



EMPLOYEE BENEFIT PLANS RENEWAL BOOKLET

REVIEW YOUR PLAN OPTIONS

2025 Group Plans

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ONLINE RESOURCES FOR EMPLOYERS



We're making employee benefits administration easy.

How to Find Resources for Your Group Renewal

Log in to [GuideStone Employer Access® Program \(EAP\)](#) to find your renewal materials by selecting "Find Your Renewal Documents Here". You will be able to access your:

- 3 Easy Steps to Renewal Checklist
- *Employee Benefit Plans Renewal Booklet(s)*
- 2025 Plan Changes
- Forms
- Notices
- And more

Rates will be available here **October 1**.

GuideStone is excited to announce that patient advocacy will transition from Quantum Health® to Highmark® Clarity beginning January 1, 2025.

Clarity is your new team for navigating health care. Your employees will have access to Clarity — a team of advocates with medical, benefit and service expertise to help employees understand coverage and find high-quality care.

Clarity is just a tap, click or call away with one mobile app and one phone number.

[MyHighmark® app](#) | 1-866-472-0924

Get to know [Clarity](#).

BUILD A FLEXIBLE BENEFITS PACKAGE



GuideStone's goal is to help you build the right benefits package and get the most out of your health care dollars.

Options Tailored to Meet Your Ministry's Needs



Medical

Our health plans bring value while sharing your biblical values. With a multitude of options, it's easy to find one that works for you.



Dental

Our dental plans are designed to balance benefits and costs — that's worth a smile! With three plan options, you can find one to fit your ministry's budget.



Vision

The right vision benefit can improve employee health and productivity while lowering health care costs.



Life and accident plans

Life insurance is designed primarily to provide a financial safety net for your employees' families during their most crucial income-earning years.



Short- and long-term disability

One in four workers will become disabled during their career, according to the Social Security Administration. Disability coverage protects your employees' paychecks by replacing a portion of their income during a disability.

Vendor Experienced in Working with GuideStone Group Plans

Employee Benefits Corporation (EBC)

[Employee Benefits Corporation](#) can help with your administrative needs like flex plans, Health Reimbursement Arrangements and Health Savings Accounts.

COMPREHENSIVE PLANS



Comprehensive plans allow your employees to receive a higher level of benefits when they use participating health care providers and facilities.

Effective January 1, 2025

Medical Benefits		Health Today	Health Choice 500	Health Choice 1000	Health Choice 1500	Health Choice 2000	Health Choice 2000 Plus	Health Choice 2500
In-network	Minimum Group Plans enrollment	No minimum	No minimum	No minimum	No minimum	No minimum	5+	No minimum
	Annual deductibles: individual/family	\$0/\$0	\$500/ \$1,000	\$1,000/ \$2,000	\$1,500/ \$3,000	\$2,000/ \$4,000	\$2,000/ \$4,000	\$2,500/ \$5,000
	Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	100%/0%	80%/20%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$3,750/ \$7,000	\$4,750/ \$7,500	\$5,000/ \$8,250	\$5,500/ \$11,000	\$5,750/ \$11,500	\$5,750/ \$11,500	\$5,900/ \$11,800
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible or co-pay)	0%	0%	0%	0%	0%	0%	0%
	Primary care or retail clinic/specialist visit co-pay	\$25/\$45	\$25/\$45	\$25/\$45	\$25/\$45	\$25/\$45	\$25/\$45	\$25/\$45
	Teladoc® co-pay	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Urgent care	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	0% after deductible	\$50 co-pay
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	20%	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible	20% after deductible
	Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST)) co-pay	\$45	\$45	\$45	\$45	\$45	\$45	\$45
	Hospital inpatient (including maternity)	20%	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible	20% after deductible
	Emergency room services (per visit)	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 20%
	Mental health/substance abuse:							
	• Inpatient/intensive outpatient services	20%	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	• Office and professional services co-pay	\$25	\$25	\$25	\$25	\$25	\$25	\$25
	Chiropractic services co-pay (12 visits annually)	\$45	\$45	\$45	\$45	\$45	\$45	\$45
	Comprehensive routine eye exam co-pay (one exam every 12 months)	\$25	\$25	\$25	\$25	\$25	\$25	\$25

