,500. You'll first pay the full deductible, then any copayments or coinsurance up to a total of \$3,500. After that, your health plan pays 100% of your covered expenses for the remainder of the year.

Now that you know the basics, let's look at how deductibles and out-of-pocket maximums work for individuals and families.

Embedded deductibles and out-of-pocket maximums

An **embedded deductible** (or out-of-pocket maximum) means that each family member has their own individual limit within the larger family deductible. No one family member can contribute more than the individual limit toward the combined family deductible. Once the member meets their single deductible, they will start paying copays and/or coinsurance toward the out-of-pocket maximum, even if the family deductible hasn't been met.

Example: if you have a \$2,000/\$4,000 (individual/family) embedded deductible, this is how it would work:



Because the employee met his \$2,000 individual deductible, he can begin paying copays or coinsurance. The spouse will continue to pay toward the deductible until she reaches her \$2,000 deductible.

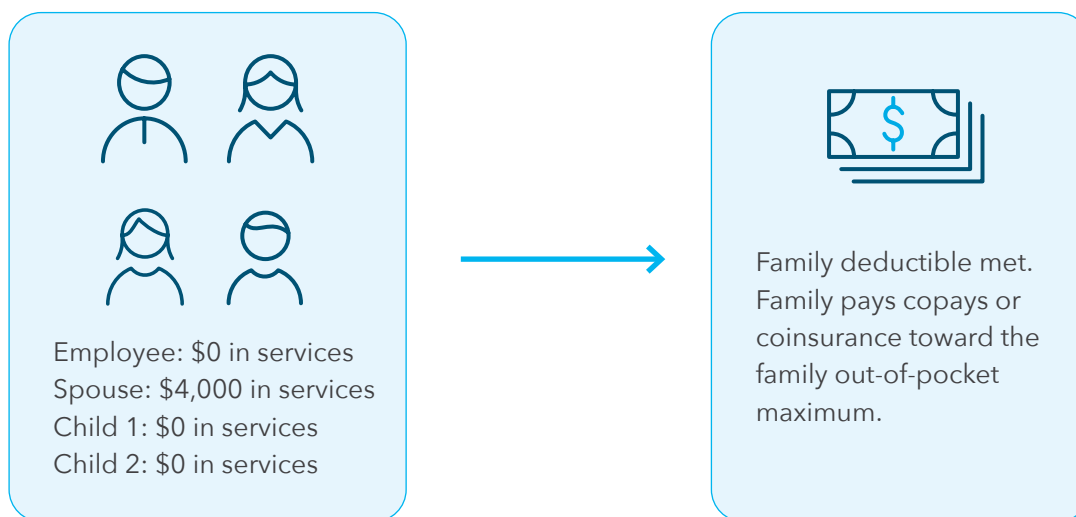
The Concordia Health Plan option being offered with an embedded deductible:

- **Healthy Me Copay D**

Non-embedded deductibles and out-of-pocket maximums

A **non-embedded deductible** (or out-of-pocket maximum) is a true family deductible. This means that there are no individual limits – all family members can meet the deductible by pooling deductible expenses. Unlike an embedded deductible, one person can pay the full amount on behalf of the family.

Example: If you have a \$2,000/\$4,000 (individual/family) non-embedded or true family deductible, this is how it would work:



Because the spouse met the entire family deductible, the entire family moves on to copays or coinsurance, even though other family members haven't contributed to the deductible.

The Concordia Health Plan option being offered with a non-embedded deductible:

- **Healthy Me HSA A**

| Feature | Embedded plans | Non-embedded plans |
|---------------------------------|---|---------------------------------|
| Deductible | Individual and family deductibles | One family deductible |
| Out-of-pocket maximum | Individual and family limits | One family limit |
| Coinsurance start | After individual deductible is met or entire family deductible is met | After family deductible is met |
| Financial responsibility | Shared individually and as a family | Shared collectively as a family |



» What to know about your medical benefits

Take a moment to explore details of the Concordia Health Plan medical benefits available to you. You can learn more about the health plan options your employer is offering by reviewing the Summaries of Benefits and Coverage (SBC) at ConcordiaPlans.org/2026plans.

Health plan options

Your medical, dental and vision benefits have been unbundled – each is separate, but all are included in your benefits package. If you opt out of your medical benefits, you can still enroll in dental and/or vision coverage.

