The Evangelical Alliance Mission (TEAM)

Domestic Long-term and Mid-term Global Workers and Staff

2026 Benefits Guide

GuideStone®

Welcome to

Team's Domestic Benefits Guide

Welcome to your TEAM Benefits Guide, which provides a broad overview of the benefits available to you and your family. The Benefits Guide includes benefit highlights for each plan and a quick reference page with provider and resource contact information. It is important that you understand your TEAM benefits. Additional details are available in the *Plan Documents and Summary of Benefits and Coverage* (SBC) documents at ***GuideStone.org/TEAM***.

This Benefits Guide will also help with the next step – enrollment! All long-term and mid-term global workers are enrolled in a TEAM health plan, and all staff has the option to enroll. All long-term and staff employees also have the opportunity to accept or decline dental, vision and life coverage options offered by TEAM. Employees can change their benefit elections during the annual open enrollment period each fall for the upcoming calendar year.

We hope this Benefits Guide will continue to be a valuable resource for you and your family. It includes step-by-step tips on locating in-network providers, obtaining the highest level of benefits and managing your out-of-pocket costs.

Benefit Basics

Who is eligible?

- For the health plan, all regular employees of TEAM who work a minimum of 30 hours per week
- The legal spouse of an eligible employee and their children through the end of the month of the child's 26th birthday
- Eligibility for other benefits may vary — please see Plan Documents for specific eligibility for each benefit plan

Note: TEAM may request dependent status documentation before beginning coverage.

When Coverage Begins

- **New Hire –** For global workers, coverage begins the day you begin traveling to the ministry area for your initial term of service. For staff, coverage begins on your date of hire.
- **Open Enrollment –** Coverage begins the first day of the following calendar year.
- **Qualifying Event –** Internal Revenue Service (IRS) regulations only allow for benefit changes during the plan year if you or your eligible dependents have a qualifying event. The date your coverage begins depends on the qualifying event. You must elect coverage within 60 days of the qualifying event. **The member is responsible for notifying the benefits coordinator of a qualifying event.**

What is a qualifying event?

- Marriage, legal separation or divorce
- Birth, adoption or legal custody change of a dependent child
- Death of a dependent
- A change in employment status that affects benefits coverage
- A change in eligibility for you or your dependents
- An involuntary loss of other group coverage

2026 TEAM Benefits Overview

for Domestic Long-term Global Workers

Benefit Plan Information	2026 Rates
Health and Pharmacy **GuideStone® Health Plans:** • Health Choice 2000 • Health Saver Standard (HSA-qualified) **Health:** Highmark® Blue Cross Blue Shield (BCBS®) PPO **Prescription:** Express Scripts® Pharmacy Benefit Services (ESI) You can find detailed benefit information at *GuideStone.org/TEAM*.	**The amount each global worker raises from work funds:** **Domestic Global Worker – Health Choice 2000:** Employee Only - $627.63 / month Employee & Spouse - $1,255.25 / month Employee & Child(ren) - $1,192.49 / month Employee & Family - $1,882.88 / month **Domestic Global Worker – Health Saver Standard:** Employee Only - $822.62 / month Employee & Spouse - $1,645.26 / month Employee & Child(ren) - $1,562.99 / month Employee & Family - $2,467.88 / month **The amount each global worker pays from living allowance: $0**
Health Savings Account (HSA)* **HealthEquity®** **Customer Service:** 1-866-346-5800 *My.HealthEquity.com* To open an HSA, fill out a group application and return it to TEAM's benefits coordinator. Your HSA is available once you activate your account. It is a debit account, so you will only be able to use the funds currently in your account. You may pay for expenses with your debit card or reimburse yourself online. ***Available if you choose an HSA-qualified health plan**	**2026 Employer Contributions** 1 Effective 01/01/2026, TEAM's special contributions to Global Worker HSAs will be discontinued. Work fund contributions will remain an option. 2 Plus – from #2 / Work Funds: • Employee Only - up to $100 / month • Employee +1 or More - up to $200 /month **Living Allowance –** any amount you choose as long as the total of all contributions (i.e., employer, work funds and living allowance) does not exceed the total contribution limit. **2026 Total Contribution Limit** • Individual: $4,400 • Family: $8,750 • Age 55+ Catch-up: $1,000 (In addition to individual and family contribution limits)

Benefit Plan Information	2026 Rates
Dental – Cigna Healthcare® Dental **Customer Service: 1-800-CIGNA24** (1-800-244-6224) **GuideStone group number:** 3172000 **GuideStone HMO group number:** 10112922 *MyCigna.com* You can find detailed benefit information at *GuideStone.org/TEAM*.	**The amount each global worker pays from living allowance:** **Premier Dental Care Plan:** Employee - $45.33 / month Employee + Spouse - $90.66 / month Employee + Child(ren) - $113.33 / month Employee + Family - $158.66 / month **Cigna Healthcare® - DHMO Plan:** Employee Only - $25.06 / month Employee + Spouse - $42.35 / month Employee + Child(ren) - $59.14 / month Employee + Family - $69.67 / month
Vision – VSP® **Vision Service Plan® (VSP)** **Customer Service:** (800) 877-7195 *VSP.com* Register for an account online with your Social Security number (SSN) and other personal data.	**The amount each global worker pays from living allowance:** Employee Only - $8.04 / month Employee + 1 - $11.65 / month Employee + Family - $20.90 / month
Life Coverage & Accidental Death and Dismemberment (AD&D) - Unum® For claim submission process questions, contact your benefits administrator. Questions about claims that have already been submitted to Unum should be directed to Unum Life Claim Service at 1-800-445-0402.	**Employer-paid coverage:** $10,000 term life and $10,000 AD&D coverage
Optional Life Coverage – Unum	**Voluntary employee-paid coverage:** Options from $25,000 - $200,000 Spouse and child options also available Your monthly rates are based on your age as of January 1 of each year and the amount of coverage selected.

Benefit Plan Information	2026 Rates
403(b) Retirement Savings Plan GuideStone If you have questions or need additional assistance, you may reach a customer solutions specialist by contacting info@GuideStone.org or **1-888-98-GUIDE** (1-888-984-8433), Monday through Friday, from 7 a.m. to 6 p.m. CT. ***GuideStone.org***	**The amount each global worker raises from work funds:** • Single - $160 / month • Couple - $320 / month Minimum contributed from living allowance: • Single - $60 / month • Couple - $120 / month Traditional pre-tax or Roth (post-tax) options are available. For all initial enrollees, the default allocation is a Target Date Fund based on retirement at age 65. Members may change their fund allocations at ***My.GuideStone.org***.

2026 TEAM Benefits Overview

for Domestic Mid-term Global Workers

Benefit Plan Information	2026 Rates
Health and Pharmacy **GuideStone® Health Plans:** • Health Choice 2000 • Health Saver Standard (HSA-qualified) **Health:** Highmark® Blue Cross Blue Shield (BCBS®) PPO **Prescription:** Express Scripts® Pharmacy Benefit Services (ESI) You can find detailed benefit information at *GuideStone.org/TEAM*.	**The amount each global worker raises from work funds:** **Domestic Global Worker – Health Choice 2000:** Employee Only - $627.63 / month Employee & Spouse - $1,255.25 / month Employee & Child(ren) - $1,192.49 / month Employee & Family - $1,882.88 / month **Domestic Global Worker – Health Saver Standard:** Employee Only - $822.62 / month Employee & Spouse - $1,645.26 / month Employee & Child(ren) - $1,562.99 / month Employee & Family - $2,467.88 / month **The amount each global worker pays from living allowance: $0**
Health Savings Account (HSA)*	*** If you select TEAM's HSA-qualified health plan, you are eligible to have an HSA but not a TEAM group HSA.**
Life Coverage & Accidental Death and Dismemberment (AD&D) - Unum® For claim submission process questions, contact your benefits administrator. Questions about claims that have already been submitted to Unum should be directed to Unum Life Claim Service at 1-800-445-0402.	**Employer-paid coverage:** $10,000 term life and $10,000 AD&D coverage

