Global Methodist Church – Clergy

Effective January 1, 2026

GuideStone®

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Committed to Your Ministry

Vision, Mission, Motto

Vision

Every servant of Christ finishes well.™

Mission

We enhance financial security and resilience for those who serve the Lord.

Motto

Serving those who serve the Lord “with the **integrity** of our **heart** and **skillfulness** of our hands.” (Psalm 78:72)

How We're Committed to Your Ministry

1. Our ministry is to serve you
2. Biblically aligned benefits
3. Enhance your well-being
4. Advocate on your behalf
5. Steward your resources

2

Best-in-Class Providers

Bringing together the best-in-class providers

HIGHMARK
An Independent Licensee of the Blue Cross and Blue Shield Association

Nationwide BCBS Medical Network

EVERNORTH
HEALTH SERVICES

Prescription Drug Coverage

cigna healthcare

Nationwide Dental Network

vsp vision care

Vision Coverage

unum

Life and Disability Benefits

3

Health Plans

GMC Health Choice

In-Network Medical Benefits	Health Choice 1000	Health Choice 5000
Annual deductible: individual/family	$1,000/$2,000	$5,000/$10,000
Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	70%/30%
Maximum out-of-pocket (medical and prescription): individual/family	$5,000/$8,250	$6,500/$12,700
Wellness visit (per *Preventive Schedule*)	0% (no co-pay or deductible)	0% (no co-pay or deductible)
Primary care or retail clinic visit co-pay	$25	$25
Teladoc® co-pay	$0	$0
Specialist visit co-pay	$45	$45
Urgent care co-pay	$50	$50
Emergency room services	$250 co-pay, then 20% (no deductible)	$250 co-pay, then 30% (no deductible)
Hospital inpatient (including maternity)	20% after deductible	30% after deductible

GMC Health Choice

Prescription Benefits

Prescription Benefits[1,2,3,4,5]	Retail: 30-day Supply	Mail Order: 90-day Supply	Specialty: 30-day Supply
Generic drug co-pay	$15	$30	$50
Preferred drug co-pay	$50	$100	$75
Non-preferred drug co-pay	$75	$150	$100

[1]If 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 limit.
[2]Maintenance drugs filled at retail, other than Walgreens® or CVS®, will incur a $10 penalty after the second retail fill. The $10 penalty does not accumulate toward the deductible or the maximum out-of-pocket limit. This penalty does not apply to ACA preventive medications.
[3]Diabetic supplies are a $20 co-pay for a 90-day supply and are not subject to the deductible.
[4]Select products used to treat diabetes, including participating insulin, may be available for a $75 co-pay for a 90-day supply.
[5]Co-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.

GMC Health Saver

In-Network Medical Benefits	Health Saver 2000	Health Saver 4000
Annual deductible: individual/family	$2,000/$4,000 (Aggregate)	$4,000/$8,000 (Embedded)
Plan pays/individual pays (after deductible)	90%/10%	80%/20%
Maximum out-of-pocket (medical and prescription): individual/family	$4,000/$7,500	$6,000/$12,000
Wellness visit (per *Preventive Schedule*)	0% no deductible	0% no deductible
Primary care visit	10% after deductible	20% after deductible
Specialist visit	10% after deductible	20% after deductible
Teladoc®	0% after deductible	0% after deductible
Urgent care visit	10% after deductible	20% after deductible
Emergency room services	After deductible met, $250 co-pay, then 10%	After deductible met, $250 co-pay, then 20%
Hospital inpatient (including maternity)	10% after deductible	20% after deductible

GMC Health Saver

Prescription Benefits

Prescription Benefits[1,2,3,4]	Health Saver 2000	Health Saver 5000
Annual deductible: individual/family	$2,000/$4,000	$5,000/$10,000
Generic drug co-pay	10% after deductible	20% after deductible
Preferred drug co-pay	10% after deductible	20% after deductible
Non-preferred drug co-pay	10% after deductible	20% after deductible

[1]If 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 limit.
[2]A 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.
[3]Diabetic supplies are not subject to the deductible.
[4]Select products used to treat diabetes, including participating insulin, may be available for a $75 co-pay for a 90-day supply.