Healthy Me Copay D

| Anthem Blue Cross Blue Shield administered by Ameriben* | |
|---|--|
| Medical & Mental Health/Substance Abuse Benefits | |
| Network deductible (individual/family) | \$1,250/\$2,500 |
| Network out-of-pocket maximum (individual/family) | \$4,000/\$8,000 |
| Coinsurance | 20% |
| Primary doctor visits | \$25 copay/visit |
| Specialist visits | \$45 copay/visit |
| Inpatient & outpatient hospitalization | 20% after deductible |
| Emergency room | \$250 copay/visit, then deductible applied and then coinsurance (copay waived if admitted) |
| Urgent care | \$55 copay/visit |

Healthy Me HSA A

| Anthem Blue Cross Blue Shield administered by Ameriben | |
|--|----------------------------------|
| Medical & Mental Health/Substance Abuse Benefits | |
| Network deductible (self-only/family)* | \$1,750/\$3,500 |
| Network out-of-pocket maximum (self-only/family)** | \$3,500/\$7,000 |
| Coinsurance | 20% |
| Primary doctor visits | 20% coinsurance after deductible |
| Specialist visits | 20% coinsurance after deductible |
| Inpatient & outpatient hospitalization | 20% coinsurance after deductible |
| Emergency room | 20% coinsurance after deductible |
| Urgent care | 20% coinsurance after deductible |

*Non-embedded family deductible

**Non-embedded family OOP Max

In-network vs. out-of-network

Did you know if you see a doctor who is in your plan option's network you'll pay less? People don't often realize this until they're shelling out extra dollars for the same care they could've received from a provider who is in their network.

The reason in-network care costs less than out-of-network care is because in-network health care providers have contracted with your insurance provider (Anthem/Blue Cross Blue Shield) to offer discounted rates. Deductibles and coinsurance requirements also are lower when you use in-network health care providers.

If you use an out-of-network provider, you'll have to pay higher out-of-pocket costs – plus you'll have to pay any charges above the amount allowed by the insurance provider.

You'll receive a SBC for each plan option your employer is offering. Each SBC will provide the "Network Provider" and "Out-of-Network Provider" benefits and costs that you'll want to know, especially before you choose or visit health care providers.

Visit concordiaplans.quantum-health.com to find a doctor or provider.

» Stretch your healthcare dollars with a personal spending account (PSA)

A PSA paired with your health plan option makes it possible for you to use tax-free dollars to pay for eligible medical, prescription, dental, vision and dependent care expenses. There are three types of PSAs: HSA, HRA and FSA (medical and dependent care).

| | Health savings account (HSA) | Health reimbursement arrangement (HRA) | Flexible spending account (FSA) |
|----------------------------------|--|---|---|
| What is it? | An HSA is a tax-advantaged account used to pay qualified medical, prescription drug, dental and vision expenses for the account holder and dependents. | An HRA is a tax-advantaged account established and funded entirely by the employer for its workers' and their dependents' qualified health plan expenses. | An FSA is a tax-advantaged account usually offered as part of a Cafeteria Plan. Funds can be used toward qualified medical, prescription drug, dental and vision expenses, or dependent care expenses depending on the type of FSA. |
| What is eligible? | Medical expenses according to Internal Revenue Code Section 213(d) | Health plan eligible expenses (e.g., copays, deductibles, coinsurance) or dental or vision expenses as directed by the employer | Medical FSA: Medical expenses according to Internal Revenue Code Section 213(d) Dependent care FSA: Dependent care expenses according to Internal Revenue Code Section 129 |
| Who owns the account? | The worker | The employer | The employer |
| Who contributes? | The account can be funded by the employer and the worker. | The account is funded entirely by the employer. | This account is typically funded by the worker, although the employer can contribute as well. |
| Balance rolls over? | Yes, the balance does roll over from year to year. | It's the employer's decision. Money in the account at the end of the year can be rolled over if the employer designates. | No, if money is not used by the end of the year, the remaining dollars are forfeited to the employer, unless the employer elects to allow a rollover of up to an amount determined by the IRS. |
| Portable? | Yes, the account is fully portable if the worker leaves the organization. | It's the employer's decision. The employer can allow terminated workers to spend remaining funds in the account. | No, the account is not portable if the worker leaves the organization. |
| Investment opportunities? | Yes, the account will earn interest, and at some HSA account administrators, workers can also invest balances over a certain threshold. | No | No |

» Medicare and an HSA

If you're approaching age 65 (or are already age 65) and you're currently in an HSA-compatible plan option and contributing to an HSA, be aware that enrolling in Medicare ends your eligibility to contribute to an HSA. Contact your employer if this applies to you.

Questions? Contact our Health and Wellness Team at 888-927-7526, ext. 6002 or email info@ConcordiaPlans.org.

» The magic of an HSA

An HSA is a tax-advantaged account that allows you to use pre-tax dollars to pay for eligible expenses. Unlike an FSA, you never lose your HSA dollars. Money in your account rolls over year after year – if you don't spend it. Plus, you automatically earn tax-free interest on your money. When healthcare expenses come up, you can pay from your HSA.

After you're 65, you can use HSA dollars for any expense – you'll just need to pay ordinary income taxes. Better yet, if you use that money for qualified medical expenses, you never pay taxes at all. It's not just an HSA – it can be part of your retirement nest egg.