2026 TEAM Benefits

for Staff Employees

Benefit Plan Information	2026 Rates
Health and Pharmacy **GuideStone® Health Plans:** • Health Choice 2000 • Health Saver Standard (HSA-qualified) **Medical:** Highmark® Blue Cross Blue Shield (BCBS®) PPO **Prescription:** Express Scripts® Pharmacy Benefit Services (ESI) You can find detailed benefit information at *GuideStone.org/TEAM*.	**The amount each staff employee pays from salary:** **Domestic Staff – Health Choice 2000:** Employee Only - $62.76 / month Employee & Spouse - $251.05 / month Employee & Child(ren) - $238.50 / month Employee & Family- $376.58 / month **Domestic Staff – Health Saver Standard:** Employee Only - $82.26 / month Employee & Spouse - $329.05 / month Employee & Child(ren) - $312.60 / month Employee & Family- $493.58 / month
Health Savings Account (HSA)* **HealthEquity®** **Customer Service:** 1-866-346-5800 *My.HealthEquity.com* To open an HSA, fill out a group application and return it to TEAM's benefits coordinator. Your HSA is available once you activate your account. It is a debit account, so you will only be able to use the funds currently in your account. You may pay for expenses with your debit card or reimburse yourself online. ***Available if you choose an HSA-qualified health plan**	**2026 Employer Contributions** For those who had coverage in 2025 and remain covered in 2026: • Employee Only - $100 / month • Employee +1 or More - $150 / month **Employee Salary Contributions** – any amount you choose as long as the total of your employer contributions and your salary contributions do not exceed the contributions limit. **2026 Total Contribution Limit** • Individual: $4,400 • Family: $8,750 • Age 55+ Catch-up: $1,000 (in addition to individual and family contribution limits)

Benefit Plan Information	2026 Rates
Dental – Cigna Healthcare® Dental **Customer Service: 1-800-CIGNA24** (1-800-244-6224) **GuideStone group number:** 3172000 **GuideStone HMO group number:** 10112922 *MyCigna.com* You can find detailed benefit information at *GuideStone.org/TEAM*.	**Amount each staff employee pays from salary:** **Premier Dental Care Plan:** Employee - $45.33 / month Employee + Spouse - $90.66 / month Employee + Child(ren) - $113.33 / month Employee + Family- $158.66 / month **Cigna Healthcare® - DHMO Plan:** Employee Only - $25.06 / month Employee + Spouse - $42.35 / month Employee + Child(ren) - $59.14 / month Employee + Family - $69.67 / month
Vision – VSP® **Vision Service Plan® (VSP)** **Customer Service:** (800) 877-7195 *VSP.com* Register for an account online with your Social Security number (SSN) and other personal data.	**Amount each staff employee pays from salary:** Employee Only - $8.04 / month Employee + 1 - $11.65 / month Employee + Family - $20.90 / month
Life Coverage & Accidental Death and Dismemberment (AD&D) - Unum® For claim submission process questions, contact your benefits administrator. Questions about claims that have already been submitted to Unum should be directed to Unum Life Claim Service at 1-800-445-0402.	**Employer-paid coverage:** $10,000 term life and $10,000 AD&D coverage
Optional Life Coverage – Unum	**Voluntary employee-paid coverage:** Options from $25,000 - $200,000 Spouse and child options also available Your premium contributions are based on your age as of January 1 of each year and the amount of coverage selected.

Benefit Plan Information	2026 Rates
403(b) Retirement Savings Plan GuideStone If you have questions or need additional assistance, you may reach a customer solutions specialist by contacting info@GuideStone.org or **1-888-98-GUIDE** (1-888-984-8433), Monday through Friday, from 7 a.m. to 6 p.m. CT. ***GuideStone.org***	**The minimum employee contribution for employer match:** $10 / month **TEAM employer match:** $2 for every $1 employee contribution **Max TEAM contribution:** $1,100 / year Traditional pre-tax or Roth post-tax options are available. Default is a date-targeted fund based on retirement at age 65. You may change investment amounts and funds at ***My.GuideStone.org***.

Health Savings Accounts

Opening an Individual Health Savings Account (HSA)

An HSA is a separate account you own that allows you to pay for current and future qualified health care expenses tax-free for you and your IRS-qualified tax dependents.* Contributions to a qualified HSA can be made pre-tax, or they are 100% tax deductible on your federal income tax return. Funds may roll over from year to year, collect interest and grow on a tax-deferred basis. If used for eligible health care expenses, the funds are withdrawn tax-free. Money withdrawn prior to age 65 for non-eligible expenses will be taxed and subject to an additional 20% penalty.

Once you are 65 or older, you may withdraw your HSA funds without penalty; however, funds withdrawn for non-eligible expenses will be taxed.

Your HSA may be used to pay for covered expenses that apply toward your deductible and co-insurance amounts for TEAM's health, dental and vision plans. Additionally, you may use your HSA to pay for expenses that the IRS defines as eligible but may not be covered by our TEAM health plans. HSAs are designed to help with many types of medical expenses — some examples include hearing aids and chiropractic services.

*For more information on who qualifies as a tax dependent, as well as how to calculate your maximum contribution if you change your coverage during the year, please see IRS *Publication 969*.

HSA Information	
Who is eligible?	Any adult who • Is enrolled in an HSA-qualified Health Plan • Has no other first-dollar health coverage • Is not enrolled in Medicare • Cannot be claimed as a dependent on someone else's tax return
What is the maximum I can contribute in 2026?**	**Enrolled in individual plan:** $4,400 **Enrolled in family plan:** $8,750 **Age 55+:** $1,000 (in addition to individual and family contribution limits)
How do I open an HSA?***	To open an HSA with HealthEquity, TEAM's HSA trustee, fill out a group application and return it to TEAM's benefits coordinator. ***Mid-Term: If you open an individual HSA directly with HealthEquity, TEAM's HSA trustee, at ***my.HealthEquity.com***, you can have funds automatically transferred from your checking account into your HSA. Many banks offer HSAs.
How do I use my HSA?	HealthEquity provides debit Visa® cards for direct expense payments, online direct deposit reimbursements and other services. See ***my.HealthEquity.com*** for details.
Where can I get more information?	More details about the features of an HSA, a fee schedule and investment options specific to HealthEquity are located at ***GuideStone.org/TEAM***.

**These amounts assume enrollment in the individual or family plan for the entire year. If you change your coverage mid-year, your maximum contribution amount will be affected.

Frequently Asked Questions

What eligible health care expenses can be paid for with my HSA?

Your HSA may be used to pay for covered expenses that apply toward your deductible and co-insurance amounts. You may also pay for expenses that may not be covered by your health plan or are subject to limitations.

Here are some examples:

- Over-the-counter (OTC) drugs, medicines and feminine hygiene products
- Vision care, including glasses, contact lenses and laser vision correction
- Physical therapy, speech therapy and chiropractic services
- Transportation expenses related to health care
- Hearing aids
- Physician-directed weight-loss programs
- Orthodontic services (braces)

For more information about qualified medical expenses, go to ***IRS.gov*** and search for "Publ 502" to download the IRS publication. Make sure you have the most recent date.

Who keeps track of what I spend on qualified health care expenses?

You do. In the event of an audit, you are responsible for maintaining receipts to document the appropriate use of funds.

Worldwide Medical and Pharmacy Network

Cigna Healthcare International

1-800-441-2668 | *CignaEnvoy.com*

Cigna Healthcare International is your medical and dental claims administrator and network provider for international and stateside services. Their customer service center can answer questions about your benefits or claims and provide new ID cards.

