How to Get the Most from

Your Health Saver Plan

Group Plans — Highmark Blue Cross Blue Shield

Effective January 1, 2013

GuideStone® Insurance Plans

Do well. Do right.®

How to Get the Most from

Your Health Saver Plan

Welcome to your GuideStone health plan. We count it a joy to provide you with insurance benefits that give you value and share your values. This booklet helps you navigate your health plan by providing contact information and answers to frequently asked questions. We've also included several savings tips to help your family find more value in your medical plan.

Contact Information

GuideStone Financial Resources

If you have a general question about your plan or need help finding information, contact your employer's authorized benefits representative. You can log into *www.MyGuideStone.org* to download your plan booklet and *Summary of Benefits and Coverage*. You can also access the Highmark Blue Cross Blue Shield and Express Scripts websites.

Highmark Blue Cross Blue Shield®

Highmark is your medical network provider and claims administrator. They can answer your questions on what's covered and medical claims. And Highmark can provide you with a new medical ID card.

- Call Highmark at **1-866-472-0924**.
- Log into *www.HighmarkBCBS.com* to find doctors and health care facilities participating in the BCBS PPO network. You can also view your claims, spending and benefits.

Medical ID card: When you enroll in a new GuideStone medical plan, you receive a medical ID card from Highmark. The member and each dependent receives a medical ID card with their name and the primary member's name.

savings tip

Using in-network providers saves you money in two ways:

- The amount you and the plan have to pay may be reduced up to 50% thanks to provider discounts.
- You have a higher level of benefits when you use in-network providers.

Contact Information

Express Scripts®

Express Scripts is your pharmacy benefits administrator. They can answer your questions on prescription drug claims, which drugs are covered and the mail order service. And Express Scripts can provide you with a new prescription drug ID card.

- Call Express Scripts at **1-800-555-3432**.
- Log into *www.Express-Scripts.com* to price medications, ship your medications to your home at no cost through the mail order service, find generic equivalents for brand name drugs and track your spending.

Prescription drug ID card: When you enroll in a new GuideStone medical plan, you receive a prescription drug ID card from Express Scripts. Two ID cards will be sent to each household, but both cards only list the primary member's name. The dependent(s) is not listed. Show your ID card to your pharmacist to receive prescription drug discounts.

savings tip

Express Scripts' website has several resources to help save you money, including:

- The Price a Medication tool shows you how much you could save by filling a generic drug instead of a brand name drug and ordering through the mail order service.
- The My Rx Choices tool shows your current prescriptions and generates lower-cost choices for you. You can also search by drug name to see potential savings by using a comparable, lower-cost drug.
- The mail order pharmacy helps people who regularly fill prescriptions by offering a 90-day supply, greater savings and free delivery.

Frequently asked questions

Does my plan have co-pays?

No. Because your plan is a federally-qualified High Deductible Health Plan (HDHP), you do not have co-pays. Until your deductible is met, you will pay the full cost of the medical services and prescription drugs. Once your deductible is met, you will pay applicable co-insurance until you reach your out-of-pocket maximum.

