



Choosing the right medical plan

Total cost and adequate benefits are the determining factors when selecting your medical plan — not just the monthly rate or the annual deductible. The right plan will have the proper balance of cost and coverage for your family's needs.

The plan being analyzed:	
Monthly rate: \$ _____	Out-of-pocket maximum: \$ _____
Deductible: \$ _____	Your portion of coinsurance: _____ %
Copay: \$ _____	Out-of-pocket maximum plus deductible: \$ _____

First, estimate your healthcare costs for next year: If you are currently in one of GuideStone's PPO plans, visit www.highmarkbcbs.com for a summary of your current healthcare spending.

Estimated number of office visits	_____
Multiply by the plan's copay	\$ _____
Total cost for office visits	\$ _____ (A)

Next, calculate any coinsurance costs:

Estimated healthcare costs (hospitalization, outpatient services and screenings).	\$ _____ (1)
Deductible of the plan you're considering	\$ _____ (2)
<ul style="list-style-type: none"> If estimated costs are smaller than the deductible, skip (3) and (4). Enter estimated costs from (1) into (B), then move to (C). If estimated costs are larger than the deductible, subtract the deductible from your costs (1 minus 2) 	\$ _____ (3)
Write in your portion of the plan's coinsurance	_____ % (4)
Multiply the difference by your portion of the plan's coinsurance, then add the deductible (3 x 4 + 2).	
Do not enter more than the out-of-pocket maximum plus deductible.	\$ _____ (B)

Now enter your estimated cost of prescriptions:

(Multiply your number of prescriptions by the applicable prescription drug copay amount)	\$ _____ (C)
Your total cost to use this plan (A+B+C)	\$ _____ (D)
Annual cost of plan (Multiply your monthly rate x 12)	\$ _____ (E)
Total estimated out-of-pocket cost for this health plan (D + E)	\$ _____

Compare Your Medical Plan Options

Effective January 1, 2011

MEDICAL BENEFITS		Health Choice 5000	Health Choice 3000	Health Choice 2000	Health Choice 1000	Health Choice 500	Health Today
IN-NETWORK	Annual deductibles: individual / family	\$5,000 / \$10,000	\$3,000 / \$5,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$500 / \$1,000	\$0 / \$0
	Plan pays / individual pays [coinsurance]	70% / 30%	70% / 30%	80% / 20%	80% / 20%	80% / 20%	80% / 20%
	Annual coinsurance maximums: individual / family [after deductible]	\$7,000 / \$7,000	\$5,000 / \$5,000	\$5,000 / \$5,000	\$4,000 / \$4,000	\$3,000 / \$3,000	\$4,000 / \$4,000
	Primary care / specialist visit copay	\$25 / \$45	\$25 / \$45	\$25 / \$45	\$25 / \$35	\$25 / \$35	\$20 / \$30
	Wellness visit [per preventive care schedule]	100% no copay	100% no copay	100% no copay	100% no copay	100% no copay	100% no copay
	Hospital inpatient [including maternity] and outpatient surgery facility [after deductible]	70%	70%	80%	80%	80%	80% after \$100 copay
	Emergency room services [deductible does not apply]	70% after \$100 copay	70% after \$100 copay	80% after \$100 copay	80% after \$100 copay	80% after \$100 copay	80% after \$100 copay
	Outpatient services [CT scan; MRI; diagnostic] [after deductible]	70%	70%	80%	80%	80%	80%
	Chiropractic services copay [20 visits annually]	\$45	\$45	\$45	\$35	\$35	\$30
	Mental health / substance abuse <ul style="list-style-type: none"> • Inpatient / intensive outpatient services [after deductible] • Office and professional services copay 	70% \$25	70% \$25	80% \$25	80% \$25	80% \$25	80% after \$100 copay \$20
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PRESCRIPTION DRUG BENEFITS							
RETAIL	30-DAY SUPPLY						
	Individual deductible / family deductible ¹	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$50 / \$100	\$50 / \$100	NA / NA
	Generic drug copay	\$15	\$15	\$15	\$15	\$15	\$15
	Preferred drug copay ²	\$35	\$35	\$35	\$35	\$35	\$35
	Non-preferred drug copay ²	\$50	\$50	\$50	\$50	\$50	\$50
MAIL ORDER	90-DAY SUPPLY						
	Individual deductible / family deductible ¹	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$50 / \$100	\$50 / \$100	NA / NA
	Generic drug copay	\$35	\$35	\$35	\$35	\$35	\$35
	Preferred drug copay ²	\$90	\$90	\$90	\$90	\$90	\$90
	Non-preferred drug copay ²	\$125	\$125	\$125	\$125	\$125	\$125
	Specialty drug copay (up to a 30-day supply)	\$50	\$50	\$50	\$50	\$50	\$50

¹ The individual and family prescription drug deductible is combined for retail and mail order.

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

Definitions

Deductible

The up-front, out-of-pocket expense. You must meet your deductible each year before claims will be paid. Office visit copays do not apply toward your deductible. Expenses that apply toward your deductible include hospitalizations, out-patient procedures and screenings.

To determine a plan's deductible, look on the comparison chart on page two under "Annual deductibles: individual/family." The individual deductible must be paid before coinsurance benefits begin. If everyone in the family is covered by the plan and two or more family members meet the deductible, the plan will consider that all family members have met their individual deductible, and each family member will receive coinsurance benefits for the remainder of the year.

Coinsurance

The percentage of claims your insurance plan covers after you meet your deductible. For example, if your plan's coinsurance is 80%, your plan will pay 80% of the claim and you will pay the remaining 20%. Remember, your coinsurance amount is based on the *discounted* provider fee that Blue Cross Blue Shield negotiates with the provider. If you use in-network providers, you will always have the benefit of the Blue Cross Blue Shield reduced charge.

DETERMINING YOUR PORTION OF COINSURANCE	
Plan pays	You pay
70%	30%
80%	20%

To determine your portion of the coinsurance, look on the second row of the comparison chart under "Plan pays/individual pays [coinsurance]."

Copay

The fixed, up-front dollar amount you pay for certain covered expenses. Office visit copay amounts do not apply toward your deductible or coinsurance, and they do not accumulate toward the out-of-pocket maximum.

To determine your copay, look on the comparison chart under "Primary care/specialist visit copay."

Out-of-pocket maximum

You pay your portion on the coinsurance to a defined out-of-pocket maximum. Once you have paid claims totaling the plan out-of-pocket maximum, the plan pays 100% for all additional claims for the remainder of the calendar year. Your out-of-pocket maximum does not include office visit or prescription drug copays or your deductible.