2026 HSA Contribution Limits

$4,400
Employer + Employee
Self-Only

$8,750
Employer + Employee
Family

$1,000
Catch-up Contribution
(Age 55+)

Global Methodist Church's Health Savings Accounts are administered by Employee Benefits Corporation. For more information about HSAs Please contact EBC at 800-346-2126.

How are my medications covered?

Benefit Details

Call Express Scripts Customer Service at 1-800-555-3432.

Visit *Express-Scripts.com* after enrollment to:

- View your prescriptions and recent orders.
- Refill a mail-order prescription.
- Price medications.
- View claims and balances.
- Check mail-order status.

Where to Go for Care

You need medical care, but where should you go? Your GuideStone health coverage provides five basic options. See which one is right for you.

	Telemedicine (Teladoc®)	Primary Care Physician	Urgent Care	Hospital-based ER	Freestanding ER
Why visit	The convenient choice	The in-office choice	The urgent and after-hours choice	The emergency choice	The emergency choice
Cost	**$**	**$$**	**$$$**	**$$$$**	**$$$$$**

Access Highmark

Highmark is your one resource to contact whenever you need help with **medical or wellness benefits**.

Highmark is just a tap, click or call away. You have one mobile app, one website and one phone number.

My Highmark app | *MyHighmark.com* | 1-866-472-0924

HIGHMARK

Nationwide BCBS Medical Network

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Wellness Tools
and Programs

Teladoc Virtual Care

Scan to register for Teladoc at *Teladoc.com/GuideStone*.

$0 co-pay for comprehensive and protection plans

Comprehensive and protection plan members have a $0 co-pay for Teladoc consultations.

Consultation fee for consumer-driven plans

Cost share (pre-deductible)
$59 General Medical
$94 Mental Health – Licensed Therapist
$210 Mental Health – Psychiatrist, PMHNP (initial visit)
$110 Mental Health – Psychiatrist, PMHNP (ongoing visits)
$75 Dermatology

Lowers costs and improves access to care

Teladoc® significantly lowers costs and improves access to care by providing an alternative to urgent care and emergency room usage.

Teledoc®

- General Medical Services provides convenient, high-quality care at a lower cost than other care options and is available 24/7 in all 50 states.
- You have the choice of an on-demand or scheduled visit with a U.S. board-certified clinician via phone or video.
- You can be diagnosed, treated and prescribed medication if necessary.

Quick resolution for a wide range of non-emergency conditions such as:

- Flu
- Cold
- Sore Throat
- Bronchitis
- Cough
- Pink Eye
- Arthritis
- Back Ache
- Rash
- Arthritis
- Allergies
- Sinus Problems

Get Paid to Shop for Health Care with SmartShopper

Don’t Overpay for Your Medical Procedures

Prices for the same quality medical services can differ by thousands of dollars within the same neighborhood and even within the same health plan network.

Shop for Better Care

Most providers do not publish their price lists so it’s impossible to know which location offers the best price for the quality care you’re seeking.

Earn Cash Rewards

SmartShopper® can help you shop for quality, lower-cost health care, and you can earn cash rewards* from $25 to $1,000 and lower your out-of-pocket costs.

*Reward payments may be taxable. SmartShopper is not available with Blue HPN℠ plans

3 Simple Steps to Earn Cash Rewards*

For additional information, click **here**.

Step 1: Shop for care.

When your doctor recommends a medical service or procedure, call 1-866-285-7475 to shop for the best price.

Step 2: Complete the procedure.

Complete the procedure at the location of your choice.

Step 3: Earn cash rewards*.

Once your procedure is complete and your claim is paid, SmartShopper verifies that the location qualifies for an incentive and mails you a reward* check to your home.