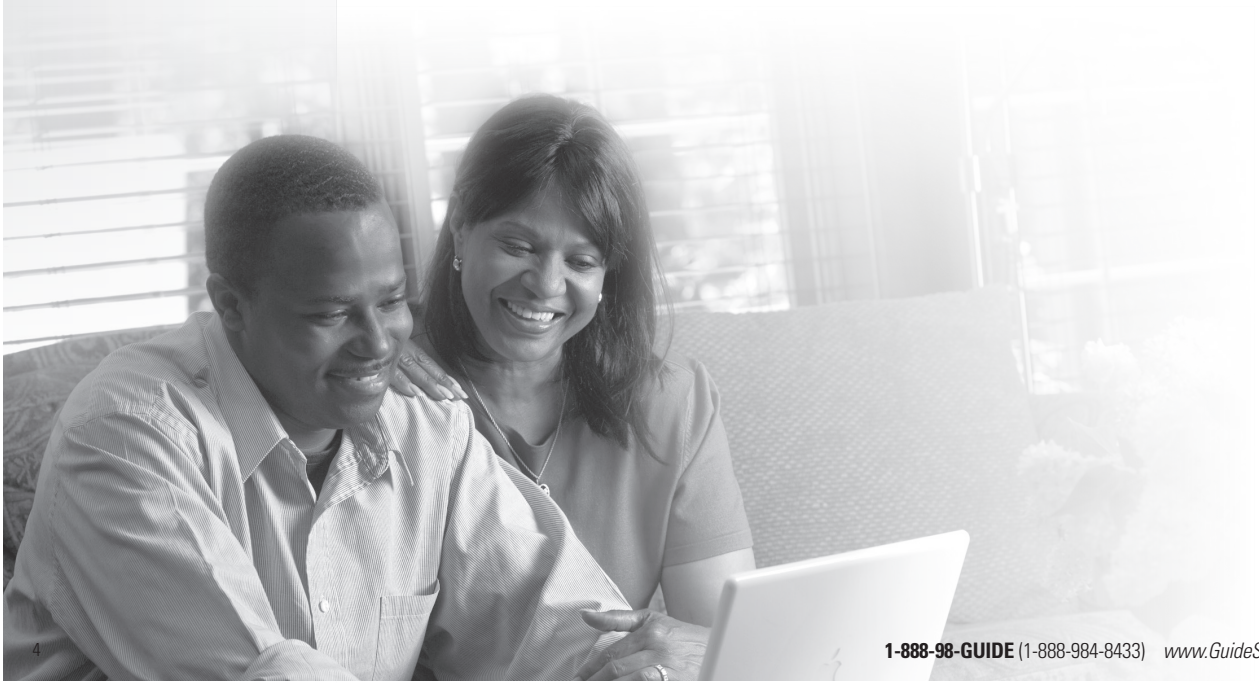
What is a deductible?

A deductible is the amount you pay out-of-pocket before your co-insurance benefits begin. You must meet your deductible with eligible charges, such as hospital admission or an outpatient surgery, before your claims are paid.

The Health Saver 2800 and Health Saver 3000 plans have an aggregate deductible. That means the employee and their dependents must meet the plan's family deductible before any claims will be paid. If the participant does not have dependents on their plan, they are responsible for the individual deductible.

- The family deductible may be met by one individual or by the combined claims of multiple family members.
- Once the family deductible has been met, the plan pays eligible claims at the plan's co-insurance level.
- In-network, preventive care services are not subject to the deductible and are covered at 100%. See the *Preventive Care Schedule* for more information.
- Once the annual out-of-pocket maximum has been met, the plan pays 100% of eligible health care expenses.

The Health Saver 2600 plan has an embedded deductible. That means no one family member is responsible for more than the individual deductible. Once a family member has met the individual deductible, the plan pays 100% of eligible claims for that family member for the remainder of the calendar year. Other family members must continue to pay toward the remaining family deductible until it is met.



What is co-insurance?

Co-insurance is the amount (usually shown in a percentage) you pay for claims after you meet your deductible. Your plan pays for some of your claims and you pay the rest. There is a maximum amount you will pay for claims each year called the co-insurance maximum.

How can I get information about Health Savings Accounts (HSAs)?

Since your plan is a federally-qualified HDHP, you are eligible for an HSA. To get information about HSAs, please contact your employer's authorized benefits representative.

Are pre-existing conditions covered?

If you or your dependents have had at least 12 months of continuous medical coverage prior to applying for GuideStone's health plans, there are no pre-existing condition limitations on your GuideStone plan. You must submit a *Certificate of Creditable Coverage* from your former insurer, if applicable, as proof of prior coverage for GuideStone to waive any limitations. If we do not receive a copy of the certificate or if there is a break of 63 days or more between your prior coverage and your GuideStone coverage, you or your dependents age 19 and older may be subject to a 12-month pre-existing condition limitation.

What is Prior Authorization?

Prior Authorization is required on a small percentage of drugs. It helps make sure each patient receives the appropriate medication at the right time. If your doctor prescribes a drug that requires Prior Authorization, an Express Scripts pharmacist will discuss the prescription with your physician. If you're currently taking medication for which you've already received Prior Authorization, contact Express Scripts to discuss how changing plans may impact your Prior Authorization. Or if you have questions about Prior Authorization, please contact Express Scripts.

What kind of wellness benefits are covered on my health plan?

Wellness benefits, such as preventive care screenings, annual physicals and immunizations, are included in your GuideStone medical plan. These benefits are based on Highmark's *Preventive Care Schedule*. Eligible, in-network wellness services are covered at 100%, do not require co-insurance and are not subject to the deductible. There is no annual maximum benefit. Wellness services received from providers outside the PPO network are not covered.

Do GuideStone health plans cover maternity care?