COMPREHENSIVE PLANS



Effective January 1, 2025

Medical Benefits		Health Choice 3000 ¹	Health Choice 3500 ¹	Health Choice 4000 ¹	Health Choice 4000 ¹ Plus	Health Choice 5000 ¹	Economy Health 5000 ¹	Health Choice 6000 ¹
In-network	Minimum Group Plans enrollment	No minimum	No minimum	No minimum	5+	No minimum	50+	No minimum
	Annual deductibles: individual/family	\$3,000/ \$5,000	\$3,500/ \$7,000	\$4,000/ \$7,000	\$4,000/ \$7,000	\$5,000/ \$10,000 ²	\$5,000/ \$10,000 ²	\$6,000/ \$12,000 ²
	Plan pays/individual pays (co-insurance) (after deductible)	70%/30% or 80%/20%	80%/20%	80%/20%	100%/0%	70%/30% or 80%/20%	100%/0%	70%/30%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$6,000/ \$12,000	\$6,350/ \$12,700	\$6,350/ \$12,700	\$6,350/ \$12,700	\$6,500/ \$12,700	\$5,000 individual coverage only \$8,700/ \$10,000 individual/family ⁹	\$7,000/ \$14,000 ⁹
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible or co-pay)	0%	0%	0%	0%	0%	0%	0%
	Primary care or retail clinic/specialist visit co-pay	\$25/\$45 co-pay	\$25/\$45 co-pay	\$25/\$45 co-pay	\$25/\$45 co-pay	\$25/\$45 co-pay	100% after deductible	\$25/\$45 co-pay
	Teladoc® co-pay	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Urgent care	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	0% after deductible	\$50 co-pay
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	30% or 20% after deductible	20% after deductible	20% after deductible	0% after deductible	30% or 20% after deductible	0% after deductible	30% after deductible
	Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST)) co-pay	\$45	\$45	\$45	\$45	\$45	0% after deductible	\$45
	Hospital inpatient (including maternity)	30% or 20% after deductible	20% after deductible	20% after deductible	0% after deductible	30% or 20% after deductible	0% after deductible	30% after deductible
	Emergency room services (per visit)	\$250 co-pay, then 30% or 20%	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 0%	\$250 co-pay, then 30% or 20%	0% after deductible	\$250 co-pay, then 30%
	Mental health/substance abuse: • Inpatient/intensive outpatient services • Office and professional services co-pay	30% or 20% after deductible \$25 co-pay	20% after deductible \$25 co-pay	20% after deductible \$25 co-pay	0% after deductible \$25 co-pay	30% or 20% after deductible \$25 co-pay	0% after deductible 0% after deductible	30% after deductible \$25 co-pay
	Chiropractic services co-pay (12 visits annually)	\$45 co-pay	\$45 co-pay	\$45 co-pay	\$45 co-pay	\$45 co-pay	0% after deductible	\$45 co-pay
	Comprehensive routine eye exam co-pay (one exam every 12 months)	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	0% after deductible	\$25 co-pay

See footnotes on next page.

COMPREHENSIVE PLANS



Effective January 1, 2025

Prescription Drug Benefits ^{3,4,5,6}		All Plans*	Health Choice 3500 ¹
Retail	Generic drug	\$15 co-pay	20% with a per-prescription maximum of \$250
	Preferred drug	\$50 co-pay	20% with a per-prescription maximum of \$250
	Non-preferred drug	\$75 co-pay	20% with a per-prescription maximum of \$250

Prescription Drug Benefits ^{3,4,5,6}		All Plans*	Health Choice 3500 ¹
Mail Order/Walgreens/CVS	Generic drug	\$30 co-pay	20% with a per-prescription maximum of \$750
	Preferred drug	\$100 co-pay	20% with a per-prescription maximum of \$750
	Non-preferred drug	\$150 co-pay	20% with a per-prescription maximum of \$750
	Diabetic supplies (no deductible)	\$20 co-pay	20% with \$750 max
	Participating insulin ⁹ (no deductible)	\$75 co-pay	\$75 co-pay

Prescription Drug Benefits ^{3,4,5,6}		All Plans*	Health Choice 3500 ¹
Specialty	Specialty generic drug	\$50 co-pay	20% with a per-prescription maximum of \$250
	Specialty preferred drug	\$75 co-pay	20% with a per-prescription maximum of \$250
	Specialty non-preferred drug	\$100 co-pay	20% with a per-prescription maximum of \$250

*All plans except Health Choice 3500.

¹This plan does not constitute "creditable coverage" for Massachusetts residents.

²Maximum out-of-pocket (MOOP) for family coverage: An individual is not required to contribute more than the 2025 Affordable Care Act (ACA) limit of \$9,200.

³If the cost of the prescription is less than the co-pay, the member pays the full cost of the prescription.

⁴Retail available as 30-day supply, mail or member selected retail pharmacy (Walgreens® or CVS®) as 90-day supply and specialty as 30-day supply through mail order.

⁵Thirty-day supply of maintenance medications filled at retail will incur a \$10 penalty after the second retail fill. The \$10 penalty does not accumulate toward the deductible or the MOOP limit. This penalty does not apply to ACA preventive medications. Global Core plans and Health Choice 3500 are excluded from this penalty.

⁶If a non-generic drug is purchased when a generic is available, the member must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the MOOP limit.

⁷A 90-day supply of maintenance drugs can be filled either by mail order or member selected pharmacy (Walgreens or CVS).

⁸Co-pays for certain specialty medications will be set to the maximum available manufacturer co-pay assistance. These co-pays will be paid by the manufacturer after the member applies for co-pay assistance and will not apply toward MOOP.

⁹Insulin co-pay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.

COMPREHENSIVE PLANS: GLOBAL CORE



You may have missionaries abroad, but your roots are here in the U.S. — which is why the right medical benefits program for your ministry must include both domestic and international benefits.

These unique plans are designed specifically for organizations with employees serving both stateside and internationally. These plans offer comprehensive benefits while being cost-effective for your ministry.

