

GROUP PLANS

MEDICARE-COORDINATING PLANS PACKET

If you need assistance, please contact
your Group Plans support team.

HOW TO ENROLL IN A GUIDESTONE MEDICARE-COORDINATING HEALTH PLAN

GuideStone's Medicare-coordinating plans help eligible retirees minimize out-of-pocket health care expenses by coordinating benefits with Original Medicare (Parts A and B) coverage.

The instructions below will assist in completing the required forms.

MEDICARE-COORDINATING PLANS - RETIREE ENROLLMENT FORM (PAGE 5):

Section 1. Employer information — Must be completed by an employer-authorized representative.

Section 2. Applicant information — Provide personal information and select the appropriate plan.

Section 3. Sign and return form.

- The *Medicare-coordinating Plans - Retiree Enrollment* form must be received by GuideStone® no later than the 20th of the month prior to your desired plan effective date.
- The effective date of coordinating coverage cannot be prior to your Medicare effective date.

MEDICARE FAQS

What is Medicare Part A?

Part A is hospital insurance and covers inpatient care in hospitals and skilled nursing facilities as well as hospice care. It also provides coverage for some home health care services. You must have Part A to coordinate with GuideStone's Medicare-coordinating plans.

What is Medicare Part B?

Medicare Part B helps cover medically necessary services like doctors' services, outpatient care, home health and other medical services. Part B also covers some preventive services. You must have Part B to coordinate with GuideStone's Medicare-coordinating plans that include Part B benefits. You may delay enrollment in Part B if Medicare will be secondary because of Large Group Health Plan (LGHP) coverage.

When should I sign up for Medicare Part A and Part B?

You have three opportunities to enroll in Medicare Part A and Part B.

1. Generally, your first opportunity to enroll in Part A and Part B comes during the 7-month period that begins three months prior to your 65th birthday.
2. You can sign up during the general enrollment period, which is January 1–March 31 each year.
3. You also have an 8-month Special Enrollment Period that starts the month after you retire, or the group health insurance provided by your employer ends, whichever occurs first.

Note: Other Special Enrollment Period rules may apply. Failure to enroll at one of these preapproved times may result in a penalty.

What is Medicare Part D and do I need to purchase it separately?

Medicare-approved prescription benefits are known as Medicare Part D. Prescription drug benefits are included in all of GuideStone's Medicare-coordinating plans, which are administered by Express Scripts. They meet or, in some cases, exceed the minimum standard established for Part D coverage. **That means you will not need to purchase an additional policy to provide prescription drug coverage.**

Visit Help.GuideStone.org to learn more about Medicare.

MEDICARE-COORDINATING PLANS – RETIREE ENROLLMENT (GROUP PLANS)

GuideStone’s Medicare-coordinating plans for retirees include hospital, medical and Part D prescription benefits. Express Scripts will manage the Part D benefits. If you are enrolled in a Medicare supplement plan that includes a Part D benefit or a Part D stand-alone prescription drug plan, you are responsible for verifying that you are eligible to withdraw from that plan and enroll in a new plan.

1. EMPLOYER INFORMATION

Employer name: _____

GuideStone account number: _____ Employer Tax ID Number (EIN): ____–_____

Physical address: _____

City: _____ State: _____ ZIP Code: _____

Telephone number: _____

As the employer, we agree to maintain eligibility for the Medicare-coordinating plans by contributing at least 50% of the plan cost for each retiree who enrolls in a Senior, Senior Plus or Care Today plan.

Employer authorized representative signature: _____ **Date:** _____

2. APPLICANT INFORMATION

Applicant name*: _____ Birth date: _____

Applicant represents employee or dependent applying for coverage.

Social Security number: _____ Medicare claim number*: _____

*As it appears on your Medicare card.