Cigna also serves as your pharmacy benefits provider. Their customer service center can answer questions about covered drugs, claims and 365-day prescription fills before leaving stateside.

You can search for providers before setting up your account.

Once you register, you can view your claims on your *Explanation of Benefits* (EOB), access support and additional benefits and print new ID cards. Additionally, you can price a medication to discover alternatives to discuss with your health care provider, identify availability of generics and fill mail-order prescriptions.

Life, Accident and Disability Benefits

Unum

Unum® is the administrator for your life, accident and disability benefits. If you have a question about your coverage or need to access your benefits, please contact your benefits administrator.

Plan Materials and Resources on Our Website

Visit *GuideStone.org/TEAM* for:

- Benefit Overviews for your health plan and plan documents for all coverages
- Frequently Asked Questions
- Claim Forms

Before You Receive Your ID Cards

If you need medical or dental care or need to fill a prescription before receiving your ID card, provide the following information to your health care provider:

Medical, Dental and Prescription Drugs (Cigna Healthcare International)

Account number: 05180A002

Benefit questions: (302) 797-3100 or AT&T® Direct Access Code + 1-800-441-2668

Hospital or facility admissions: (302) 797-3100 or AT&T Direct Access Code + 1-800-441-2668

Claims address:
Cigna Healthcare International
P.O. Box 15050
Wilmington, DE 19850-5050 USA

If you are in a country that offers the Cigna*Links* network, you will receive two ID cards:

- Cigna Healthcare International ID card
- Cigna*Links* country ID card

If you need to validate coverage for a specific drug, visit *Cigna.com/DrugList*, go to the "SELECT A DRUG LIST" drop-down menu and select "Legacy 3 Tier".

If you need preassignment assistance, refer to the *Guided Health Advisor* handout for ways this program can help you even before you leave for an international assignment.

After You Receive Your ID Cards

After you receive your ID card(s), register your Cigna Envoy account. Your ID card contains important information such as your plan ID number and a phone number to verify participating providers. Provide your Cigna ID card(s) when you receive medical services.

If you've enrolled in a dental plan, your Cigna ID card also serves as your dental ID card. Your ID card contains important information such as your plan ID number and a phone number to verify participating providers. Provide your dentist with your Cigna ID card when you receive dental care services.

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

Medical Plans

GuideStone®

Health Choice 2000

GuideStone®

Effective 01/01/2026

IN-NETWORK	Deductible for individual coverage	$2,000
	Deductible for family coverage (Embedded deductible)	$4,000
	Plan pays/individual pays (co-insurance) after deductible	80%/20%
	Maximum out-of-pocket (medical and prescription)	$5,750 individual/$11,500 family
	Primary care or retail clinic visit	$25
	Specialist office visit (includes virtual visits)	$45
	Teladoc®	$0
	Wellness and preventative care (primary care/ specialist)	0% no deductible
	Hospital inpatient (including maternity)	20% after deductible
	Outpatient surgery	20% after deductible
	Emergency room services	$250 copay, then 20%
	Urgent care	$50
	Outpatient services (CT scans, MRI, diagnostic)	20% after deductible
	Outpatient PT/OT/ST (30 visit limit per therapy type; visit limit waived with mental health services diagnosis)	$45
	Chiropractic services (12 visits anually)	$45
	Mental health/substance abuse: inpatient services	20% after deductible
	Mental health/substance abuse: office visit	$25
	Vision exam (one exam every 12 months)	$25
OUT-OF-NETWORK	Deductible for an individual	$4,000
	Deductible for a family	$8,000
	Plan pays/individual pays (co-insurance) after deductible	50%/50%
	Co-insurance and deductible out of pocket limit for an individual	$24,000
	Co-insurance and deductible out of pocket limit for a family	$28,000
	Wellness and preventive care	Not covered
	Hospital inpatient (including maternity)	$500 copay, then 50% after deductible
	Outpatient surgery	50% after deductible
	Emergency Room Services	See In-Network Emergency Room Services
	Mental health/substance abuse: inpatient services	$500 copay, then 50% after deductible
	Mental health/substance abuse: office visit	50% after deductible

PRESCRIPTION DRUG PROGRAM[1]

RETAIL	30-Day Supply	Generic	$15
		Preferred	$50
		Non-Preferred	$75
MAIL ORDER/ RETAIL	90-Day Supply	Generic	$30
		Preferred	$100
		Non-Preferred	$150
		Diabetic Supplies	$20
		Participating Insulin	$75
SPECIALTY	30-Day Supply	Generic	$50
		Preferred	$75
		Non-Preferred	$100

Additional Plan Information

The participant pays the Co-payment or drug cost, whichever is less.
Maintenance drugs filled at retail, other than the member selected retail pharmacy(CVS or Walgreens), 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.
If a non-generic drug is purchased when a generic drug is available, the participant 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.
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.
Medical claims Incurred outside the United States where no network exists will be considered In-Network.
Accumulators are met by both medical and prescription expenses. Co-pays do not accumulate towards your deductible.
Co-pays for certain specialty medications will be set to the maximum available manufacturer Co-pay assistance. This Co-pay adjustment will only apply after deductible satisfaction if this is a qualified high deductible plan. These Co-pays will be paid by the manufacturer after the participant applies for Co-pay assistance and will not apply toward MOOP.
Insulin Co-pay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.

GuideStone®

Health Saver Standard

This is an HSA-qualified High Deductible Health Plan, eligible for use with a Health Savings Account(HSA).

Effective 01/01/2026

IN-NETWORK	Deductible for individual coverage	$1,700
	Deductible for family coverage (Non-Embedded deductible)	$3,400
	Plan pays/individual pays (co-insurance) after deductible	90%/10%
	Maximum out-of-pocket (medical and prescription)	$3,400 individual/$6,800 family
	Primary care or retail clinic visit	10% after deductible
	Specialist office visit (includes virtual visits)	10% after deductible
	Teladoc®	0% after deductible
	Wellness and preventative care (primary care/ specialist)	0% no deductible
	Hospital inpatient (including maternity)	10% after deductible
	Outpatient surgery	10% after deductible
	Emergency room services	$250 copay, then 10% after deductible
	Urgent care	10% after deductible
	Outpatient services (CT scans, MRI, diagnostic)	10% after deductible
	Outpatient PT/OT/ST (30 visit limit per therapy type; visit limit waived with mental health services diagnosis)	10% after deductible
	Chiropractic services (12 visits anually)	10% after deductible
	Mental health/substance abuse: inpatient services	10% after deductible
	Mental health/substance abuse: office visit	10% after deductible
	Vision exam (one exam every 12 months)	10% after deductible
OUT-OF-NETWORK	Deductible for an individual	$10,000
	Deductible for a family	$20,000
	Plan pays/individual pays (co-insurance) after deductible	60%/40%
	Co-insurance and deductible out of pocket limit for an individual	$15,000
	Co-insurance and deductible out of pocket limit for a family	$30,000
	Wellness and preventive care	Not covered
	Hospital inpatient (including maternity)	$500 copay, then 40% after deductible
	Outpatient surgery	40% after deductible
	Emergency Room Services	See In-Network Emergency Room Services
	Mental health/substance abuse: inpatient services	$500 copay, then 40% after deductible
	Mental health/substance abuse: office visit	40% after deductible

PRESCRIPTION DRUG PROGRAM[1]

RETAIL	30-Day Supply	Generic	10% after deductible
		Preferred	10% after deductible
		Non-Preferred	10% after deductible
MAIL ORDER/ RETAIL	90-Day Supply	Generic	10% after deductible
		Preferred	10% after deductible
		Non-Preferred	10% after deductible
		Diabetic Supplies	10%
		Participating Insulin	$75
SPECIALTY	30-Day Supply	Generic	10% after deductible
		Preferred	10% after deductible
		Non-Preferred	10% after deductible

Additional Plan Information

If a non-generic drug is purchased when a generic drug is available, the participant 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.

