

Health Choice 2000 Plus (Stateside)

Effective January 1, 2011

Your plan offers two levels of benefits. If you receive services from a provider who is in the PPO Network, you will receive the highest level of benefits. If you receive services from a provider who is not in the PPO Network, you will receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care.

BENEFITS	IN-NETWORK CARE	OUT-OF-NETWORK CARE
Deductible for an individual	\$2,000	\$4,000
Deductible for a family	\$4,000	\$8,000
Plan pays/individual pays (coinsurance after deductible)	80% / 20%	50% / 50%
Annual coinsurance maximum for an individual / family	\$5,000	\$10,000
Primary care physician copay / Specialist copay	\$25 / \$45	50% after deductible
Wellness and preventive care copay (primary care / specialist)	100% (no deductible)	Not covered
Hospital inpatient including maternity	80% after deductible	50% after deductible
Outpatient services (CT scans; MRI; diagnostic)	80% after deductible	50% after deductible
Outpatient surgery	80% after deductible	50% after deductible
Emergency room (per visit deductible does not apply)	80% after \$100 copay	50% after deductible ¹
Chiropractic services (20 visits annually)	\$45	50% after deductible
Mental health and substance abuse: inpatient / intensive outpatient services	80% after deductible	50% after deductible
Mental health and substance abuse: office and professional services	100% after \$25 copay	50% after deductible
Eye exam	100% after \$25 copay	Not covered
Travel Immunizations	100%	100%

¹ If services are provided by an out-of-network emergency facility for a true emergency, as determined by the claims administrator, benefits will be paid at the network level.

PRESCRIPTION DRUG PROGRAM		
Individual / family ¹		\$50/\$100
Retail (30-day supply)	Generic	\$15
	Preferred ²	\$25
	Non-preferred ²	\$40
Mail order (90-day supply)	Generic	\$30
	Preferred ²	\$50
	Non-preferred ²	\$80
	Specialty drug	\$50 for a 30 day supply ³

¹ Individual and family deductible is combined for retail and mail order.

² If a preferred or non-preferred drug is purchased when a generic is available, the member must pay the generic copayment and the difference in the cost between the preferred/non-preferred drug and its generic equivalent.

³ Eligible through specialty drug mail order program. \$50 copay (up to 30-day supply).

If the cost of the prescription is less than the copay, the participant will pay the full cost of the prescription.

Glossary of terms

Coinsurance maximum — The most you will have to pay in a year in coinsurance for covered benefits after you meet your deductible. Once you reach your coinsurance maximum, you will still pay office visit and prescription copays.

Emergency Care — Medical services from the emergency department of a hospital to evaluate a medical condition that in the absence of immediate medical attention would place the health of the individual in serious jeopardy; cause serious impairment to bodily functions; or cause serious and permanent dysfunction to any bodily organ or part.

Family deductible — When family members meet the plan amount determined to be the family deductible, the plan will consider all family members to have met their deductibles. One individual cannot contribute to the family deductible more than the amount determined to be the individual deductible (this is an embedded deductible).

Individual Deductible — When an individual meets the plan amount determined to be the individual deductible, the plan will begin paying claims for that individual at the coinsurance level.

Non-preferred drugs — A list of prescribed medications that are not on the plan's formulary. Preferred drugs — Also known as formulary drugs; this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control your plan's costs.

Primary care physician copay — The amount you pay for an office visit to a network primary care physician such as a pediatrician, general practitioner, family practitioner, internist or gynecologist.

Specialist — Any physician not considered a primary care physician. Wellness and preventive care — Covered services are based on Highmark's preventive health schedule for GuideStone.

This information only highlights the depth of coverage and benefits you can receive when you protect yourself with GuideStone. There are limitations and exclusions that apply. This is a general summary of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.