Effective January 1, 2025

Medical Benefits		Global Core 3500 ¹	Global Core 5000 ¹
In-network	Deductible for individual coverage	\$3,500 ²	\$5,000 ²
	Deductible for family coverage	\$7,000	\$10,000
	Plan pays/individual pays (co-insurance)	100% after deductible	100% after deductible
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only)	\$3,500/\$7,000 ²	\$5,000/\$10,000 ^{2,3}
	Primary care or retail clinic visit/specialist office visit	0% after deductible	0% after deductible
	Teladoc® co-pay ⁴	\$0	\$0
	Wellness and preventive care	0%	0%
	Hospital inpatient (including maternity)	0% after deductible	0% after deductible
	Outpatient surgery	0% after deductible	0% after deductible
	Emergency room services	0% after deductible	0% after deductible
	Urgent care	0% after deductible	0% after deductible
	Outpatient services (CT scans, MRI, diagnostic)	0% after deductible	0% after deductible
	Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST))	0% after deductible	0% after deductible
	Chiropractic services (12 visit annually)	0% after deductible	0% after deductible
	Mental health/substance abuse — inpatient services	0% after deductible	0% after deductible
	Mental health/substance abuse — office and professional services	0% after deductible	0% after deductible
	Vision exam (one exam every 12 months)	0% after deductible	0% after deductible

See footnotes on next page.

COMPREHENSIVE PLANS: GLOBAL CORE



Effective January 1, 2025

Prescription Drug Benefits ^{3,4,5,6,7,8}		Global Core 3500 & 5000 ¹
Retail	Generic drug	0% after deductible
	Preferred drug ⁵	0% after deductible
	Non-preferred drug ⁵	0% after deductible

Prescription Drug Benefits ^{6,7}		Global Core 3500 & 5000 ¹
Mail Order/Walgreens/CVS	Generic drug	0% after deductible
	Preferred drug ⁶	0% after deductible
	Non-preferred drug ⁶	0% after deductible
	Diabetic supplies ⁵ (no deductible)	0% after deductible
	Participating insulin ⁸ (no deductible)	\$75 co-pay

Prescription Drug Benefits ^{6,7}		Global Core 3500 & 5000 ¹
Specialty	Specialty generic drug	0% after deductible
	Specialty preferred drug ⁹	0% after deductible
	Specialty non-preferred drug ⁹	0% after deductible

¹This plan does not constitute "creditable coverage" for Massachusetts residents.

²The deductible is met by both medical and prescription drug expenses. The deductible is waived for medical claims incurred outside of the United States. The deductible is not waived for prescription drug claims incurred outside of the United States.

³For family coverage, one individual cannot be responsible for more than the 2025 Affordable Care Act (ACA) limit of \$9,200.

⁴Telemedicine provided via Teladoc® within the United States.

⁵Costs for diabetic supplies bypass the deductible and pay at the co-insurance level.

⁶If a non-generic drug is purchased when a generic is available, the member must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the maximum out-of-pocket (MOOP) limit.

⁷A 90-day supply of maintenance drugs can be filled either by mail order or member selected retail pharmacy (Walgreens, or CVS). Prices may vary.

⁸Insulin co-pay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.

⁹Co-pays for certain specialty medications will be set to the maximum available manufacturer co-pay assistance. These co-pays will be paid by the manufacturer after the participant applies for co-pay assistance and will not apply toward MOOP.

CONSUMER-DRIVEN PLANS



GuideStone's consumer-driven plans are Health Savings Account (HSA)-qualified High Deductible Health Plans (HDHPs), which are designed to be paired with a tax-advantaged HSA.

Note: If you do not intend to pair the Health Saver plans with an HSA, these plans may not be right for your organization.

How are these plans different?

Consumer-driven plans typically do not have co-pays for primary care/specialist visits and prescription drugs. Participants pay 100% of medical and prescription drug claims until they've reached the plan's deductible. Then the plan pays at the co-insurance level.

The HSA Advantage

An HSA is an investment vehicle that allows an individual to invest money on a pretax basis for eligible medical expenses. You may open an HSA and make contributions only if you are enrolled in a qualified HDHP.

Employers can help offset the impact of the initial financial costs by offering contributions to their employees' HSA accounts.

The HSA has a triple tax advantage, established by the IRS:

- Participants are not taxed on contributions.
- Earnings from contributions are not taxed.
- Withdrawals are not taxed, as long as they are used for qualified medical expenses.

Participants may not open an HSA if they are:

- Covered by any non-qualified health plan (plan with co-pays)
- Enrolled in Medicare
- Claimed as a dependent on another individual's tax return