With an HSA, you have a **triple tax advantage**. You can:

- Save for future qualified healthcare expenses on a pre-tax basis
- Invest your contributions
- Spend your HSA dollars on eligible, qualified medical expenses and the withdrawals are tax free

Total combined employer and employee contributions to an employee's HSA can't exceed the annual limit set by the IRS, which is \$4,400 for an individual or \$8,750 for a family in 2026. You can contribute an additional \$1,000 if you are age 55 or older.

IMPORTANT: If you plan to participate in a HealthEquity HSA in 2026 but don't plan to contribute yourself, you still need to make an election when you enroll. If only your employer will be contributing to your HealthEquity HSA, make sure you elect to participate when you're choosing your benefits but indicate you will be contributing \$1.

For more information about PSAs, visit ConcordiaPlans.org/PSA.

» Prescription drug coverage

The health plan option(s) your employer is offering you includes prescription drug coverage. The provider/network of your medical benefits determines who administers your pharmacy benefit.

| Administered by Express Scripts | | |
|--|---|---|
| | Healthy Me Copay D | Healthy Me HSA A |
| Prescription drugs | | |
| 30-day supply (including specialty drugs) | | |
| Generic | \$10 copay | Generic preventive drugs: covered at 100%; no deductible Generic: \$10 copay after deductible Brand-name formulary: Member pays 30% after deductible (member pays min. \$25/max. \$75) For insulin drugs only (deductible does not apply): 30-day supply: \$25 copay / 60-day supply: \$50 copay Brand-name non-formulary: Member pays 40% after deductible (member pays min. \$50/max. \$100) |
| Brand-name formulary | \$40 copay For insulin drugs only (deductible does not apply): 30-day supply: \$25 copay / 60-day supply: \$50 copay | |
| Brand-name non-formulary | 30% coinsurance (max. \$250) | |
| 90-day supply (including specialty drugs*) at mail order or Walgreens | | |
| Generic | \$25 copay | Generic preventive drugs: covered at 100%; no deductible Generic: \$25 copay after deductible Brand-name formulary: Member pays 30% after deductible (member pays min. \$62.50/max. \$187.50) For insulin drugs only (deductible does not apply): \$75 copay Brand-name non-formulary: Member pays 40% after deductible (member pays min. \$125/max. \$250) |
| Brand-name formulary | \$75 copay For insulin drugs only (deductible does not apply): \$75 copay | |
| Brand-name non-formulary | 30% coinsurance (max. \$625) | |

*Specialty drugs will be covered by the Plan only if purchased from the specialty-drug mail order pharmacy specified by Express Scripts. Specialty drugs are high-cost oral or injectable medications used to treat certain complex conditions.

Your pharmacy benefit program is designed so you get the right prescription, at the right time, from the right location, at the lowest cost available. Programs include:

- **Generic Preventive Rx:** Your prescription drug benefits *may* cover 100% of your cost for preventive drugs, such as medications for high blood pressure and cholesterol, to help you stay on track.
- **Patient Assurance Program:** Depending on the option elected, you may be able to get preferred brand insulin at the following cost (deductible does not apply): 30-day supply at \$25, 60-day supply at \$50 and 90-day supply at \$75.
- **Brand Diabetes Bypass:** Your prescription drug benefits *may* let you skip the initial deductible for diabetic drugs and pay only the coinsurance and copay for diabetic drugs.
- **Specialty Medication Financial Assistance:** With specialty medications come high costs. However, the drug manufacturer may be able to help you find financial assistance to cover the costs of your medications. (**NOTE:** The financial assistance/coupons may not count toward your annual deductible or out-of-pocket maximum.)
- **Generic Rx Utilization:** If you fill a brand-name drug when a generic equivalent is available, your prescription drug cost is the price difference between the brand drug and generic drug in addition to the applicable copay or coinsurance amount. The price difference will not apply to your deductible or out-of-pocket maximum.
- **Maintenance Through Mail:** Move your maintenance medications to mail-order, and you'll save money and time.



» Dental and vision benefits

Dental and vision benefits are separate from your medical benefits. Refer to your plan option’s dental and vision **At-a-Glances** for benefit details.

Dental Premium benefits

| Administered by Cigna Dental | | |
|--|--|--|
| | In-network | Out-of-network |
| Annual deductible | \$50 individual/\$150 family | \$150 individual/No family deductible maximum |
| Annual maximum | \$1,500 per person | \$1,000 per person |
| Progressive maximum benefit <i>Obtain one preventive exam in prior year and \$300 is added to annual maximum up to three times.</i> | Year 2: \$1,800 Year 3: \$2,100 Year 4: \$2,400 | Year 2: \$1,300 Year 3: \$1,600 Year 4: \$1,800 |
| Preventive care | \$0 (no deductible) | Plan pays 100% of 80% of R&C* amount. Member pays remaining amount of billed charges. No deductible. |
| Basic dental care | Member pays 10% after deductible | After deductible, plan pays 80% of 80% of R&C* amount. Member pays remaining amount of billed charges. |
| Major dental care | Member pays 40% after deductible | After deductible, plan pays 50% of 80% of R&C* amount. Member pays remaining amount of billed charges. |
| Orthodontic care | Member pays 50% after deductible (\$2,000 lifetime maximum per individual) | After deductible, plan pays 50% of 80% of R&C* amount. Member pays remaining amount of billed charges. |

*Reasonable & Customary – The R&C Allowance is described as a percentile, meaning that Cigna reimburses treatment costs up to the amount charged by that percentile of the dentists in the area. This is also known as Usual, Customary and Reasonable.