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.

Medical claims Incurred outside the United States where no network exists will be considered In-Network.

Accumulators are met by both medical and prescription expenses. Co-pays do not accumulate towards your deductible.

Co-pays for certain specialty medications will be set to the maximum available manufacturer Co-pay assistance. This Co-pay adjustment will only apply after deductible satisfaction if this is a qualified high deductible plan. These Co-pays will be paid by the manufacturer after the participant applies for Co-pay assistance and will not apply toward MOOP.

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

Glossary of Terms

Co-insurance — The percentage of eligible claims you pay after you meet your deductible.

Co-insurance and deductible out of pocket limit (out-of-network) — The most you will have to pay in a year in out-of-network deductibles and co-insurance for covered benefits.

Co-pay — The fixed, up-front dollar amount you pay for certain covered expenses. Co-pay amounts apply after your in-network or out-of-network deductible and do not apply to your out-of-network coinsurance maximum.

Deductible for individual coverage — This applies only to an employee who has no dependents included on their coverage. The individual is responsible for paying for medical and prescription drug claim costs up to the plan's individual deductible amount before GuideStone® begins paying claims.

Deductible for family coverage — This applies to an employee who has dependents included on their coverage. The employee and dependents are responsible for paying for medical and prescription drug claim costs up to the plan's family deductible amount before GuideStone begins paying claims for anyone in the family. The family deductible may be met by one individual or by multiple family members' combined claims. This is known as an non-embedded deductible.

Emergency care — Medical services from the Emergency department of a hospital to evaluate a medical condition that, in the absence of immediate medical attention, would place the health of the individual in serious jeopardy, cause serious impairment to bodily functions or cause serious and permanent dysfunction to any bodily organ or part.

Generic — A bioequivalent to the brand-name drug made available to the public after the patent has expired on the brand-name drug. The generic version usually results in a less expensive drug. In-network — Health care services received from a provider in a network.

Mail order — Mail order is a service that allows you to refill recurring prescriptions (90-day supply) through an online pharmacy. You receive your prescriptions by mail.

Maximum out-of-pocket (medical and prescription) — The maximum out-of-pocket limit includes the deductible and co-insurance for eligible, in-network services. After the individual or family amount has been satisfied, the health plan covers all eligible, in-network health care expenses for the rest of the plan year. For family coverage, one individual cannot be responsible for more than the current IRS limit.

Network provider — A doctor, hospital or other health care facility that has entered into a contract to provide medical services or supplies at agreed-upon rates to you or your covered dependents under the plan.

Non-preferred drugs — A list of prescribed medications that are not on the plan's formulary.

Preferred drugs — Also known as formulary drugs, this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control plan costs.
Embedded V. Aggregate Deductibles:

Retail pharmacy benefits — This refers to filling your prescriptions at a participating network pharmacy. This approach is best for short-term prescriptions (up to 30-day). You could save money by filling recurring prescriptions via mail order (see above).

Specialist — Any physician not considered a primary care physician.

Specialty drug — Specific prescriptions used to treat complex, chronic or special health conditions.

Telemedicine — The use of telephone and/or live video technology in order to provide medical care.

Urgent care — Treatment at an urgent care facility for the onset of symptoms that require prompt medical attention.

Vision exam — Covers one annual eye exam per covered family member, which may include an eye health examination, dilation and/or refraction. Coverage does not include glasses or contact lenses (unless there has been a cataract extraction), eye surgery or retinal telescreening. See the Preventive Care Schedule for additional vision screening coverage for children when performed by a pediatrician or primary care physician as part of an annual well-child visit.

Wellness and preventive care — Refers to the services listed on the Preventive Care Schedule, which are covered at 100%, not subject to the deductible. The Preventive Care Schedule is based on services required under the Affordable Care Act of 2010 (ACA), as amended.

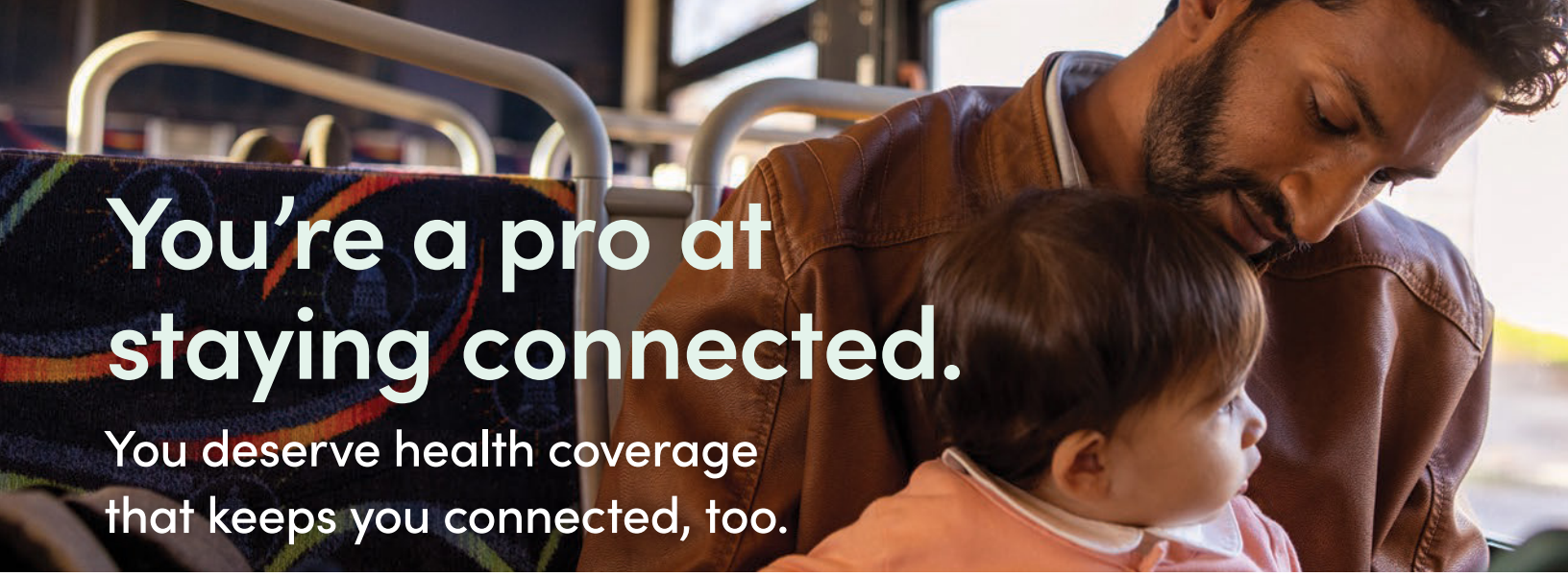
This information only highlights the depth of coverage and benefits you can receive when you protect yourself with GuideStone. There are limitations and exclusions that apply. This is a general overview of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.

Note: A corresponding Summary of Benefits and Coverage was created to help consumers more easily understand their insurance benefits and compare plans. To view and download the Summary of Benefits and Coverage documents for all GuideStone medical plans available to you, visit ***GuideStone.org/Summaries***.

You may also request printed copies by calling **1-844-INS-GUIDE (1-844-467-4843)** Monday through Friday, between 7 a.m. and 6 p.m. CST.

Medical Plan Benefits

GuideStone®



You're a pro at staying connected.

You deserve health coverage that keeps you connected, too.

With your **Highmark Well360 Team**, there's always someone looking out for you. So we'll check in if we see you're dealing with a health issue or need support.

Here are some of the experts you may hear from.