CONSUMER-DRIVEN PLANS



Effective January 1, 2025

Medical Benefits	Health Saver Standard (Aggregate Deductible)	Health Saver 2000 ² (Aggregate Deductible)	Health Saver 2750 ^{1,2} (Embedded Deductible)	Health Saver 2800 ^{1,2} (Aggregate Deductible)	Health Saver (Embedded Deductible)	Health Saver 2800 Plus ^{1,2} (Aggregate Deductible)	Health Saver Plus (Embedded Deductible)
		Closed to new groups	Closed to new groups	Closed to new groups		Closed to new groups	
Minimum Group Plan Enrollment	No minimum	No minimum	No minimum	No minimum	No minimum	5+	5+
Annual deductibles: individual/ family	\$1,650/\$3,300	\$2,000/\$4,000	\$2,750 individual coverage only \$3,300/\$5,600	\$2,800/\$5,600	\$3,300/\$6,600	\$2,800/\$5,600	\$3,300/\$6,600
Plan pays/individual pays (co-insurance) (after deductible)	90%/10%	90%/10%	80%/20%	80%/20%	80%/20%	100%/0%	100%/0%
Maximum out-of-pocket (medical and prescription): individual/ family (in-network services only, including deductible, co-pays and co-insurance)	\$3,300/\$6,600	\$4,000/\$7,500	\$4,800/\$9,600 ³	\$4,900 individual coverage only \$7,500/\$9,800 individual/family	\$5,000/\$10,000	\$4,900 individual coverage only \$7,500/\$9,800 individual/family	\$5,000/\$10,000
Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible)	0%	0%	0%	0%	0%	0%	0%
Primary care or retail clinic visit/specialist visit co-pay (after deductible)	10%	10%	20%	20%	20%	0%	0%
Teladoc ⁴ (after deductible)	0%	0%	0%	0%	0%	0%	0%
Urgent care (after deductible)	10%	10%	20%	20%	20%	0%	0%
Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility (after deductible)	10%	10%	20%	20%	20%	0%	0%
Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT) /Speech Therapy (ST)) (after deductible)	10%	10%	20%	20%	20%	0%	0%
Hospital inpatient (including maternity) (after deductible)	10%	10%	20%	20%	20%	0%	0%
Emergency room services (per visit) (after deductible)	After deductible, \$250 co-pay, then 10%	After deductible, \$250 co-pay, then 10%	After deductible, \$250 co-pay, then 20%	After deductible, \$250 co-pay, then 20%	After deductible, \$250 co-pay, then 20%	After deductible, \$250 co-pay, then 0%	After deductible, \$250 co-pay, then 0%
Mental health/substance abuse – inpatient (after deductible)	10%	10%	20%	20%	20%	0%	0%
Mental health/substance abuse – office and professional services (after deductible)	10%	10%	20%	20%	20%	0%	0%
Chiropractic services (12 visits annually) (after deductible)	10%	10%	20%	20%	20%	0%	0%
Prescription drugs ^{5,6,7} (after deductible)	10%	10%	20%	20%	20%	co-pays after deductible	co-pays after deductible
Diabetic supplies (no deductible)	10%	10%	20%	20%	20%	0%	0%
Participating insulin co-pay ⁸ (no deductible)	\$75	\$75	\$75	\$75	\$75	\$75	\$75

¹These plans do not constitute “creditable coverage” for Massachusetts residents.

²Plan deductible must be met before co-insurance applies. The maximum out-of-pocket (MOOP) limit includes the deductible and co-insurance for eligible, in-network services.

³Maximum out-of-pocket for family coverage: An individual is not required to contribute more than the 2025 ACA limit of \$9,200.

⁴Members are required to pay the full consultation fee until they have met their deductible.

⁵Retail available as 30-day supply, mail order or member selected retail pharmacy (Walgreens or CVS) as 90-day supply and specialty as 30-day supply through mail order.

⁶If a non-generic drug is purchased when a generic is available, the member must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the MOOP limit.

⁷A 90-day supply of maintenance drugs can be filled either by mail order or member selected retail pharmacy (Walgreens or CVS). Prices may vary.

⁸ Insulin co-pay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.

CONSUMER-DRIVEN PLANS



Effective January 1, 2025

Medical Benefits		Health Saver 3000 ^{1,2} (Aggregate Deductible)	Health Saver 4000 ^{1,2} (Embedded Deductible)	Health Saver 4000 Plus ^{1,2} (Embedded Deductible)	Health Saver 5000 ^{1,2} (Embedded Deductible)	Health Saver 6000 ^{1,2} (Embedded Deductible)
In-network		Closed to new groups				
	Minimum Group Plan Enrollment	No minimum	No minimum	5+	No minimum	No minimum
	Annual deductibles: individual/ family	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000
	Plan pays/individual pays (co-insurance) (after deductible)	90%/10%	80%/20%	100%/0%	100%/0%	100%/0%
	Maximum out-of-pocket (medical and prescription): individual/ family (in-network services only, including deductible, co-pays and co-insurance)	\$4,900 individual coverage only \$7,500/\$9,800 ³	\$6,000/\$12,000 ³	\$6,000/\$12,000 ³	\$5,000/\$10,000 ³	\$6,000/\$12,000 ³
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible)	0%	0%	0%	0%	0%
	Primary care or retail clinic visit/ specialist visit co-pay (after deductible)	10%	20%	0%	0%	0%
	Teladoc ^{®4} (after deductible)	0%	0%	0%	0%	0%
	Urgent care (after deductible)	10%	20%	0%	0%	0%
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility (after deductible)	10%	20%	0%	0%	0%
	Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/ Speech Therapy (ST)) (after deductible)	10%	10%	0%	0%	0%
	Hospital inpatient (including maternity) (after deductible)	10%	20%	0%	0%	0%
	Emergency room services (per visit)(after deductible)	\$250 co-pay, then 10%	\$250 co-pay, then 20%	\$250 co-pay, then 0%	0%	0%
	Mental health/substance abuse — inpatient (after deductible)	10%	20%	0%	0%	0%
	Mental health/substance abuse — office and professional services (after deductible)	10%	20%	0%	0%	0%
	Chiropractic services (12 visits annually) (after deductible)	10%	20%	0%	0%	0%
	Prescription drugs ^{5,6,7} (after deductible)	10%	20%	co-pays after deductible	0%	0%
	Diabetic supplies (no deductible)	10%	10%	0%	0%	0%
	Participating insulin co-pay ⁸ (no deductible)	\$75	\$75	\$75	\$75	\$75

¹These plans do not constitute “creditable coverage” for Massachusetts residents.