Vision Premium benefits

| Administered by Vision Service Plan (VSP) | |
|---|---|
| For persons age 19 and older | In-network |
| Routine eye exam (one every calendar year) | \$10 copay |
| Prescription glasses Lenses (every calendar year) Single vision, lined bifocal, lined trifocal, lenticular lenses Progressive lenses & anti-reflective coating Frames | \$25 copay Average 20%-25% or members may elect covered in full when they choose progressive lenses or anti-reflective coating as their enhanced eyewear option OR either progressive lenses or anti-reflective coating could be covered at 100% if chosen as the Easy Option Selection. Every calendar year Up to \$200 frame allowance or members may increase allowance to \$250 when they choose frame as their Easy Option Selection. |
| Easy Option Selection | You have the option of: <ul style="list-style-type: none"> • Upgrading frame allowance to \$250 OR • adding 100% coverage for progressive lenses OR • adding 100% coverage for anti-reflective coating |
| Contact lenses (every calendar year) Elective contacts Medically necessary contacts | \$200 allowance \$25 copay |

Note: Glasses and contact lenses will not both be covered in the same 12-month period. At least 12 months must separate the purchase of glasses and contact lenses for the coverage outlined above.

» Dental and vision: In-network vs. out-of-network

When selecting a dentist and/or eye care provider, make sure you're choosing one who is in the large Total Cigna DPPO dental network or VSP vision network. Choosing an in-network provider ensures you'll receive the highest level of benefit coverage and pay less for your services.

If you use a dental provider that is out-of-network, there are two ways that your costs can be determined: Reasonable and Customary or Maximum Allowable Charge. Review your plan option At-a-Glance to be certain how your plan treats out-of-network claims.

If you're not sure your current dental or vision provider is in-network or you need to find a new one, visit the Cigna Dental and VSP websites accessible through your Member Portal at ConcordiaPlans.org/MemberPortal. You also can call Cigna Dental at 800-244-6224 or VSP at 800-877-7195.

» Where to find your dental and vision member ID cards

ID cards for dental and vision benefits are available ONLY electronically. Directions on how to secure these ID cards are listed below.

Dental ID card: Log in to [MyCigna.com](https://mycigna.com). Click on "ID Cards" at the top of the page to get to your ID card, which you can then print.

Vision ID card: Log in to [VSP.com](https://vsp.com). Click on "Member Details" at the top of the page and then click on "My Member ID Card." You'll be able to print your ID card.

However, you don't need an ID card to receive these benefits. When you schedule your eye or dental exam, let the provider know you have dental coverage through Cigna Dental or vision through VSP and they will find you or your dependents in the system.



» Solutions to help you live healthier

Designed to drive better health outcomes and lower healthcare costs, your health plan gives you bonus solutions that are at no extra cost to you. To discover what solutions you need to support your health and wellness needs, start with the “gateway to wellness” or “healthcare navigation.”

Vitality: The ‘gateway to wellness’ solution

Your journey to better health begins at your “gateway to wellness”: Vitality. Vitality is an interactive, personalized solution that makes it easy for you to live your healthiest life by helping you determine your wellness needs and set goals. You’ll begin by taking the Vitality Health Review that will ask about your health, habits and lifestyle to understand what’s going well and where you may need support to become your healthiest self. For example, if you need support with back/joint/muscle pain, heart health or weight management, there are solutions! How do you know which solution is right? Check out all your wellness solutions on the following pages and use the **Wellness Resource Finder**.

Learn more about Vitality by scanning the QR code on page 19.

Quantum: The ‘healthcare navigation’ solution

Health care can be complicated, which is why you want to **first call** Quantum for all questions related to your medical coverage (health, prescription drug, dental and vision). It’s your “healthcare navigation” solution.

With Quantum, you can:

- Access member ID card information online or request new ID cards
- Check deductible and out-of-pocket status on the easy-to-use portal
- Verify coverage, pre-authorization requirements and in-network providers **prior to** appointments, procedures and getting new prescriptions
- Learn about 100% covered preventive care services in your health plan
- Get guidance for resources to help with your health and wellness needs via phone, chat or email

Learn more about Quantum, including how to connect via phone, online or chat, by scanning the QR code on page 19.