Nurses:

Stress less and focus on getting well with nurses who can support you if you have a new diagnosis or chronic condition. If you're admitted to the hospital, these nurses are by your side every step of the way.

Behavioral Health Clinicians:

Start feeling better right away. These professionals can help you choose a therapist, find self-guided exercises, and make the most of other mental health resources that come with your plan.

Care Navigators:

Find a new primary care provider (PCP) or specialist without the hassle. These experts can recommend high-quality providers, make sure you're going to the right place for care, and help transfer medical records.

Wellness Coaches:

Stay motivated and encouraged as you reach your health goals. Our coaches can design a plan to help you tackle any healthy habit. Get support for nutrition, sleep, stress management, chronic conditions, and more.

Keep an eye out for our call.

We might call to connect you with some of the specialists listed here.

To message us directly, scan the QR code to log in to **My Highmark** and click **Support**.

HIGHMARK.

Because Life.™

Because Life.™

Health benefit administration may be provided by the following entities which are independent licensees of the Blue Cross Blue Shield Association:

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, First Priority Life Insurance Company or First Priority Health.

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield.

Western New York: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefit administration and/or to one or more of its affiliated Blue companies.

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

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No matter where in the world you are —

We Have You Covered.

Did you know that your GuideStone® health plan's benefits travel around the world with you?

That's right! Your Blue Cross Blue Shield (BCBS) Global® Core and Express Scripts® prescription benefits provide you access to doctors, hospitals, prescriptions and other health-related benefits no matter where in the world you are. Your Global Core benefits offer you the same BCBS® coverage when traveling outside the United States that you enjoy while you are at home.

Accessing your benefits is easy!

Medical Assistance

- Download the BCBS Global Core app.
- Visit ***BCBSGlobalCore.com***.
- Call toll-free at **1-800-810-BLUE** (2583).
- Call collect at **(804) 673-1177** if you are outside the United States.

Prescription Drugs

- Contact Express Scripts toll-free at **1-800-555-3432**.
- Call toll-free at **1-800-497-4641** or collect at **(614) 421-8292** for international claims while you are outside of the United States.

It's important to have your GuideStone Highmark® BCBS card handy when you call!

You will need to provide BCBS Global Core the following:

- Identify yourself as a GuideStone member.
- Tell the representative your member ID number from your GuideStone Highmark BCBS card.
- Share the group number from your GuideStone Highmark BCBS card.
- Tell the representative the date of birth of the person receiving treatment.

BCBS Global Core

Health Plan Services

- Find hospitals, health care providers and pharmacies.
- Seek out drug equivalents.
- Obtain translation services.
- Research destination profiles.
- Access local emergency information.
- Explore the travel health center.

How do I use the BCBS Global Core benefits?

- Call BCBS Global Core at **1-800-810-2583** if you require medical attention overseas.
- If it's an emergency, please go to the nearest hospital first and then contact BCBS Global Core.
- In addition to contacting BCBS Global Core, call Highmark BCBS for precertification or preauthorization at **1-866-472-0924** anytime between 7 a.m. and 6 p.m. U.S. CT. (Please note that this number is different from the BCBS Global Core number.)
- If you need inpatient care, call BCBS Global Core at **1-800-810-2583** to arrange direct billing. In most cases, you should not need to pay up front for inpatient care except for the out-of-pocket expenses (non-covered services, deductible, co-payment and co-insurance) you would normally pay. The hospital should submit the claim on your behalf.
- For outpatient and doctor care — or inpatient care not arranged through BCBS Global Core — you may need to pay up front and then file a claim. You can either do this online at ***BCBSGlobalCore.com***; through the BCBS Global Core mobile app by selecting "Claims" and then submitting your paper form; or completing the online wizard. Make sure you also attach all your bills along with your claim form.

Emergency Evacuation

In the event that a facility does not have the resources to provide the appropriate level of care, transportation will be arranged to take you or your eligible dependent to the nearest facility that can provide the level of care necessary. BCBS Global Core can also help you find cost-effective transportation for family members.

How does the medical evacuation benefit work?

1. The Highmark BCBS member, a family member, the physician or the treating facility must notify BCBS Global Core by calling **1-800-810-BLUE** (2583) or calling collect **(804) 673-1177** — which is available 24 hours a day, seven days a week.
2. The Global Core representative will ask the treating medical team to provide clinical details to assess need and urgency. Insufficient diagnostic equipment/services will be a consideration for an evacuation assessment.
3. While the clinical condition is assessed, confirmation of eligibility will occur, which can take one to two hours. If the emergency occurs outside BCBS business hours, an emergency phone tree is in place to assure BCBS Global Core can contact GuideStone for after-hours eligibility confirmation.
4. BCBS Global Core and the local medical team will determine if transport is necessary based on the appropriateness of local care in relation to the medical need. The team will also determine the type of transport and location based on the medical need.
5. In the event a medical evacuation is required, BCBS Global Core will begin arrangement of medical transport details during the assessment by obtaining multiple quotes from available vendors to determine the best fit for the needs of the member.
6. For emergency evacuations, location will likely be to the closest facility able to meet the medical needs of the member. For longer-term rehabilitations, repatriation may be considered as determined appropriate by BCBS Global Core.

Repatriation for Medical Coordination

If treatment for you or your eligible dependent is determined to be extensive, the BCBS medical assistance coordinator might determine it is appropriate to have you near family and friends who can assist you. In this case, the medical assistance coordinator will arrange your transportation and alert the local hospital of the impending patient move and the level of care needed.

Repatriation of Remains

In the unfortunate event that you or an eligible dependent pass away while outside of the United States, arrangements will be made for the remains to be transported back to the United States.

Express Scripts

Prescription Benefits

If you are planning to be outside the United States for an extended period of time, you can either request a 12-month supply of your prescription medication to be prescribed in advance through Express Scripts or obtain the medication at your local pharmacy and submit a claim for payment to Express Scripts.

How do I file an international prescription drug claim?

Simply complete the Express Scripts Prescription Claim form, which can be found at ***GuideStone.org/Claims***, and mail it to the address written on the form. To ensure completion of the claim, tape receipts to the form and provide this important information:

- Date the prescription was filled
- Prescription number (Rx number)
- NDC number (drug number)
- Quantity and days' supply
- Doctor name or ID number
- Amount paid
- Name and address of the pharmacy
- DAW (Dispense as Written)
- Name of drug and strength

If you have any questions, contact Express Scripts directly at **1-800-555-3432**. While you are outside of the United States, you can either call toll-free at **1-800-497-4641** or collect at **(614) 421-8292**.

To learn more about BCBS Global Core:

- Visit ***BCBSGlobalCore.com***.
- Use the BCBS Global Core app. (Rates from your wireless provider may apply.)
- Call Highmark BCBS at **1-866-472-0924**, available 7 a.m. to 6 p.m. CT.
- Call the Service Center at **1-800-810-2583** or collect at **(804) 673-1177**, 24 hours a day, seven days a week.

The BCBS Global Core program was formerly known as BlueCard Worldwide®.