²Plan deductible must be met before co-insurance applies. The maximum out-of-pocket (MOOP) limit includes the deductible and co-insurance for eligible, in-network services.

³Maximum out-of-pocket for family coverage: An individual is not required to contribute more than the 2025 ACA limit of \$9,200.

⁴Members are required to pay the full consultation fee until they have met their deductible.

⁵Retail available as 30-day supply, mail order or member selected retail pharmacy (Walgreens or CVS) as 90-day supply and specialty as 30-day supply through mail order.

⁶If a non-generic drug is purchased when a generic is available, the member must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the MOOP limit.

⁷A 90-day supply of maintenance drugs can be filled either by mail order or member selected retail pharmacy (Walgreens or CVS). Prices may vary.

⁸ Insulin co-pay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.

PROTECTION PLANS



GuideStone's protection plans give your ministry options so you can offer quality, budget-friendly health coverage to your employees. Protection plans include 100% coverage for certain wellness benefits.

As our lowest-cost plans, they can be the right choice for healthy groups. They are also an alternative to Christian medical sharing plans.

Value Health 5000

How is this plan different?

- Co-pays for occasional doctor visits: Primary care/retail clinic visits have \$0 co-pays with no limits. Specialist visits now have a \$70 co-pay and urgent care visits have a \$120 co-pay with no visit limits.
- Prescription drug benefits: Generic retail prescriptions are available for \$15, and generic mail order is available for \$30. For prescriptions other than generic, members must meet the combined medical and prescription deductible; they then pay a co-pay (see chart).
- No coverage for chiropractic or vision services: Members are responsible for paying the full cost for these services.

Effective January 1, 2025

Medical Benefits	Value Health 3000 ¹ EPO	Value Health 5000 ¹ EPO	Value Health 5000 ¹
	New Plan	New Plan	
Annual deductibles: individual/family ²	\$3,000/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000
Plan pays/individual pays (co-insurance) (after deductible)	70%/30%	70%/30%	70%/30%
Maximum out-of-pocket (medical and prescription): individual/ family (in-network services only, including deductible, co-pays and co-insurance)	\$6,000/\$12,000	\$7,900/\$15,800	\$7,900/\$15,800
Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible or co-pay)	0%	0%	0%
Primary care or retail clinic/specialist visit ^{3,4}	\$0 primary care/retail clinic co-pay; \$70 specialty co-pay	\$0 primary care/retail clinic co-pay; \$70 specialty co-pay	\$0 primary care/retail clinic co-pay; \$70 specialty co-pay
Teladoc®	\$0 co-pay (unlimited)	\$0 co-pay (unlimited)	\$0 co-pay (unlimited)
Urgent care ^{3,4}	\$120 co-pay	\$120 co-pay	\$120 co-pay
Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	30% after deductible	30% after deductible	30% after deductible
Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST))	\$70 co-pay	\$70 co-pay	\$70 co-pay
Emergency room services (per visit)	\$300 co-pay, then 30% (no deductible)	\$300 co-pay, then 30% (no deductible)	\$300 co-pay, then 30% after deductible
Mental health/substance abuse — inpatient	30% after deductible	30% after deductible	30% after deductible
Mental health/substance abuse — office and professional services	\$0 co-pay	\$0 co-pay	\$0 co-pay
Hospital inpatient (including maternity) ^{3,4}	30% after deductible	30% after deductible	30% after deductible

See footnotes on next page.

PROTECTION PLANS



Effective January 1, 2025

Prescription Drug Benefits ^{5,6,7}		Value Health Plans ¹
Retail	Generic drug	\$15
	Preferred drug	\$50 after deductible
	Non-preferred drug	\$75 after deductible

Prescription Drug Benefits ^{5,6,7}		Value Health Plans ¹
Mail Order/Walgreens/CVS	Generic drug	\$30
	Preferred drug	\$125 after deductible
	Non-preferred drug	\$185 after deductible
	Diabetic supplies	\$20 (no deductible)
	Select insulin ⁸	\$75 (no deductible)

Prescription Drug Benefits ⁵		Value Health Plans ¹
Specialty	Specialty generic drug	30% after deductible
	Specialty preferred drug ⁹	30% after deductible
	Specialty non-preferred drug ⁹	30% after deductible

¹This plan does not constitute "creditable coverage" for Massachusetts residents.

²The maximum out-of-pocket (MOOP) limit includes the deductible and co-insurance for eligible, in-network services.

³Prior authorization required for physical, speech and occupational therapy, and outpatient imaging.

⁴There is a 30-visit limit for each of the following: physical, speech and occupational therapy.