*Reward payments may be taxable. SmartShopper is not available with Blue HPN℠ plans

Thrive by Sword Virtual Physical Care Program

Thrive by Sword's virtual physical care program* pairs you virtually with a sword-licensed physical therapist, who assesses your pain and tailors a program to your unique needs. Sword® offers a digital solution for those experiencing pain in the back, neck, shoulder, elbow, wrist, hip, knee or ankle.

- Utilizing wearable FDA-listed motion sensors and the 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.
- Members will have access to this benefit at **no cost and with no visit limitations**.

Get Started Now at ***Meet.SwordHealth.com/Thrive/HighmarkBCBS***

For additional information on Sword Virtual Physical Care, download the **handout.**

*Not available for Cigna Healthcare International and Medicare-coordinating plans.

Twin Health – Type 2 Diabetes Reversal Program

Reversal is Possible

Twin Health® empowers people to reverse chronic metabolic disease by addressing the root cause, a disrupted metabolism.

Twin's Whole Body Digital Twin technology leverages easy-to-use health trackers, including a continuous glucose monitor, activity tracker and more to create a blueprint of each person's dynamic metabolic system and determine the most optimal, sustainable path to healing, unique to each individual.

Get Started Now at ***Partner.TwinHealth.com/GuideStone***

For additional information on Twin Health, download the **handout.**

Cylinder

Cylinder is a virtual wellness program that offers support and tools to improve your GI health -- available through your health plan at no additional cost. The program includes access to a dedicated team of health experts ready to assist you with your digestive conditions.

What can Cylinder help with?

- Gastrointestinal symptoms
- Conditions like Crohn's disease, ulcerative colitis, celiac, GERD, IBS and fatty liver disease
- Stress management

What is included?

- Registered dietitian
- Health coach
- Physicians
- At-home gut microbiome analysis

Start now at ***Go.CylinderHealth.com/GuideStone/***

For additional information on Cylinder, download the **handout.**

Global Core Highmark Blue Cross Blue Shield (BCBS)

For Highmark members, the Global Core program assists with medical problems you may incur while living or traveling outside the United States. Services include:

- Making referrals and appointments for you with nearby physicians and hospitals.
- Receiving verbal translation from a multilingual service representative.
- Assisting if special help is needed.
- Arranging for medical evacuation services.
- Processing inpatient hospital claims.

For additional information on BCBS Global Core, download the **handout** or visit ***BCBSGlobalCore.com*.**

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Dental and Vision Plans

Premier, Choice and Cigna Healthcare Dental – DHMO Plans

Providers	**PREMIER DENTAL CARE PLAN** May use any dentist or save money by using in-network providers	**CHOICE DENTAL CARE PLAN** May use any dentist or save money by using in-network providers	**CIGNA HEALTHCARE DENTAL – DHMO PLAN** Benefits available exclusively from Cigna DHMO network dentists – No out-of-network benefits
Annual deductible (per person, per year)	$50	$50	No deductible
Annual maximum benefit (applies to all classes)	$1,500	$1,200	No annual maximum benefit
Preventive services	0%	10%	$5 office visit co-pay, plus applicable fee (if any)[1]
Basic services	20%	30%	$5 office visit co-pay, plus applicable fee[1]
Major services	50%	50%	$5 office visit co-pay, plus applicable fee[1]
Orthodontic maximum	50% with a lifetime maximum benefit of $1,000	50% with a lifetime maximum benefit of $1,000	$5 office visit co-pay, plus applicable fee[1] (24-month limitation)

[1]Fees are based on the ***Cigna Dental Care DHMO Patient Charge Schedule* (W1-V9).**

These Cigna insurance products are provided by Cigna Health and Life Insurance Company and are offered as part of GuideStone Financial Resources' benefits program.

Vision Plans

Plan Comparison

vsp vision care

Benefits	**Advanced Vision Plan**	**Standard Plus Vision**	**Standard Vision Plan**
Exams			
WellVision® exam co-pay	$10	$10	$10
Contact lens exam (fitting and evaluation)	Up to $60	Up to $60	Up to $60
Frames			
Prescription glasses co-pay	$20	$25	$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	$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	$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	Covered in full after co-pay
Frequency			
Exam	Every 12 months	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months	Every 12 months
Frames	Every 12 months	Every 12 months	Every 24 months

Vision Plans
Plan Comparison

vsp vision care

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	$31	$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*, *Standard Plus Vision Plan Benefit Summary* and the *Standard Vision Plan Benefit Summary* at *GuideStone.org/PlanDocuments*.