» Your physical and emotional wellness solutions



Gateway to wellness. **Vitality** is an interactive, personalized solution that makes it easy for you to live your healthiest life. Whether you want to lose weight, become more active, improve your diet or simply maintain a healthy lifestyle, Vitality is right for you! Visit PowerofVitality.com or scan the QR code.



Healthcare navigation. Get help navigating the complicated healthcare system by first calling **Quantum Health**. Your Care Coordinator can help you secure ID cards, answer questions about coverage, assist you with your required annual coordination of benefits, help with a bill or claim, connect you to the right resources for your healthcare journey, and more. Visit ConcordiaPlans.org/Quantum or scan the QR code.



Mental health. When experiencing stress, burn-out and other life challenges, we have mental health resources to help you. Visit ConcordiaPlans.org/MentalHealth or scan the QR code.

A great resource for your mental well-being is **Evernorth Confide**, your enhanced Employee Assistance Program (EAP), that offers personalized guidance to help you and any member of your household, whenever needed. This mental health care solution offers a variety of virtual and in-person options to promote mental wellness. Visit Evernorth.com/ConcordiaPlans or scan the QR code.



Telehealth. Access health care, prescriptions and counseling via computer, smartphone or tablet using **Teladoc**. This is a good solution to get a diagnosis and treatment plan for common illnesses, such as flu, stress/anxiety, skin conditions, allergies and nutrition from board-certified doctors. If you're enrolled in a Cigna HMO or Kaiser Permanente option, visit ConcordiaPlans.org/Telehealth or scan the QR code to find your plan-specific telehealth provider.



Weight management. **Wondr Health** has a commonsense, skill-building approach to lasting weight management, and it doesn't include depriving yourself of food, counting calories or avoiding foods you love. Visit enroll.wondrhealth.com/concordiaplans or scan the QR code.



Pre-diabetes. **Omada** is for those at risk of diabetes and cardiovascular disease. You'll learn how to lose weight and create a sustainable lifestyle by making small changes around eating, activity, sleep and stress. You'll have a health coach to guide you and a smart scale that'll help keep you on track. Visit go.omadahealth.com/concordia or scan the QR code.





Diabetes. Diabetes Management Plus from **Teladoc Health** goes beyond traditional diabetes management approaches by also offering enhanced support to address accompanying conditions of hypertension and obesity, enabling workers to cultivate healthier lifestyle habits. Visit concordiaplans.org/teladocdiabetes or scan the QR code.



Diabetes reversal. Tired of just managing your diabetes? **Virta** is a treatment to reverse type 2 diabetes. Patients reduce their blood sugar and A1c, while potentially removing diabetes medications. Visit virtahealth.com/join/concordia or scan the QR code.



Virtual physical therapy. **Sword Thrive Virtual Physical Therapy** lets you work virtually with a physical therapist to find solutions for back, joint and muscle pain, as well as help with recovering from surgery. Sword is effective and available at no extra cost to you. Visit enroll.swordhealth.com/concordiaplans or scan the QR code.



Healthcare cost and quality comparison tool. **Valenz Bluebook** provides an easy-to-use digital tool with a red, yellow and green system to help you find high-quality, fairly priced, in-network providers for common procedures. When you opt to receive care from a green-rated provider within 12 months of your initial search, you become eligible for incentives through Valenz Bluebook. Visit ConcordiaPlans.org/ValenzBluebook or scan the QR code.



Explore all of your health and wellness solutions.

» Solutions to help you be more financially secure

Concordia Retirement Plan pension

With the pension as a foundation for your retirement plan, you can have peace of mind that you'll have a steady monthly income in retirement. Your pension benefit is funded by your ministry, and Concordia Plan Services is professionally managing the funds, to help provide the income you'll need. After you're finished serving well, your pension will help you retire well by providing a retirement paycheck for life.

Concordia Retirement Savings Plan 403(b)

The 403(b) gives you the opportunity to save for retirement in a tax-advantaged way and works together with your pension benefits and Social Security to provide you with income to cover your expenses in retirement. Administered by Fidelity, the 403(b) has very low costs compared to most of the industry – fewer dollars in fees helps you save more for retirement. If your employer offers the 403(b), when you enroll is a great time to start or increase your savings for 2026. Every dollar you save will make a difference towards achieving your retirement goals.

Concordia Disability and Survivor Plan

Your disability benefits provide income replacement when you miss work for more than seven consecutive days due to a medically necessary reason, like scheduled surgery, maternity leave, illness or injury. If you anticipate needing disability for maternity leave or a scheduled procedure, check with your employer to confirm the disability benefits they will offer in 2026.

Short-Term Disability vs. Long-Term Disability

- **Short-Term Disability:** If you are unable to work due to the birth of a baby, a personal injury or an illness, you may be eligible for short-term disability benefits at no cost to you. Short-term disability is defined as a period of disability of six months or less.
- **Long-Term Disability:** If you are unable to work due to a personal injury or an illness, you may be eligible for long-term disability benefits at no cost to you. Long-term disability is defined as a period of disability greater than six months.