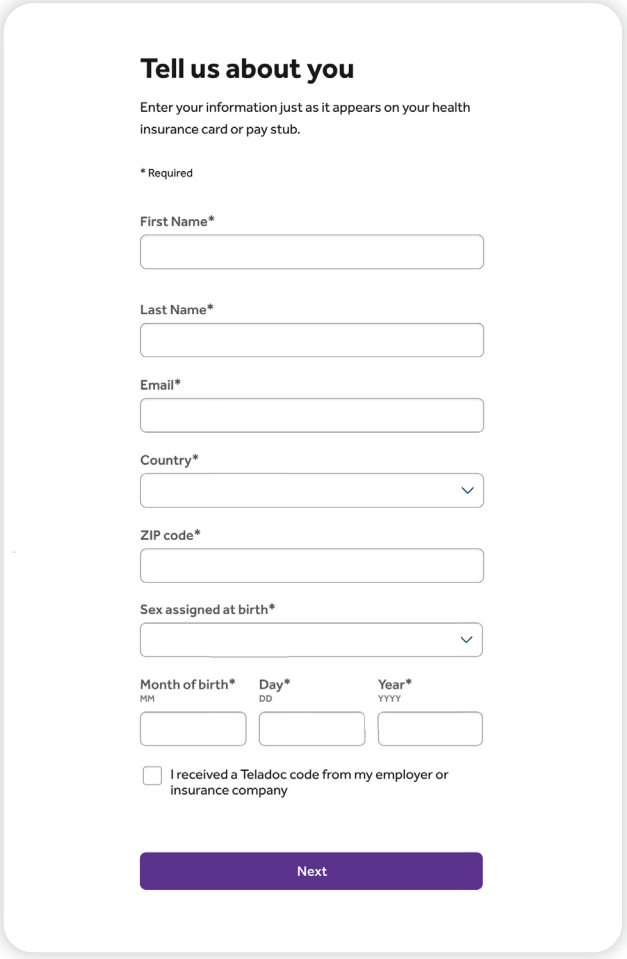
Teladoc HEALTH | GuideStone

Get started with Teladoc Health

It's quick and easy to set up your account online. Simply visit *Teladoc.com/GuideStone*, click ""Sign in" and then "Create a new account". Then simply follow the instructions below.

1 Confirm benefits

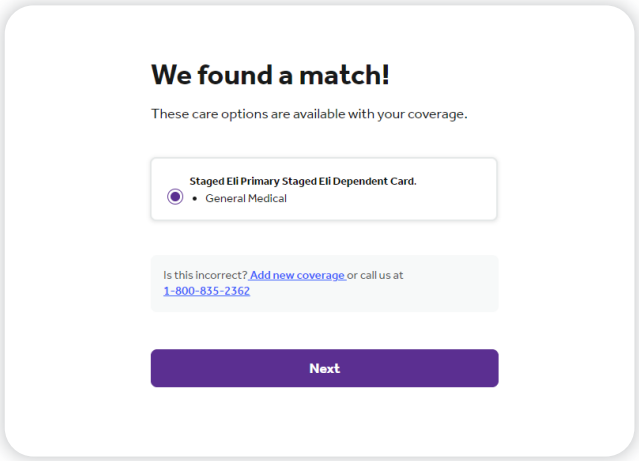
Provide some information about yourself to confirm your eligibility.



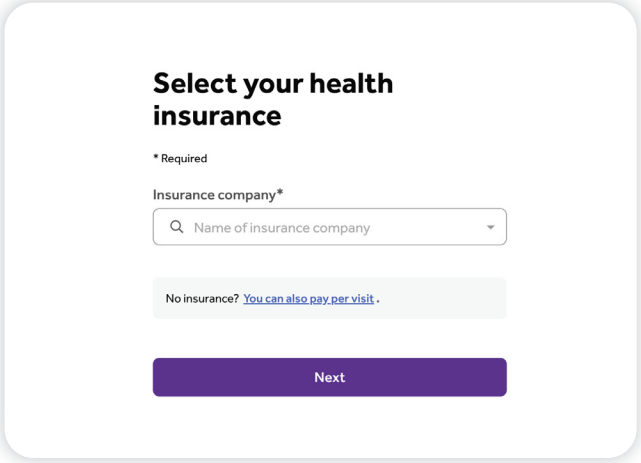
Note: You will need to use the exact name that is listed on your ID card.

2 Find your coverage

You may see one of these two screens, but both will effectively get you started.



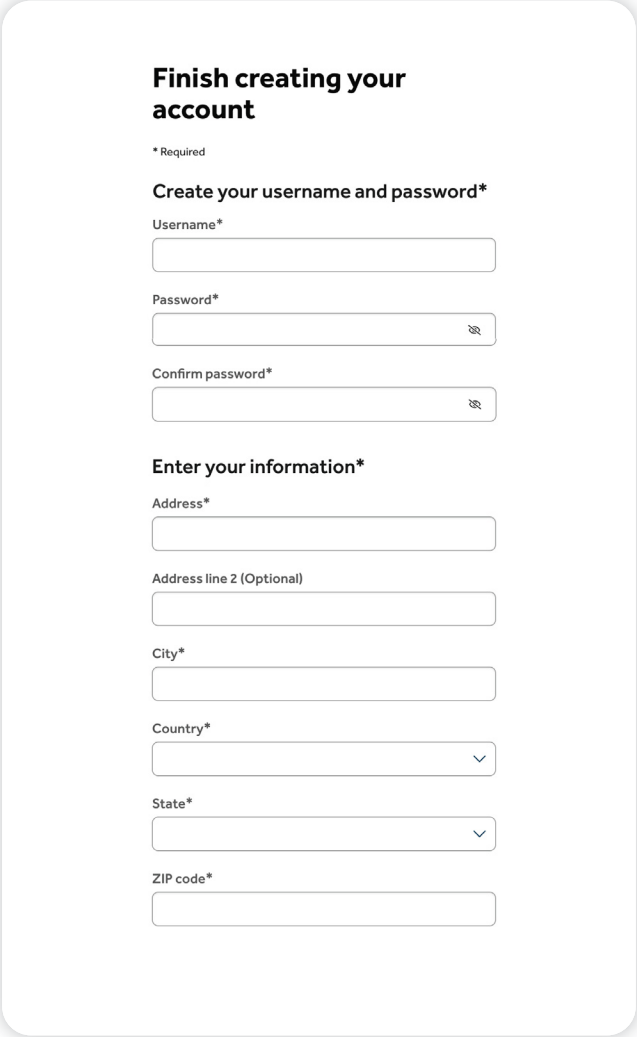
Confirm the coverage that has been matched to you. You will then be asked for your member ID located on your ID card.

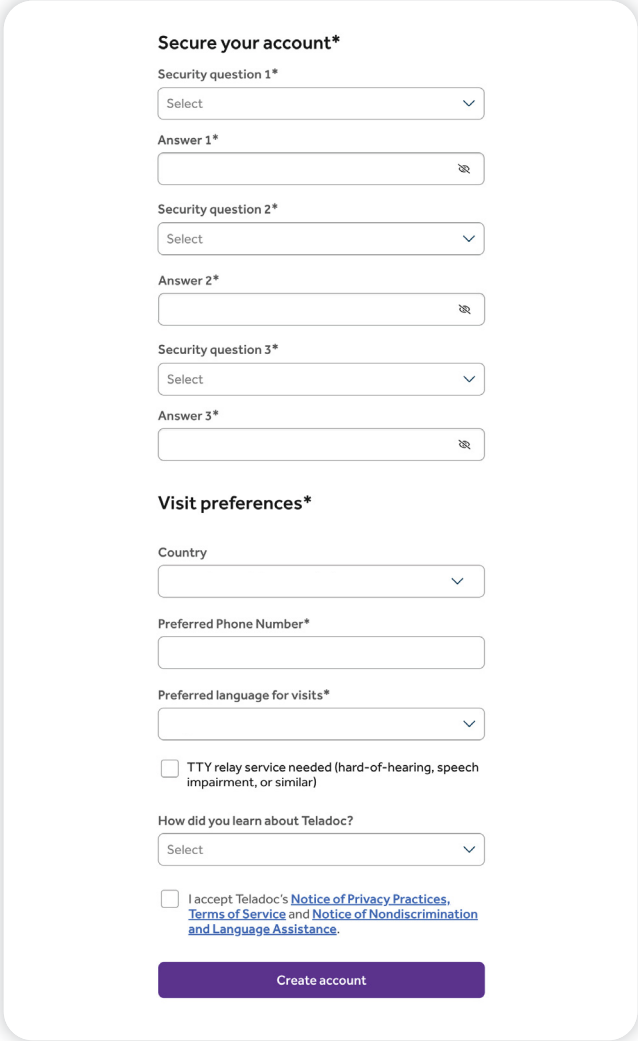


Pick your health plan from the drop-down menu and enter **Highmark Blue Cross Blue Shield.**

3 Create account

Enter your contact information, username, password and security questions.