These VSP vision insurance products are provided by Vision Service Plan Insurance Company and are offered as part of GuideStone Financial Resources' benefits program.

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Ancillary Benefits

Church-paid Ancillary Benefits

Employee Term Life Plan	Accident	Spouse Life	Child Life	Long Term Disability
$50,000	$50,000	$15,000	$10,000	Premier
There is a benefit reduction of 35% at age 65.	**There is a benefit reduction of 35% at age 65.**	**There is a benefit reduction of 35% at age 65.**	**Per dependent**	Elimination period: 90 days Benefit percentage: Up to 60% of monthly earnings Maximum monthly benefit: $15,000 per month Minimum monthly benefit: Greater of 10% of gross disability payment or $100

Additional Ancillary Benefits

Optional Life	Spouse Optional Life	Supplemental Accident	Spouse Supplemental Accident
Up to $700K	Up to $250K	Up to $500K	Up to $250K
• 1x-7x salary w/ Underwriting. • Available without medical underwriting in flat amounts from $10,000 to $50,000. • There is a benefit reduction of 35% at age 65.	• Maximum of 50% of total Employee Life amounts w/ Underwriting. • There is a benefit reduction of 35% at age 65.	• Coverage is available in increments of $25,000 • No Underwriting required.	• Coverage is available at exactly 50% of Employee Supplemental Accidental. • No Underwriting required.

GuideStone® | GLOBAL METHODIST CHURCH

At GuideStone®, our vision is that every servant of Christ finishes well.

Do you have questions about your health plan or other coverages with Global Methodist Church® and GuideStone? **Book an appointment!**

For more information, visit ***GuideStone.org/GMChurch.***

GuideStone Health Plans and Other Coverages

Health | Dental | Life | Disability | Accident

1-844-INS-GUIDE (1-844-467-4843) • *GuideStone.org*

GuideStone®

This information only highlights the depth of coverage and benefits you can receive when you protect yourself with GuideStone. Limitations and exclusions apply. This material is a general summary of the plans. The official plan documents and contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan. In the event of a conflict with the description in this material, the terms of the official plan documents and contracts will control its operation.

GuideStone reserves the right to change or cancel these programs at any time. This material does not imply an employment contract or guarantee of benefits. Medical underwriting could be required.

Cigna Oral Health Integration Program® (OHIP)

Enhanced benefits, including additional evaluations and preventive treatments, may be available for members who are pregnant or have been diagnosed with one of the following health issues:

- Cardiovascular disease
- Diabetes
- Stroke
- Head and neck cancer radiation
- Organ transplants
- Chronic kidney disease

Complete the ***Cigna Dental OHIP Registration Form*** to enroll in the program.

For additional information on Cigna OHIP, download the **handout.**

These Cigna insurance products are provided by Cigna Health and Life Insurance Company and are offered as part of GuideStone Financial Resources' benefits program.

Cigna Healthy Rewards Program

Healthy Rewards® is included with all dental plans.

To access your benefits:

1. Mention “Healthy Rewards” when making appointments.
2. Provide Cigna ID card at time of service or purchase.

For more information:

1. Log into ***my.Cigna.com***.
2. Look for “Discount Programs — Healthy Rewards” under the “Review My Coverage” tab.

For additional information on Cigna Healthy Rewards, download the **handout.**

These Cigna insurance products are provided by Cigna Health and Life Insurance Company and are offered as part of GuideStone Financial Resources’ benefits program.

Choosing a Dental Provider

Premier Plus and Choice Plus Dental Care Plans

In-network
(Cigna Dental participating dentist)

vs

Out-of-network

- Receive the deepest discounts
- No balance billing
- Provider files claims

To find a provider, go to ***my.Cigna.com*** or call 1-800-CIGNA24.