⁵Retail available as 30-day supply, mail-order or member-selected retail pharmacy (Walgreens or CVS) as 90-day supply and specialty as 30-day supply through mail order. Prices may vary.

⁶If a preferred or non-preferred drug is purchased when a generic is available, the participant must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent.

⁷A 90-day supply of maintenance drugs can be filled either by member-selected retail pharmacy (Walgreens or CVS) or by mail order. Prices may vary.

⁸Insulin co-pay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.

⁹Co-pays for certain specialty medications will be set to the maximum available manufacturer co-pay assistance. These co-pays will be paid by the manufacturer after the member applies for co-pay assistance and will not apply toward MOOP.

GuideStone Secure Health™ 3000

Secure Health 3000 is an alternative plan that provides true medical coverage at our lowest monthly cost. If you are interested in this plan, please contact your relationship manager.

DENTAL PLANS



Offering a dental plan to your employees can help them budget for their families' dental care and make better health choices.

Effective January 1, 2025

Dental Plan Comparison Chart		Premier Dental Care Plan ¹	Choice Dental Care Plan ¹	Cigna Dental Care DHMO Plan ³
In-network	Providers	May use any provider or save with network providers	May use any provider or save with network providers	May use only providers in the network
	Deductible (per person per year) ²	\$50	\$50	No deductible
	Annual maximum benefit (per person)	\$1,500	\$1,200	No annual maximum
	Preventive and diagnostic care	0%	10%	\$5 office visit co-pay + applicable fee (if any) ³
	Basic restorative care	20%	30%	\$5 office visit co-pay + applicable fee (if any) ³
	Major restorative care	50%	50%	\$5 office visit co-pay + applicable fee (if any) ³
	Orthodontia	50% with a lifetime maximum benefit of \$1,000	50% with a lifetime maximum benefit of \$1,000	\$5 office visit co-pay + applicable fee (if any) ³
	Waiting periods	None	None	None
Out-of-Network	Deductible (per person per year) ²	\$50	\$50	Not covered
	Annual maximum benefit (per person)	\$1,200	\$1,000	Not covered
	Preventive and diagnostic care	0%	10%	Not covered
	Basic restorative care	20%	30%	Not covered
	Major restorative care	50%	50%	Not covered
	Orthodontia	50% with a lifetime maximum benefit of \$1,000	50% with a lifetime maximum benefit of \$1,000	Not covered

¹Coverage percentages are based on reasonable and customary charges.

²Deductibles apply to basic and major services and for out-of-network preventive and diagnostic care for the Premier Dental Care and Choice Dental Care plans.

³Fees are based on the [Cigna Dental Care® \(DHMO\) Patient Charge Schedule \(WI-V9\)](#).

If you have over 50 employees and contribute 100% for the dental plans, please contact your relationship manager for some additional plan options.

Helpful Planning Tips

The Premier Dental Care Plan and the Choice Dental Care Plan both allow you to use any provider and receive benefits. However, the plans also allow you to take advantage of cost savings through Cigna's Total Cigna DPPO network.

With the [Cigna Dental Care DHMO Plan](#) (not available in all areas), employees must select a primary care provider or dental office in the Cigna Dental Care Access Plus network to receive benefits.

To find a PPO or HMO dental network provider in your area, call **1-800-CIGNA24** or visit [my.Cigna.com](https://my.cigna.com).

These dental products are administered by Cigna Health and Life Insurance Company through GuideStone Financial Resources' benefits program.

TERM LIFE AND ACCIDENT PLANS



Nearly seven in 10 American households would be in immediate financial jeopardy if the primary income provider died, according to LIMRA, an industry research group. And fewer than half of all American households have life insurance — a 50-year low.

Help your employees protect their families' financial security with GuideStone's term life and accident plans. Below are our standard term life and accident benefits. Some groups may have different benefits.

Effective January 1, 2025

Employee Term Life Plan

Coverage amounts	Standard issue is \$5,000 increments from \$10,000 to \$50,000, a flat amount of \$100,000 or one to eight times annual salary. Additional term life coverage (Optional Life) is also available without medical underwriting in flat amounts from \$10,000 to \$50,000.* A flat amount of \$100,000 and one to eight times annual salary are also available with medical underwriting.**
Coverage maximum	Lesser of eight times salary or \$750,000
Benefit reduction at age 65 (active employee)	Reduces to 65% of current amount (but will not reduce below \$20,000)
Retirement	Maximum of \$20,000 or coverage amount at retirement, whichever is less

Spouse Term Life Plan

Coverage amount	\$5,000 increments
Coverage maximum	50% of Employee Term Life Plan coverage up to a maximum benefit of \$250,000

Child Term Life Plan

Coverage amount	\$10,000
Coverage maximum	Coverage continues to age 26

Accidental Death and Dismemberment (AD&D) (Employee only)

Benefit	Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident
Coverage amount	Equals Employee Term Life Plan benefit amount

Supplemental Accidental Death and Dismemberment (AD&D) (Employee only)

Benefit	Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident
Employee coverage amount	\$25,000 increments up to a maximum of \$500,000
Spouse coverage amount	50% of employee coverage amount

Plans are not available to members working in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

*Guaranteed Issue is offered only during initial 31-day eligibility period.