Once your account is created, eligible dependents under 18 years of age can be added in your account settings under the primary member. Dependents older than 18 should follow the steps above to create their own account.

Set up your Teladoc Health account today

Visit *Teladoc.com/GuideStone* | Call 1-800-TELADOC (800-835-2362) | Download the app

*Teladoc Health is not available internationally.

Hello SmartShopper

Offered by Highmark Blue Cross Blue Shield, SmartShopper saves money and helps you earn rewards when you have routine medical procedures and tests.

How it works

1. SHOP
by phone or online

2. GO
to a cost-effective, in-network location you choose

3. EARN
$25 or more in rewards

Why SmartShopper?

- Prices for the same in-network, high-quality procedure can vary dramatically between locations
- SmartShopper lets you compare convenient, in-network locations and choose the best option
- You save money out-of-pocket and earn a share of the overall savings as a reward
- It's easy to shop online or with a Personal Assistant, who can also schedule your procedure

98% of SmartShoppers would recommend this program to a friend or co-worker.
2019 Survey of SmartShopper Users

Call the SmartShopper Personal Assistant Team at 1-866-285-7475.
Call the SmartShopper Personal Assistant Team Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.

HIGHMARK

GuideStone®
Do well. Do right.®

SmartShopper®

Dental Plan Benefits

GuideStone®

Dental Plan Features

my.Cigna.com

Find everything you need to know about accessing and managing your dental benefits.

my.Cigna.com

Find a Dentist

Use providers in the Total Cigna Healthcare DPPO network (for Premier Dental Care and Choice Dental Care plans) or the Cigna Dental Access Plus network (for Cigna Healthcare - DHMO Plan[1]) to receive services at a discounted rate.

my.Cigna.com

Cigna Healthy Rewards®

Access discounts on health and wellness products and programs.

my.Cigna.com | *1-800-Cigna24*

Oral Health Integration Program

These enhanced benefits are available to pregnant women and those diagnosed with certain health conditions.

GuideStone.org/AdditionalBenefits

Dental Plan Schedules

Find plan details in your dental plan schedule.

GuideStone.org/MemberResources

Explore additional benefits at *GuideStone.org/AdditionalBenefits*.

[1]Cigna Dental Access Plus network is not available in all areas, and members must select a primary care provider or dental office in the Cigna Dental Access Plus network to receive benefits.

For Group Plans

Dental Plans

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

Effective January 1, 2026

Monthly Rates	Premier Dental Care Plan[1]	Cigna Healthcare - DHMO Plan
Employee	$45.33	$25.06
Employee + Spouse	$90.66	$42.35
Employee + Child(ren)	$113.33	$59.14
Employee + Family	$158.66	$69.67

Dental Plan Comparison Chart	Premier Dental Care Plan[1]	Cigna Healthcare - DHMO Plan
Providers	May use any provider or save with network providers	May use only providers in the network
Deductible (per person per year)[2]	$50	No deductible
Annual maximum benefit (per person)	$1,500	No annual maximum
Preventive services	0%	$5 office visit co-pay + applicable fee (if any)[3]
Basic restorative care	20%	$5 office visit co-pay + applicable fee (if any)[3]
Major restorative care	50%	$5 office visit co-pay + applicable fee (if any)[3]
Orthodontia	50% with a lifetime maximum benefit of $1,000	$5 office visit co-pay + applicable fee (if any)[3]

[1]Coverage percentages based on reasonable and customary charges.
[2]Deductibles apply to basic and major services for the Premier Dental Care and Choice Dental Care plans.
[3]The Cigna DHMO is not available in the following states: AK, ME, MT, NH, NM, ND, SD, VT and WY.

Helpful Plan Tips:

Premier Dental Care Plans

- 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 Dental PPO network.
- An annual maximum in-network benefit is $1,500. The out-of-network annual maximum benefit is $1,500. Once the plan has paid the annual maximum for the year, you will be responsible for 100% of the costs for your dental care for the rest of that year. This maximum benefit is for each family member covered by the plan.

Cigna Dental Care® DHMO Plan

- With the Cigna Dental Care DHMO Plan (not available in all areas), you must select a primary care provider or dental office in the Cigna Dental Care Access Plus network to receive benefits.
- One of every five dentists is in both the Cigna DPPO and Cigna Dental Care Plus networks. There are more than 31,000 dentists in 40+ states and growing. It has a lower monthly cost with predictable costs based on the *Patient Charge Schedule*.

To find a PPO or HMO dental network provider in your area, visit *my.Cigna.com* or call **1-800-CIGNA24.**

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

Dental ID Cards

To find a dentist near you or view dental plans, call 1-800-244-6224 or visit *my.Cigna.com*.

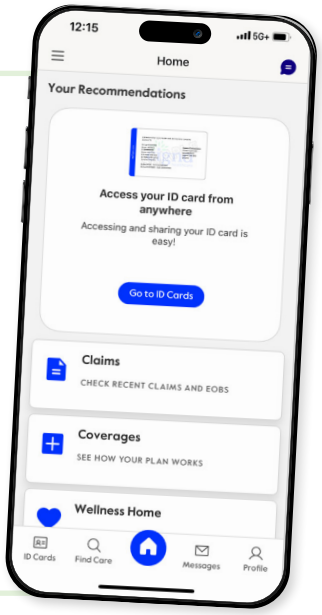
What if I haven't received my ID card?

If you need to visit a dentist before your digital ID card is available, use the plan information below.

Plan Information
GuideStone Group Number – **3172000**
GuideStone HMO Group Number – **10112922**
Subscriber ID – Your Social Security Number
Benefit Questions – **1-800-CIGNA24** (1-800-244-6224)

Need a new card?

Call Cigna Healthcare Dental directly at 1-800-244-6224 to request help finding your digital ID card online at *my.Cigna.com*.



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

Term Life and Accident Plan Benefits

GuideStone®

Life and AD&D Plan Features

Designate a Beneficiary

Choosing primary and secondary beneficiaries ensures that your benefits are distributed according to your wishes. Be sure to update your beneficiary designations in your *My*GuideStone® account.

My.GuideStone.org

Life Planning

When a loved one is terminally ill or passes away, get help with the personal, financial and legal decisions that need to be made.

GuideStone.org/LifePlanning

Portability and Conversion

You and your dependents can continue life coverage by converting to a policy directly through Unum® if you leave your employer or otherwise lose eligibility.

GuideStone.org/AdditionalBenefits

Accelerated Death Benefit

Terminally ill participants with a life expectancy of 12 months or less may receive up to 50% of the death benefit prior to death.

GuideStone.org/AdditionalBenefits

Education Benefit

For qualified dependents, your GuideStone AD&D coverage includes an additional education benefit of 6% of the full amount of the AD&D benefit, up to $6,000 a year for up to four years.

GuideStone.org/AdditionalBenefits

Explore additional benefits at ***GuideStone.org/AdditionalBenefits***.

The Evangelical Alliance Mission (TEAM)

Domestic Term Life and Accident Plans

Term Life and Accident Plans - Long-term Global Workers

Employee & Affiliated Spouse Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	**$10,000**
AD&D Coverage Amount	**$10,000**

Employee & Affiliated Spouse Optional Term Life	
Employee Paid	
Available Coverage Amounts	**$25,000, $50,000, $75,000, $100,000, $150,000, $200,000**
See Monthly Optional Term Life rates below.	
Guaranteed issue is available at initial eligibility for up to $150,000 in coverage. Coverage amount of $200,000 requires ***Evidence of Good Health Application***.	
Benefit reduction at age 65	Reduces to 65% of current amount but not to reduce below $20,000 of coverage.