If you anticipate needing additional coverage while out on disability, consider Accidental Injury Insurance and/or Critical Illness Insurance if available to you.

Life Insurance

- **Basic Life Insurance:** Your Basic Life Insurance benefits include you as the worker and additional life insurance benefits for your enrolled spouse and children (dependents). Check your coverage when you enroll and determine if you need Supplemental Life Insurance.
- **Supplemental Life Insurance:** Review your current life insurance coverage and consider enrolling in Supplemental Life or other voluntary insurance benefits. Also, be sure to review and, if needed, update your dependents and beneficiaries.

» Your financial wellness solutions



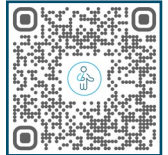
Pension benefits provide a paycheck for life! Your pension benefits are funded by your employer. The benefit amount is based on your salary, length of service and the pension option selected by your employer. Visit ConcordiaPlans.org/Pension or scan the QR code.



The 403(b) provides tax advantages to help you take a proactive approach to retirement. Build off your pension income by saving in the 403(b) (if eligible). You can also consolidate retirement savings from other employers, so your savings are all in one place. Visit ConcordiaPlans.org/CRSP or scan the QR code.



Disability benefits may be available to you if you become unable to work because of sickness, injury or due to pregnancy. Disability benefits replace a portion of your lost income. Visit ConcordiaPlans.org/Disability or scan the QR code.



Basic Life Insurance benefits are provided by your employer and worth at least two times your annual compensation. To see your benefit amount, visit your Personal Statement of Benefits at ConcordiaPlans.org/MemberPortal or scan the QR code.



Supplemental Life Insurance is available for purchase at discounted rates through **Securian**. It can be hard to determine how much life insurance will meet your family's needs. Calculate the level of coverage you may need and view rates at Securian.com/ConcordiaPlans-life-Insurance or scan the QR code.



Accidental Death and Dismemberment Insurance pays a benefit if you or a covered family member dies or is seriously injured as the result of an accident. These benefits are available through **Securian**. Visit ConcordiaPlans.org/ADD or scan the QR code.





Accidental Injury Insurance can help cover unplanned costs due to an accident, so your personal finances don't take a big hit. You can purchase this through **Cigna**. If your employer is offering you this insurance, visit ConcordiaPlans.org/AI or scan the QR code.



Critical Illness Insurance, available through **Cigna**, helps you prepare financially for an unexpected health event by directly paying you a lump-sum benefit when you or a family member are diagnosed with a covered condition. If your employer is offering you this insurance, visit ConcordiaPlans.org/CI or scan the QR code.



Legal, Eldercare and Travel Assistance are available with Telus Services through our partnership with **Securian**. Get free legal document templates, as well as a free, 30-minute consultation with an attorney. Visit Securian.com/ConcordiaPlans-life-Insurance or scan the QR code.



Identity and Digital Protection provides top-of-the-line protection against identity theft at discounted rates. **Aura** does much more than free monitoring services, including checking the dark web, providing near-real-time alerts and providing identity recovery assistance. Visit offer.aura.com/concordiaplans or scan the QR code.



Explore all of your financial wellness benefits.

» Supplemental Life Insurance

While the disability plan offers workers a Basic Life insurance benefit, it may not be enough to meet your – and your family’s – needs. (See your Basic Life benefit amount through the Member Portal.)

To fill the gap between the benefits you have and what you may need, supplemental life insurance is available at low-cost group rates for you and your family. You can purchase coverage from \$50,000 to \$500,000.

How much do you need? Visit our new calculator to find out: Securian.com/concordiaplans-life-insurance.

The rates are based on your age as of the beginning of the next calendar year. If you have attained the next age band, your rates will increase next year.

| Age | Worker non-nicotine | Worker nicotine user | Spouse non-nicotine | Spouse nicotine user |
|-----------|---------------------|----------------------|---------------------|----------------------|
| Under 25 | \$0.035 | \$0.061 | \$0.045 | \$0.079 |
| 25-29 | \$0.042 | \$0.074 | \$0.054 | \$0.095 |
| 30-34 | \$0.056 | \$0.098 | \$0.072 | \$0.126 |
| 35-39 | \$0.063 | \$0.110 | \$0.081 | \$0.142 |
| 40-44 | \$0.070 | \$0.123 | \$0.090 | \$0.158 |
| 45-49 | \$0.105 | \$0.184 | \$0.135 | \$0.236 |
| 50-54 | \$0.161 | \$0.282 | \$0.207 | \$0.362 |
| 55-59 | \$0.301 | \$0.527 | \$0.387 | \$0.677 |
| 60-64 | \$0.462 | \$0.809 | \$0.594 | \$1.040 |
| 65-69 | \$0.889 | \$1.556 | \$1.143 | \$2.000 |
| 70 & Over | \$1.442 | \$2.524 | \$1.854 | \$3.245 |

Rates listed are per month, per \$1,000 of coverage.