**If your employee is applying for more than \$50,000 of coverage, they must submit a completed [Evidence of Good Health Application](#) for underwriting approval. They will be provided \$50,000 of coverage until the additional amount is approved.

DISABILITY PLANS



One in four workers will become disabled before retirement¹ – most by a disability caused by a common illness like joint pain, cancer and chronic diseases.² Having disability coverage allows your employees to protect their most valuable financial asset – their paycheck.

Effective January 1, 2025

Long-Term Disability Plans*		Economy	Choice	Premier
In-network	Elimination period	180 days	90 days	90 days
	Benefit percentage	Up to 60% of monthly earnings	Up to 60% of monthly earnings	Up to 60% of monthly earnings
	Maximum monthly benefit	\$7,500 per month	\$15,000 per month	\$15,000 per month
	Definition of disability	2 years own occupation	2 years own occupation	3 years own occupation
	Social Security integration	Family	Family	Self
	Self-reported mental/nervous limitation	12 months	12 months	24 months
	Rehabilitation & Return to Work Program	Included	Included	Included
	Maximum benefit period	ADEA ³ I	ADEA ³ I	Social Security Normal Retirement Age ⁴ (SSNRA)

¹[SSA.gov/disabilityfacts/facts.html](https://ssa.gov/disabilityfacts/facts.html)

²DisabilityCanHappen.org/common-causes

³For more information regarding the Age Discrimination Employment Act (ADEA), please visit our [Disability FAQs](#).

⁴The full retirement age is 66 if you were born from 1943 to 1954. The full retirement age increases gradually if you were born from 1955 to 1960 until it reaches 67. For anyone born 1960 or later, full retirement benefits are payable at age 67.

Effective January 1, 2025

Short-Term Disability Plans**		Economy***	Choice	Premier
In-network	Elimination period	14 days	7 days	7 days
	Benefit percentage	Up to 60% of weekly earnings	Up to 60% of weekly earnings	Up to 60% of weekly earnings
	Maximum benefit period	24 weeks	12 weeks	12 weeks
	Minimum weekly benefit	\$25 per week	\$25 per week	\$25 per week
	Maximum weekly benefit	\$1,000 per week	\$1,000 per week	\$1,000 per week
	Definition of disability	Any sickness or injury that prevents active work for more than 14 days	Any sickness or injury that prevents active work for more than 7 days	Any sickness or injury that prevents active work for more than 7 days

*Long-term disability plans are not available to participants working in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

**Short-term disability plans are only available within the United States.

***The Economy Short-Term Disability Plan has a longer benefit period than the Choice and Premier Short-Term Disability plans to provide benefits throughout the longer elimination period under the Economy Long Term Disability Plan.



Effective January 1, 2025

Vision coverage is more critical to a benefits package than you might think. The right vision plan can improve employee health and productivity while lowering health care costs. Your employees will have access to the Vision Service Plan (VSP®) Choice Network which includes independent doctors and retail chains such as Visionworks®, Pearle Vision®, Walmart®, Costco® and more.

Benefits	Advanced Vision Plan	Standard Vision Plan
Exams		
WellVision® exam co-pay	\$10	\$10
Contact lens exam (fitting and evaluation)	Up to \$60	Up to \$60
Frames		
Prescription glasses co-pay	\$20	\$25
VSP Network Doctors and VisionWorks	\$175 allowance; plus 20% off any amount above the allowance	\$150 allowance; plus 20% off any amount above the allowance
Contacts		
Elective contact lenses (prescription contact lenses, in lieu of glasses)	\$175 allowance	\$150 allowance
Necessary contact lenses (medically necessary prescription contact lenses, in lieu of glasses)	Covered in full after co-pay	Covered in full after co-pay
Frequency		
Exam	Every twelve months	Every twelve months
Lenses	Every twelve months	Every twelve months
Frames	Every twelve months	Every twenty-four months

Effective January 1, 2025

Lens Enhancements	Single Vision	Multifocal
Anti-glare coating (standard)	\$41	\$41
Scratch-resistant coating	\$17	\$17
Impact-resistant lenses for children	Covered in full	Covered in full
Impact-resistant lenses for adults	\$35	\$35
Standard progressives	N/A	Covered in full
Premium and custom progressives	N/A	\$95 - \$175
Solid tints/dyes	\$15	\$15
Photochromic lenses	\$75	\$75
UV protection	\$10	\$10

For additional plan details, view the [Advanced Vision Plan Benefit Summary](#) and the [Standard Vision Plan Benefit Summary](#) at [GuideStone.org/PlanDocuments](https://www.guidestone.org/PlanDocuments).

These vision products are administered by Vision Service Plan Insurance Company through GuideStone Financial Resources' benefits program.

EMPLOYEE ENGAGEMENT: **Medical+Minute**

Monthly communication to help your employees better utilize their health plan.

To help employees understand and better utilize their health plan, GuideStone, with your permission, will speak directly to your employees via a monthly email to outline a tool, benefit or wellness article. The monthly communications will include announcements of new benefits and updates about their existing plan. Topics may include preventive care, SmartShopper® and Blue Cross Blue Shield Global® Core.