Non-Affiliated Spouse Term Life	
Employee Paid - No Evidence of Good Health is required.	
Coverage Amount	**$5,000**
Rate: $0.95 per month	

Non-Affiliated Spouse Optional Term Life	
Employee Paid	
Coverage Amount	**May select up to 50% of the employee's total life coverage. Must be in a $5,000 increment.**
See Monthly Non-Affiliated Spouse Optional Term Life rates below.	
Evidence of Good Health Application is required.	

Monthly Optional Term Life Rates		**Monthly Non-Affiliated Spouse Optional Term Life Rates**	
Age	Rate per $1,000	Age	Rate per $1,000
29 & Under	$0.056	29 & Under	$0.062
30-34	$0.068	30-34	$0.075
35-39	$0.08	35-39	$0.088
40-44	$0.11	40-44	$0.121
45-49	$0.18	45-49	$0.198
50-54	$0.28	50-54	$0.308
55-59	$0.47	55-59	$0.517
60-64	$0.72	60-64	$0.792
65-69	$1.20	65-69	$1.32
70-74	$2.24	70-74	$2.464
75+	$3.45	75+	$3.795

Child Life	
Employee Paid	
Coverage Amount	**$10,000 per child**
Rate: $0.75 per month per family unit	
Guaranteed issue is available at initial eligibility; coverage continues to age 26. Application after initial eligibility requires ***Evidence of Good Health Application.***	

Employee & Affiliated Spouse Supplemental AD&D	
Employee Paid	
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident	
Available Coverage Amounts	**$25,000, $50,000, $75,000, $100,000, $150,000, $200,000**
Rate: $0.025 per $1,000 per month	
Participation in the Employee Term Life Plan is not required. Evidence of Good Health is not required for accident plans.	

Non-Affiliated Spouse Supplemental AD&D
Employee Paid
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident
Non-Affiliated Spouse will be covered at 50% of the employee's supplemental AD&D coverage.
Rate: $0.025 per $1,000 per month
Participation in the Employee Term Life Plan is not required but participation in Employee Supplemental AD&D is required. Evidence of Good Health is not required for accident plans.

These coverage amounts for term life and accidents 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.

Please Note: Members traveling in Unum-restricted countries for work or work-related travel will be subject to the maximum payout for Unum-restricted countries. The maximum payout for Unum-restricted countries includes 1) $10,000 of employer-provided Term Life for an Employee and an Affiliated Spouse and 2) a maximum benefit of $20,000 for Employee and Affiliated Spouse Optional Term Life. Full benefits will be paid out for non-work-related travel.

Term Life and Accident Plans – Mid-term Global Workers

Employee Life & Affiliated Spouse Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	**$10,000**
AD&D Coverage Amount	**$10,000**

Term Life and Accident Plans - Staff

Employee Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	**$10,000**
AD&D Coverage Amount	**$10,000**

Employee Optional Term Life	
Employee Paid	
Available Coverage Amounts	**$25,000, $50,000, $75,000, $100,000, $150,000, $200,000**
Guaranteed issue is available at initial eligibility for up to $150,000 in coverage. Coverage amount of $200,000 requires ***Evidence of Good Health Application***.	
Benefit reduction at age 65	Reduces to 65% of current amount but not to reduce below $20,000 of coverage.

Spouse Term Life	
Employee Paid	
Coverage Amount	**$5,000**
Rate: $0.95 per month	
No Evidence of Good Health is required.	

Spouse Optional Term Life	
Employee Paid	
Coverage Amount	**May select up to 50% of the employee's total life coverage. Must be in a $5,000 increment.**
See Monthly Optional Term Life rates below.	
Evidence of Good Health Application is required.	

Monthly Optional Term Life Rates		**Monthly Spouse Optional Term Life Rates**	
Age	Rate per $1,000	Age	Rate per $1,000
29 & Under	$0.056	29 & Under	$0.062
30-34	$0.068	30-34	$0.075
35-39	$0.08	35-39	$0.088
40-44	$0.11	40-44	$0.121
45-49	$0.18	45-49	$0.198
50-54	$0.28	50-54	$0.308
55-59	$0.47	55-59	$0.517
60-64	$0.72	60-64	$0.792
65-69	$1.20	65-69	$1.32
70-74	$2.24	70-74	$2.464
75+	$3.45	75+	$3.795

Child Life	
Employee Paid	
Coverage Amount	**$10,000 per child**
Rate: $0.75 per month per family unit	
Coverage continues to age 26	

Employee Supplemental AD&D	
Employee Paid	
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident	
Available Coverage Amounts	**$25,000, $50,000, $75,000, $100,000, $150,000, $200,000**
Rate: $0.025 per $1,000 per month	
Participation in the Employee Term Life Plan is not required. Evidence of Good Health is not required for accident plans.	

Spouse Supplemental AD&D
Employee Paid
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident
Spouse will be covered at 50% of the employee's supplemental AD&D coverage.
Rate: $0.025 per $1,000 per month
Participation in the Employee Term Life Plan is not required but participation in Employee Supplemental AD&D is required. Evidence of Good Health is not required for accident plans.

These coverage amounts for term life and accidents 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.

Please note: Members traveling in Unum-restricted countries for work or work-related travel will be subject to the maximum payout for Unum-restricted countries. The maximum payout for Unum-restricted countries includes 1)$10,000 of employer-provided Term Life for an Employee and Affiliated Spouse and 2) a maximum benefit of $20,000 for Employee and Affiliated Spouse Optional Term Life. Full benefits will be paid out for non-work-related travel.

Additional Benefits

Life Planning Financial & Legal Resources

Financial, legal and grief support in the event of a death or diagnosis of a terminal illness.

Accelerated Benefits

Allows terminally ill members with a life expectancy of 12 months or less to receive up to 75% of the death benefit ($250,000 maximum) prior to death.

Portability or Conversion of Coverage

Employees and their dependents can continue coverage if employment is terminated, or they otherwise lose eligibility.

Add Children Without Underwriting

No underwriting is required to add a dependent child within 60 days of the child's birth, adoption or placement for adoption.

Additional AD&D Benefits

AD&D plan pays additional death benefits if you die when traveling more than 100 miles from home while properly wearing a seatbelt or when protected by an airbag. The plan also pays an additional education benefit to each of your qualified, college-age dependents if you die.

Vision Benefits – VSP

GuideStone®

Get access to the best in eye care and eyewear with TEAM and VSP® Vision Care.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and low out-of-pocket costs.
- **High Quality Vision Care.** You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com**. Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit **vsp.com** or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on **vsp.com**.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.[1] Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.[2] Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.

Your VSP Vision Benefits Summary

TEAM and VSP provide you with an affordable eyecare plan.

VSP Vision care for life

VSP Coverage Effective Date: 01/01/2024 **VSP Provider Network:** VSP Choice

Benefit	Description	Copay	Frequency
	Your Coverage with a VSP Provider		
WellVision Exam	• Focuses on your eyes and overall wellness	$10	Every calendar year
Prescription Glasses		$25	See frame and lenses
Frame	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance • $70 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	• Progressive lenses • Average savings of 20-25% on other lens enhancements	$0	Every calendar year
Contacts (instead of glasses)	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam ..... up to $45	Lined Bifocal Lenses ..... up to $50	Progressive Lenses ..... up to $50
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $65	Contacts ..... up to $105
Single Vision Lenses ..... up to $30		

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. **800.877.7195** | **vsp.com**

1. Brands/Promotion subject to change.
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

GuideStone.org | 1-844-INS-GUIDE

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