Coverage for your dependent children is available for a very low monthly cost:

| Coverage | Monthly Payment |
|----------|-----------------|
| \$5,000 | \$0.50 |
| \$10,000 | \$1.00 |

» Monthly premiums will be payroll deducted.

» Accidental Death & Dismemberment

Accidental Death & Dismemberment (AD&D) coverage pays you if you or a covered family member dies or is seriously injured as the result of an accident. You can elect a coverage amount between \$25,000 and \$300,000 for just yourself or for you and your family.

When family coverage is elected:

- If there are no dependent children, spouse's coverage is 50% of the amount of coverage selected by the worker.
- If there are dependent children, the spouse's coverage is 40% of the amount of coverage selected by the worker and each child has coverage equal to 10% of the worker's amount.
- If only dependent children are covered, each child has coverage equal to 15% of the worker's amount.

| AD&D Monthly Costs | | |
|--------------------|---------------------|-----------------|
| Amount of Coverage | Individual Coverage | Family Coverage |
| \$25,000 | \$0.65 | \$0.95 |
| \$50,000 | \$1.30 | \$1.90 |
| \$75,000 | \$1.95 | \$2.85 |
| \$100,000 | \$2.60 | \$3.80 |
| \$125,000 | \$3.25 | \$4.75 |
| \$150,000 | \$3.90 | \$5.70 |
| \$175,000 | \$4.55 | \$6.65 |
| \$200,000 | \$5.20 | \$7.60 |
| \$250,000 | \$6.50 | \$9.50 |
| \$300,000 | \$7.80 | \$11.40 |

» Monthly premiums will be payroll deducted.

» Accidental Injury & Critical Illness Insurance

You can't predict what may happen in the future to you and those you love, but you can be proactive and prepare for the unknown by having Accidental Injury Insurance and Critical Illness Insurance. These solutions create a "safety net" for you and your family by extending coverage past what you have available with your health plan coverage.

Accidental Injury Insurance

When you unexpectedly get hurt, out-of-pocket expenses may impact your finances. Accidental Injury pays a benefit directly to you 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 when you are facing a critical illness diagnosis and ongoing treatment. Critical Illness Insurance pays a lump sum benefit directly to you when you or a family member are diagnosed with a covered condition. You can use the payment for things like transportation, childcare and other costs that arise during a critical medical situation.

How do voluntary benefits protect me and my family?

| | Expenses | The Plans Cover | Personal Costs |
|-------------------------------------|----------|-----------------|----------------|
| Loss of income while unable to work | \$4,000 | \$2,800 | \$1,200 |
| Monthly bills & other expenses | \$2,500 | \$0 | \$2,500 |
| Medical out-of-pocket costs | \$25,000 | \$21,500 | \$3,500 |

Accidental Injury Insurance

| Coverage type | Monthly premium per worker | |
|-----------------------------|----------------------------|-----------|
| | Low plan | High plan |
| Self only | \$3.00 | \$6.27 |
| Self and spouse | \$5.13 | \$12.49 |
| Self and child(ren) | \$6.04 | \$14.71 |
| Self, spouse and child(ren) | \$7.33 | \$17.90 |

Rates are subject to change.

» Monthly premiums will be payroll deducted.

Critical Illness Insurance

| Monthly premium per worker | | | | |
|----------------------------|----------|-----------------|-----------------|-----------------|
| | Age | Worker \$10,000 | Worker \$20,000 | Worker \$30,000 |
| Worker coverage | Under 25 | \$0.60 | \$1.20 | \$1.80 |
| | 25-29 | \$0.90 | \$1.80 | \$2.70 |
| | 30-34 | \$1.60 | \$3.20 | \$4.80 |
| | 35-39 | \$2.80 | \$5.60 | \$8.40 |
| | 40-44 | \$5.10 | \$10.20 | \$15.30 |
| | 45-49 | \$7.60 | \$15.20 | \$22.80 |
| | 50-54 | \$11.00 | \$22.00 | \$33.00 |
| | 55-59 | \$15.70 | \$31.40 | \$47.10 |
| | 60-64 | \$23.00 | \$46.00 | \$69.00 |
| | 65-69 | \$25.10 | \$50.20 | \$75.30 |
| | 70-74 | \$22.10 | \$44.20 | \$66.30 |
| 75-79 | \$29.80 | \$59.60 | \$89.40 | |