Part A effective date: _____ Part B effective date: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Telephone number: _____ Email: _____

If applicant is a dependent, please provide:

Employee name*: _____ Social Security: _____

You may enroll in a GuideStone Medicare-coordinating plan if you are:

- Enrolled or were previously enrolled in an employer-sponsored GuideStone medical plan
- Eligible or will become eligible for Original Medicare (Parts A & B) within three months
- Retired or planning to retire in less than three months (provide your retirement date below)
- The spouse of an eligible Medicare-coordinating plan enrollee

Continued on other side



What is/was your retirement date? _____

Requested effective date for Medicare-coordinating plan: _____ (must be the first day of the month following the application submission)

You may not apply more than three months prior to becoming eligible for Medicare coverage. The effective date of coverage cannot be prior to your Medicare effective date.

Select a medical plan option (may only select employer-offered plan):

(If more than one participant on your coverage is Medicare-primary, enrollment will be in the same plan.)

- Care Basic Plan Care Plus Plan Care Today Plan Care Today Essential
 Care Today Value Senior Plan Senior Plus Plan

3. SIGNATURE

By joining this Medicare prescription drug plan, I acknowledge that Express Scripts will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Express Scripts will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes, which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be denied enrollment and/or be withdrawn from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf per the law of the state in which I reside) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

Applicant Signature: _____ Date: _____

Authorized representative signature: _____

Relationship: _____

Important: This form must be received by GuideStone no later than the 20th of the month prior to your desired plan effective date.

Return this form to: GuideStone
Insurance Services — Group Plans
5005 LBJ Freeway, Ste. 2200
Dallas, TX 75244-6152

Or, fax to GuideStone at:
1-877-834-1025



Care Basic Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: Preferred Brand Drugs	\$40 copayment	\$120 copayment	\$90 copayment
	Tier 3: Non-Preferred Drugs	\$65 copayment	\$195 copayment	\$150 copayment
	Tier 4: Specialty Tier Drugs	\$75 copayment	\$225 copayment	\$225 copayment
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.			

	<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>
<p>Coverage Gap stage</p>	<p>After your total yearly drug costs reach \$5,030, you will pay the following until your yearly out-of-pocket drug costs reach \$8,000.</p> <p>Brand Drugs: 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)</p> <p>Generic Drugs: The same copayment as in the Initial Coverage stage for Tier 1 Generic Drugs and 25% of the plan's cost for all other covered generic drugs.</p>
<p>Catastrophic Coverage stage</p>	<p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</p> <p>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</p>



Care Plus Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.																							
Initial Coverage stage	<p>You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:</p> <table border="1" data-bbox="342 919 1479 1522"> <thead> <tr> <th data-bbox="342 919 662 1024">Tier</th> <th data-bbox="662 919 911 1024">Retail One-Month (31-day) Supply</th> <th data-bbox="911 919 1159 1024">Retail Three-Month (90-day) Supply</th> <th data-bbox="1159 919 1479 1024">Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="342 1098 662 1171">Tier 1: Generic Drugs</td> <td data-bbox="662 1098 911 1171">\$10 copayment</td> <td data-bbox="911 1098 1159 1171">\$30 copayment</td> <td data-bbox="1159 1098 1479 1171">\$24 copayment</td> </tr> <tr> <td data-bbox="342 1182 662 1287">Tier 2: Preferred Brand Drugs</td> <td data-bbox="662 1182 911 1287">\$40 copayment</td> <td data-bbox="911 1182 1159 1287">\$120 copayment</td> <td data-bbox="1159 1182 1479 1287">\$90 copayment</td> </tr> <tr> <td data-bbox="342 1297 662 1402">Tier 3: Non-Preferred Drugs</td> <td data-bbox="662 1297 911 1402">\$65 copayment</td> <td data-bbox="911 1297 1159 1402">\$195 copayment</td> <td data-bbox="1159 1297 1479 1402">\$150 copayment</td> </tr> <tr> <td data-bbox="342 1413 662 1518">Tier 4: Specialty Tier Drugs</td> <td data-bbox="662 1413 911 1518">\$75 copayment</td> <td data-bbox="911 1413 1159 1518">\$225 copayment</td> <td data-bbox="1159 1413 1479 1518">\$225 copayment</td> </tr> </tbody> </table> <p data-bbox="342 1549 1479 1623">If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p data-bbox="342 1633 1479 1738">*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.</p> <p data-bbox="342 1749 1479 1854">You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.</p>				Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment	Tier 2: Preferred Brand Drugs	\$40 copayment	\$120 copayment	\$90 copayment	Tier 3: Non-Preferred Drugs	\$65 copayment	\$195 copayment	\$150 copayment	Tier 4: Specialty Tier Drugs	\$75 copayment	\$225 copayment	\$225 copayment
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Tier 3: Non-Preferred Drugs	\$65 copayment	\$195 copayment	\$150 copayment																					
Tier 4: Specialty Tier Drugs	\$75 copayment	\$225 copayment	\$225 copayment																					