Yes, all of our health plans include maternity coverage. There are no waiting periods for maternity benefits. Highmark offers an education and support program called Baby BluePrints®. This program is designed to help expectant families better understand every stage of pregnancy and make more informed care and lifestyle-related decisions. To enroll in Baby BluePrints, call Highmark at 1-866-918-5267.

Frequently asked questions *Continued*

When do I need to add my newborn or adopted child to my health plan?

To make sure your claims are properly processed and the child is added to your health plan, you need to add the dependent child within 60 days of the child's birth, adoption or placement for adoption. Contact your benefits administrator to add your newborn or adopted child.

What if I need medical attention while I'm traveling?

If you're going on a road trip, short-term mission trip or traveling internationally, you have coverage across the U.S. and overseas. In the U.S., you're covered by a nationwide network, and you can search for providers just as you would at home. If you need to be hospitalized, call the number on the back of your medical ID card for pre-certification or pre-authorization.

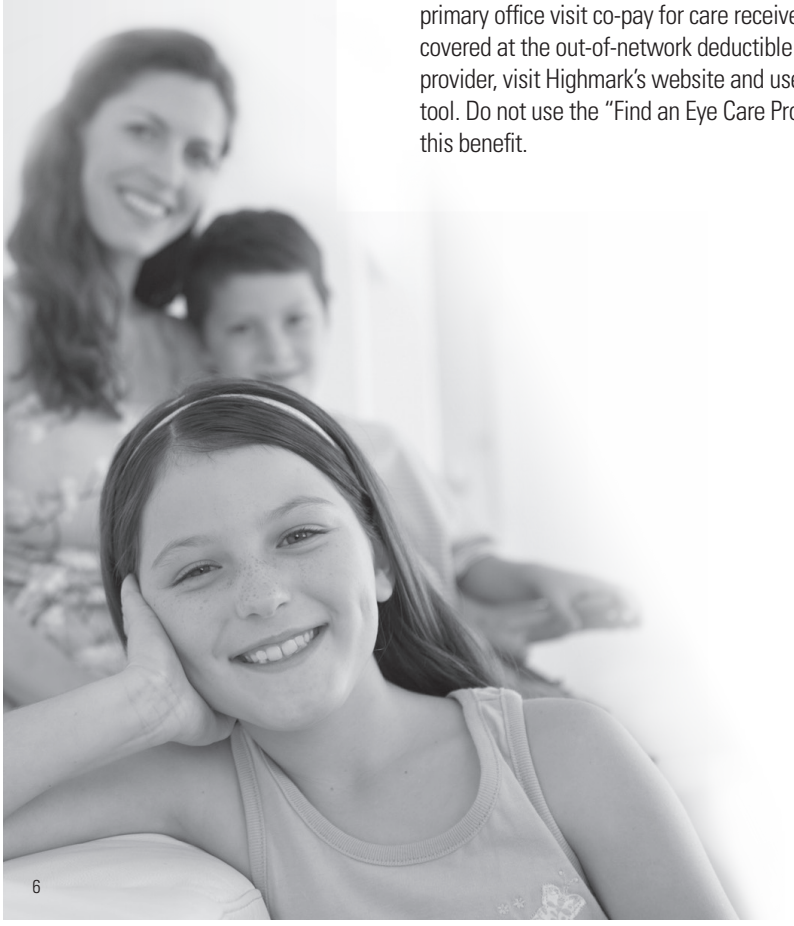
Outside of the U.S., your plan includes international coverage. You have access to doctors and hospitals in more than 200 countries around the world through BlueCard Worldwide. For information about the program, call toll-free 1-800-810-BLUE (1-800-810-2583).

How do I know my claims were paid?

Explanations of Benefits (EOBs) are mailed to you after you receive treatment and a claim is filed. You can also opt to receive your EOBs by mail and online or online only. EOBs explain how benefits were paid under your health plan.

Do I have a vision benefit?

Yes. Your PPO medical plan includes a vision exam benefit. You can receive an annual eye exam for each participant, including an eye health examination, dilation and refraction. This falls under the primary office visit co-pay for care received from an in-network provider. Out-of-network care will be covered at the out-of-network deductible and co-insurance levels. To find an in-network vision provider, visit Highmark's website and use the "Find a Doctor, Hospital or Other Medical Provider" tool. Do not use the "Find an Eye Care Provider" tool because it will render incorrect results under this benefit.



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