If you have yet to give us permission to send Medical Minute to your ministry's employees who are enrolled in your health plan, you can [give permission today](#).

HELP YOUR EMPLOYEES FIND THE RESOURCES THEY NEED

Everything Your Employees Need to Manage Their Benefits

Your employees will find answers to common questions.

- Contact information for their benefit providers
- Answers about ID cards
- Information about additional benefits
- Details about preventive care options
- Directions for filing a claim



[GuideStone.org/MemberResources](https://www.guidestone.org/members/resources)

Do you or your employees have questions about your GuideStone products and services?

Our online help center can help you find information on:

- Preventive care
- Teladoc
- Blue Cross Blue Shield Global Core
- And more



[Help.GuideStone.org](https://www.guidestone.org/help)

WELLNESS TOOLS AND PROGRAMS



Staying healthy is easier than ever — your employees just need the right tools! Learn what's available in your Highmark Blue Cross Blue Shield health plan.

Visit [GuideStone.org/WellnessTools](https://www.guidestone.org/WellnessTools)

Clarity is just a tap, click or call away.

You have one mobile app, one website and one phone number.

[MyHighmark app](#) | 1-866-472-0924

Get to know [Clarity](#).



See what others are saying about Clarity:

"Diane was fabulous. I used to have coverage under my husband and had to switch to COBRA. The deductible was supposed to be merged, and it didn't happen. I was lucky enough to get Diane, and she did the research to make sure that everything was getting merged. Diane called me today to let me know it was all taken care of. Diane was great and took the extra step and effort to make sure everything was handled and taken care of. She is a gem that we have."

"I just spoke with Brenda, and she wanted to let us know that Erik did a fantastic job. He took the time to give me information, and I had a lot of questions. He deserves an A+ and high ratings on everything he did today."

WELLNESS TOOLS AND PROGRAMS



Save on Health Care

- [SmartShopper®](#) allows employees to earn cash rewards of up to \$1,000 and reduce their out-of-pocket health care costs by shopping for health care procedures with SmartShopper. They can access SmartShopper by simply calling 1-866-285-7475 to speak to a personal assistant. SmartShopper is not available with the Blue High Performance Network plans.
- [Teladoc](#) (telemedicine provider) gives your employees access to certified doctors, including pediatricians, all day, every day – even holidays, for general medical care. Teladoc services now include [General Medical](#), [Dermatology](#) and [Mental Health](#).

Take Charge of Your Health

- [Highmark](#) offers a comprehensive set of tools, resources, care management, and wellness and member solutions like [health coaching](#) and the [Baby BluePrints® maternity program](#).
- [Blue Distinction® Centers](#) are high-quality hospitals that can lower the chance of complications and shorten stays. Blue Distinction is a designation awarded by the Blue Cross and Blue Shield Association to hospitals proven to deliver superior results for complicated, costly procedures.
- [Thrive – by Sword®: Virtual Joint Health](#) pairs members virtually with a Sword-licensed physical therapist who assesses their pain and tailors a program to their unique needs. Sword offers a digital solution for those who are experiencing pain in the back, neck, shoulder, elbow, wrist, hip, knee or ankle. Utilizing wearable FDA-listed motion sensors and the Thrive by Sword tablet to guide movement, the physical therapists evaluate real-time biofeedback as members go through their exercise sessions. The physical therapist provides ongoing virtual support and guidance throughout the program and is available for questions along the journey. Your employees will have access to this benefit at no cost and with no visit limitations.
- [Twin Health™](#) delivers individualized guidance to help members with prediabetes and type 2 diabetes. It is a dynamic, digital representation of a person's unique metabolism, built from thousands of data points gathered daily from non-invasive wearable sensors and self-reported preferences. For additional information, please review the [Frequently Asked Questions](#).

Cigna International and Medicare-coordinating plans are excluded from wellness tools.



To learn more, visit: [Guidestone.org/WellnessTools](https://www.guidestone.org/wellness-tools)

ADDITIONAL BENEFITS



Your GuideStone health plan protects more than your health. It also provides for your entire well-being with these additional benefits.

Visit GuideStone.org/AdditionalBenefits

- **BCBS Global[®] Core** — Members traveling outside the United States have access to health care providers and hospitals in more than 200 countries and territories around the world. Download the [BCBS Global Core app](#) or go to BCBSGlobalCore.com to help you find doctors, translate medical terms and access emergency care information when you're outside the United States.
- **Blue365[®]** — This member discount program can help you save on products and services that are not part of your health plan coverage. To browse all the deals, go to Blue365Deal.com.
- **Experian IdentityWorksSM** — Highmark BCBS provides Experian IdentityWorks to help members who are victims of identity theft. Enrollment is required at ExperianIDWorks.com/Highmark. Members must provide their personal information to enroll online or via phone. Please note: Your employees will receive an email in December to confirm their coverage for the next year.
- **Vision benefit** — Your vision benefit covers one annual eye exam per covered family member. The coverage does not include the cost of glasses or contact lenses. You must use an in-network provider to receive this benefit. The **vision benefit is not available in all plans**. Please review your plan booklet for details.

Cigna International and Medicare-coordinating plans are excluded from additional benefits.



To learn more, visit: GuideStone.org/AdditionalBenefits



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