	<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>
<p>Coverage Gap stage</p>	<p>After your total yearly drug costs reach \$5,030, you will pay the following until your yearly out-of-pocket drug costs reach \$8,000.</p> <p>Brand Drugs: 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)</p> <p>Generic Drugs: The same copayment as in the Initial Coverage stage for Tier 1 Generic Drugs and 25% of the plan's cost for all other covered generic drugs.</p>
<p>Catastrophic Coverage stage</p>	<p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</p> <p>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</p>



Care Today Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: Preferred Brand Drugs	\$40 copayment	\$120 copayment	\$90 copayment
	Tier 3: Non-Preferred Drugs	\$65 copayment	\$195 copayment	\$150 copayment
	Tier 4: Specialty Tier Drugs	\$75 copayment	\$225 copayment	\$225 copayment
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.			

	<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>
<p>Coverage Gap stage</p>	<p>After your total yearly drug costs reach \$5,030, you will pay the following until your yearly out-of-pocket drug costs reach \$8,000.</p> <p>Brand Drugs: 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)</p> <p>Generic Drugs: 25% of the plan's costs for all covered generic drugs.</p>
<p>Catastrophic Coverage stage</p>	<p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</p> <p>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</p>



Care Today Essential Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: Preferred Brand Drugs	\$40 copayment	\$120 copayment	\$90 copayment
	Tier 3: Non-Preferred Drugs	\$65 copayment	\$195 copayment	\$150 copayment
	Tier 4: Specialty Tier Drugs	\$75 copayment	\$225 copayment	\$225 copayment
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.			

	<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>
<p>Coverage Gap stage</p>	<p>After your total yearly drug costs reach \$5,030, you will pay the following until your yearly out-of-pocket drug costs reach \$8,000.</p> <p>Brand Drugs: 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)</p> <p>Generic Drugs: 25% of the plan's costs for all covered generic drugs.</p>
<p>Catastrophic Coverage stage</p>	<p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</p> <p>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</p>



Care Today Value Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: Preferred Brand Drugs	25% coinsurance	25% coinsurance	25% coinsurance
	Tier 3: Non-Preferred Drugs	40% coinsurance	40% coinsurance	40% coinsurance
	Tier 4: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.			

	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.
Coverage Gap stage	After your total yearly drug costs reach \$5,030, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$8,000.
Catastrophic Coverage stage	If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.