| Monthly premium per worker | | | | |
|----------------------------|----------------------|----------------|-----------------------|-----------------|
| | Age | Spouse \$5,000 | Spouse \$10,000 | Spouse \$15,000 |
| Spouse coverage | Under 25 | \$0.30 | \$0.60 | \$0.90 |
| | 25-29 | \$0.45 | \$0.90 | \$1.35 |
| | 30-34 | \$0.80 | \$1.60 | \$2.40 |
| | 35-39 | \$1.40 | \$2.80 | \$4.20 |
| | 40-44 | \$2.55 | \$5.10 | \$7.65 |
| | 45-49 | \$3.80 | \$7.60 | \$11.40 |
| | 50-54 | \$5.50 | \$11.00 | \$16.50 |
| | 55-59 | \$7.85 | \$15.70 | \$23.55 |
| | 60-64 | \$11.50 | \$23.00 | \$34.50 |
| | 65-69 | \$12.55 | \$25.10 | \$37.65 |
| | 70-74 | \$11.05 | \$22.10 | \$33.15 |
| 75-79 | \$14.90 | \$29.80 | \$44.70 | |
| Child coverage | Child \$5,000 | | Child \$10,000 | |
| | | \$0.45 | | \$0.90 |

Worker and spouse rates are based on employee's age. Rates are subject to change.

» Monthly premiums will be payroll deducted.

Concordia Plan Services is here for you!

Because choosing your benefits is important to you – and your family – a specialist is ready to answer your questions from 7 a.m.-6 p.m. CT, Monday-Friday.

Call 888-927-7526 or email us anytime at info@ConcordiaPlans.org.

| Provider contact information | Phone number | Website |
|---|------------------------------|--|
| Concordia Plan Services | 314-965-7580 888-927-7526 | ConcordiaPlans.org |
| Quantum Health: First call Quantum for all medical and prescription plans | 833-740-3260 | ConcordiaPlans.quantum-health.com |
| Välenz Bluebook: Healthcare cost and quality comparison tool | 800-341-0504 | ConcordiaPlans.org/ValenzBluebook |
| Enhanced Employee Assistance Program (EAP) by Evernorth Confide | 866-726-5267 | app.evernorth.com |
| Cigna Dental | 800-244-6224 | mycigna.com |
| Vision Service Plan (VSP) benefits | 800-877-7195 | vsp.com |
| Teladoc Health Telehealth for general medical care, mental health, dermatology and nutrition counseling | 800-835-2362 | Teladohealth.com/benefits/concordia |
| Teladoc Health Diabetes Management Plus | | Teladohealth.com/benefits/concordia-cpsdiabetes |
| Teladoc Health Expert Medical Opinions | | Teladohealth.com/benefits/concordia-ems |
| Personal spending accounts (PSA): | | |
| HealthEquity | 866-346-5800 | healthequity.com |
| LCEF | 800-843-5233 | lcef.org |
| Fidelity: CRSP 403(b) | 800-343-0860 | netbenefits.com/atwork |
| Securian: Supplemental Life Insurance | 866-293-6047 | Securian.com/concordiaplans-life-insurance |
| Securian: Accidental Death & Dismemberment (AD&D) Insurance | 866-293-6047 | Securian.com/concordiaplans-life-insurance |
| Cigna: Accidental Injury Insurance & Critical Illness | 800-754-3207 | connections.cigna.com/concordia-plans/ |

» Legal notices

SBC

In accordance with the Affordable Care Act, you'll receive a Summary of Benefits and Coverage (SBC) specific to the Concordia Health Plan option(s) offered to you by your employer. SBCs are also available at ConcordiaPlans.org/2026Plans.

CHIPRA

In accordance with the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, employers are required to provide notification each year to employees who reside in a state that provides a premium assistance subsidy to low-income children and their families to help pay for employer-sponsored health coverage. A copy of this notice is available at ConcordiaPlans.org/2026Plans.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that every three years you are informed of the availability of the HIPAA Notice of Privacy Practices. A copy of the HIPAA Notice of Privacy Practices for Concordia Plans can be found at ConcordiaPlans.org/legal-notices/hipaa-privacy-notice. You may also request that a copy be mailed to you by calling 888-927-7526.

Women's Health and Cancer Rights Act

The Concordia Health Plan provides coverage for mastectomy-related services, including reconstruction of the breast on which a mastectomy is performed; surgery and reconstruction of the other breast for symmetrical appearance; and prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas. (Annual notification is required by the Women's Health and Cancer Rights Act of 1998.) For more information, call Concordia Plan Services at 800-927-7526.

Terms of Special Enrollment

You and/or your eligible dependents may be able to enroll in the Concordia Health Plan later under the special enrollment provisions if you decline Concordia Health Plan coverage due to coverage in another health plan. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Concordia Health Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment as soon as possible but no later than 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent because of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment in writing within 60 days after the marriage, birth, adoption or placement for adoption. Failure to enroll within the 60-day period may result in enrollment being delayed until the next Open Enrollment period. To request special enrollment or obtain more information, contact the Concordia Plan Services Customer Care Team at 888-927-7526.

Questions?

CALL 888-927-7526 EMAIL info@ConcordiaPlans.org
7 a.m.–6 p.m. CT, Monday–Friday

1333 South Kirkwood Road • St. Louis, MO 63122