- No discounts — you are charged the maximum reimbursable amount
- Provider may balance bill
- Member is responsible for filing claims

Choosing a Dental Provider
Cigna Healthcare Dental – DHMO Plan

- Choose a Cigna DHMO-participating primary dentist or facility in the Cigna Dental Care Access Plus Network.
- Use the Cigna DHMO-participating primary dentists and specialists to receive benefits. **No benefits are available from non-Cigna DHMO dentists.**
- Charges for services are based on a fee schedule.

For an electronic version of the *Cigna Healthcare Dental – DHMO Plan Patient Charge Schedule*, visit ***GuideStone.org/DHMOSchedule***.

To find a provider, go to ***my.Cigna.com*** or call 1-800-CIGNA24.

Vision Exam Benefit* Comprehensive Plans

One annual eye health examination is available for each member. The exam will include:

- Dilation
- Refraction for eyeglasses or contact lens prescription

No coverage is included for glasses, contacts or other eyewear.

The member must use a BCBS in-network optical provider (optometrist or ophthalmologist) to receive the benefit.

For additional information on your vision plan benefit, download the **handout.**

*The vision benefit is not available on all plans; please review your plan booklet for specific benefit information.

Vision Plans Additional Information

vsp vision care

1

Create a VSP Account

2

Find an in-network eye care provider

3

Know what to expect at your eye exam

4

Learn more about VSP Premier Edge

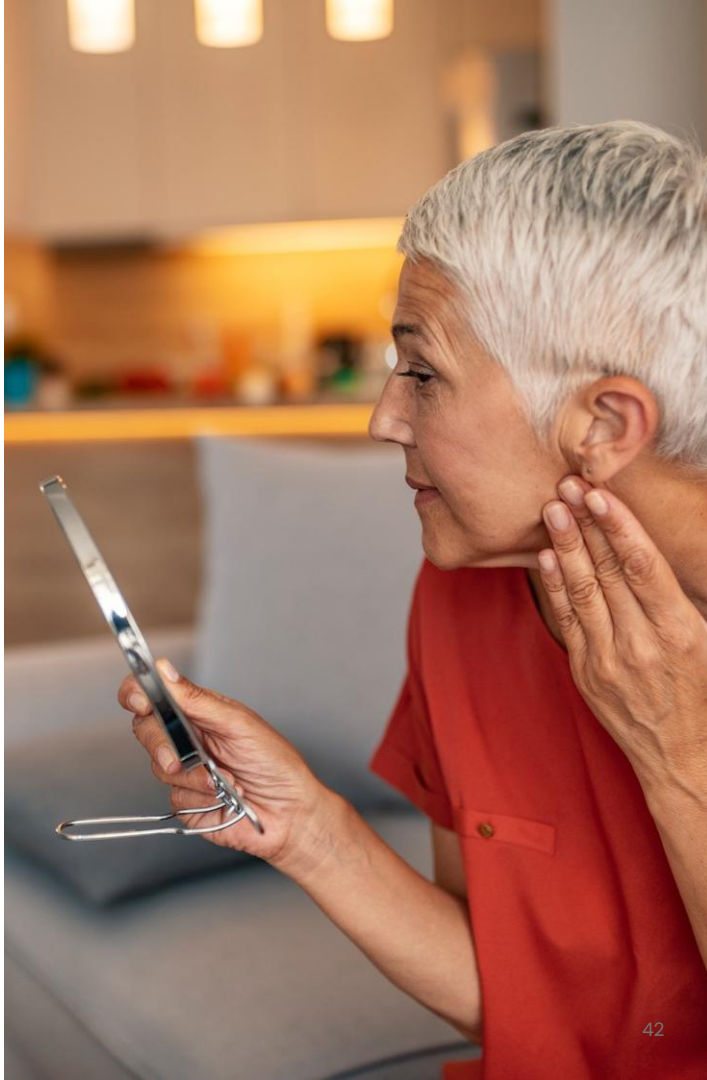
Teladoc® Mental Health

- Select your mental health provider. You'll choose from board-certified psychiatrists, licensed psychologists, therapists or counselors.
- Talk to the same therapist on-going, if you choose, for anxiety, depression, grief, family difficulties, women's health and more.
- Available 7 days a week, from 7 a.m.–9 p.m. local time, by phone or video.
- Receive discreet and confidential support from wherever you are most comfortable.