Senior Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.																			
Initial Coverage stage	<p>You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:</p> <table border="1" data-bbox="342 919 1481 1402"> <thead> <tr> <th data-bbox="342 919 643 1024">Tier</th> <th data-bbox="643 919 906 1024">Retail One-Month (31-day) Supply</th> <th data-bbox="906 919 1169 1024">Retail Three-Month (90-day) Supply</th> <th data-bbox="1169 919 1481 1024">Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="342 1098 643 1171">Tier 1: Generic Drugs</td> <td data-bbox="643 1098 906 1171">\$10 copayment</td> <td data-bbox="906 1098 1169 1171">\$30 copayment</td> <td data-bbox="1169 1098 1481 1171">\$24 copayment</td> </tr> <tr> <td data-bbox="342 1182 643 1287">Tier 2: Preferred Brand Drugs</td> <td data-bbox="643 1182 906 1287">25% coinsurance</td> <td data-bbox="906 1182 1169 1287">25% coinsurance</td> <td data-bbox="1169 1182 1481 1287">25% coinsurance</td> </tr> <tr> <td data-bbox="342 1297 643 1402">Tier 3: Non-Preferred Drugs</td> <td data-bbox="643 1297 906 1402">40% coinsurance</td> <td data-bbox="906 1297 1169 1402">40% coinsurance</td> <td data-bbox="1169 1297 1481 1402">40% coinsurance</td> </tr> </tbody> </table> <p data-bbox="342 1434 1481 1507">If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p data-bbox="342 1528 1481 1633">*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.</p> <p data-bbox="342 1654 1481 1759">You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.</p>				Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment	Tier 2: Preferred Brand Drugs	25% coinsurance	25% coinsurance	25% coinsurance	Tier 3: Non-Preferred Drugs	40% coinsurance	40% coinsurance	40% coinsurance
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	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.
Coverage Gap stage	After your total yearly drug costs reach \$5,030, you will generally pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$8,000.
Catastrophic Coverage stage	If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.



Senior Plus Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

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Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
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	Tier 3: Non-Preferred Drugs	\$65 copayment	\$195 copayment	\$150 copayment
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	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.
Coverage Gap stage	After your total yearly drug costs reach \$5,030, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$8,000.
Catastrophic Coverage stage	If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more details.

IMPORTANT PLAN INFORMATION

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, are a U.S. citizen or are lawfully present in the United States, and are eligible for benefits from GuideStone.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at [express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies).
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- A PDF of our printed drug list for 2024 will be available by logging into [express-scripts.com/documents](https://www.express-scripts.com/documents) beginning on October 15, 2023.
- Most adult Part D vaccines are covered at no cost to you.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- If you request a formulary exception for a drug and Express Scripts Medicare approves the exception, you will pay the cost-sharing amount set by your plan for that drug.
- You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.
- You will receive an invoice for your combined medical and prescription drug coverage from GuideStone Financial Resources.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, [express-scripts.com](https://www.express-scripts.com), or by contacting Express Scripts Medicare Customer Service at the phone numbers on the back of this document.

For an explanation of your plan's rules, contact Express Scripts Medicare Customer Service at the numbers on the back of this document or review the *Evidence of Coverage* (EOC) by visiting our website, [express-scripts.com/documents](https://www.express-scripts.com/documents). You can request a copy of the EOC by calling Express Scripts Medicare Customer Service.

Does my plan cover Medicare Part B or non–Part D drugs?

In addition to providing coverage of Medicare Part D drugs, this plan provides coverage for Medicare Part B medications, as well as for some other non–Part D medications that are not normally covered by a Medicare prescription drug plan. The amounts paid for these medications will not count toward your total drug costs or total out-of-pocket expenses. Please call Customer Service for additional information about specific drug coverage and your cost-sharing amount.

Will my income affect my cost for Medicare Part D coverage?

Some people may pay an extra amount called the Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA) because of their yearly income. If you have to pay an extra amount, Social Security – *not your Medicare plan* – will send a letter telling you what the extra amount will be and how to pay it. If you have any questions about this extra amount, contact Social Security at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

Read the *Medicare & You* 2024 handbook.

The *Medicare & You* handbook has a summary of Original Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. You can get a copy at the Medicare website (<https://www.medicare.gov>) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

Express Scripts Medicare Customer Service

1.866.544.2976

24 hours a day, 7 days a week

We have free language interpreter services available for non-English speakers.

TTY: 1.800.716.3231

You can also visit us on the Web at **[express-scripts.com](https://www.express-scripts.com)**.

This information is not a complete description of benefits. Call Express Scripts Medicare at the numbers above for more information.

Important Message About What You Pay for Insulin – You won’t pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

For questions about premiums, enrollment and eligibility, please contact GuideStone Customer Service at **1.844.INS.GUIDE** (1.844.467.4843). Hours of operation are Monday through Friday, 7:00 a.m. to 6:00 p.m., Central Time.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.

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5005 LBJ Freeway, Ste. 2200, Dallas, TX 75244-6152
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