Teladoc® Dermatology

- Access to board-certified dermatologists via web or app.
- Upload images of a skin issue online or on the app and get a custom treatment plan within 24 hours.
- Get help for conditions such as acne, eczema, dermatitis, rashes, rosacea and more.
- Providers can prescribe approved medications.*
- You can send a message to your provider up to 7 days after receiving your treatment plan.

* Rx limited to two refills for the same diagnosis in a year



Mail-Order Prescription Benefits

Make the switch to mail-order prescriptions and save. Register at ***Express-Scripts.com*** or download the Express Scripts app.

ePrescribe

Ask your doctor to send your prescription electronically to Express Scripts Pharmacy Benefits Services.

Call 1-800-698-3757

Speak with a prescription plan specialist Monday through Friday between 7:30 a.m. and 5 p.m. ET.

Mail

- Complete a home delivery order form.
- Get a 90-day prescription from your doctor plus refills for up to one year (if applicable).
- Include your home delivery co-payment.
- Mail your form, payment (or payment information) and prescription to the address on the form.

[1]Prescription benefits do not apply to Secure Health 3000. However, ACA-mandated preventive medications are included in Secure Health 3000 coverage.

Additional Benefits
Highmark BCBS Plans

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***.

*Cigna Healthcare International and Medicare-coordinating plans are excluded from wellness tools and additional benefits.

Blue Distinction®
Specialty Care Benefits

If you're facing a serious medical procedure, it's important to have it performed by experienced providers at hospitals where patients have better results when compared to other facilities. How can you choose the right one? Look for the Blue Distinction Center designation of quality and the Blue Distinction Center+ designation of quality and efficiency.

Overall, patients treated at Blue Distinction Centers* have:

- Better outcomes
- Fewer complications and readmissions
- Higher survival rates

Find a Blue Distinction Center at ***BCBS.com/blue-distinction-center-finder***.

*Not available for Cigna Healthcare International and Medicare-coordinating plans.

For additional information on Blue Distinction Centers, download the **handout.**

Baby BluePrints Maternity Program Preparing for Baby

Baby BluePrints®* assists expectant mothers by offering education and personalized support during each stage of pregnancy. This program provides:

- Free education on all aspects of pregnancy
- Personalized support
- One-on-one support from a women's health specialist

For additional information on Baby BluePrints, download the **handout.**

*Not available for Cigna Healthcare International and Medicare-coordinating plans.

Experian IdentityWorks Identity Theft Protection

Highmark BCBS provides Experian IdentityWorks℠ to help members who are victims of identity theft. Enrollment is required for coverage to take effect. Members must provide their personal information to enroll online or via phone.

Please follow the steps below:

1. Visit the Experian IdentityWorks website to enroll: ***ExperianIDWorks.com/Highmark***
2. Click "submit" and enter the activation code: **HIGHMARK26**
3. Complete the enrollment process.

If you have questions about protecting your identity or suspect that your identity has been stolen:

- Call the Experian customer support team at **1-866-584-9479**.
- Provide the engagement number **B100185**.

For additional information on Experian IdentityWorks, download the **handout.**

Preventive Schedule

- Scheduled, in-network services are covered at 100%, including scheduled labs and mammograms.
- Well-child and adult annual preventive care are covered.
- Immunizations are covered for all ages according to schedule and are available at your doctor's office and neighborhood pharmacy.
- Recommendations are based on age and gender.

Inform your provider of the scheduled services included on the ***Preventive Schedule***.

Visit ***GuideStone.org/PreventiveCare*** for additional information on your preventive benefits.