The Evangelical Alliance Mission

Domestic Health Plans

Effective January 1, 2026

GuideStone®

Health Plans

Annual Plan Options

Health Plan Choices

Effective date: January 1, 2026

Health Choice 2000

- $2,000 individual deductible
- $4,000 family deductible
- Not eligible for a Health Savings Account (HSA)
- Embedded deductible

Health Saver Standard (Formerly Health Saver 1500)

- $1,700 individual deductible
- $3,400 family deductible
- Eligible for a Health Savings Account (HSA)
- Non-embedded deductible

Health Plans

Health Choice 2000

Health Choice 2000

Medical Benefits	In-Network	Out-of-Network
Annual deductible: individual/family	$2,000/$4,000	$4,000/$8,000
Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	50%/50%
Maximum out-of-pocket (medical and prescription): individual/family	$5,750/$11,500	N/A
Wellness visit (per Preventive Schedule)	0% (no co-pay or deductible)	Not covered
Primary care or retail clinic visit co-pay	$25	50% after deductible
Teladoc®* co-pay	$0	Not covered
Specialist visit co-pay	$45	50% after deductible
Urgent care co-pay	$50	50% after deductible
Emergency room services	$250 co-pay, then 20% (no deductible)	$250 co-pay, then 20% (no deductible)
Hospital inpatient (including maternity)	20% after deductible	$500 co-pay, then 50% after deductible
Co-insurance and deductible out-of-pocket limit: individual/family	N/A	$24,000/$28,000

*High Deductible Health Plan (HDHP) members are required to pay the full consultation fee until they have met their deductible/co-insurance requirements. Teladoc Mental Health benefits are not available on Secure Health plans.

Prescription Benefits

Health Choice 2000

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

[1]If a non-generic drug is purchased when a generic is available, the member must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the maximum out-of-pocket limit.
[2]Maintenance drugs filled at retail, other than Walgreens® or CVS®, will incur a $10 penalty after the second retail fill. The $10 penalty does not accumulate toward the deductible or the maximum out-of-pocket limit. This penalty does not apply to ACA preventive medications.
[3]Diabetic supplies are a $20 co-pay for a 90-day supply and are not subject to the deductible.
[4]Select products used to treat diabetes, including participating insulin, may be available for a $75 co-pay for a 90-day supply.
[5]Co-pays for certain specialty medications will be set to the maximum available manufacturer co-pay assistance. These co-pays will be paid by the manufacturer after the member applies for co-pay assistance and will not apply toward MOOP.

How the Embedded Deductible Is Calculated

Health Choice 2000

- When one person in a family reaches the individual deductible level, that person moves to the co-insurance benefit level.
- Other family members' expenses accrue to meet the remaining family deductible before they move to the co-insurance benefit level.
- Deductible, co-insurance and co-payments accrue to meet the individual and family maximum out-of-pocket limit.

View *Learning Your Health Plan's Vocabulary Can Save You Money* for additional information on health plan terms.

Maximum Out-of-Pocket (MOOP)

Health Choice 2000 — Individual Coverage

- Out-of-pocket costs for all eligible, in-network services — including deductible, co-pay and co-insurance — count toward the individual maximum.
- Once you reach the MOOP limit, the plan covers all eligible, in-network health care expenses for the rest of the calendar year.

Maximum out-of-pocket limits vary by plan.

Note: Out-of-network and ineligible medical expenses do not accumulate toward, or contribute to, the maximum out-of-pocket limit.

Maximum Out-of-Pocket (MOOP)

Health Choice 2000 — Family Coverage

The information below applies to plans with an embedded deductible:

- Out-of-pocket costs for all eligible, in-network services — including deductible, co-pay and co-insurance — count toward the family maximum.
- When one family member reaches the individual maximum out-of-pocket limit, all of that member's eligible, in-network expenses will be paid at 100%.
- The remaining amount of the family maximum out-of-pocket limit can be accumulated by one or all of the other family members.
- Once the family reaches the family maximum out-of-pocket limit, everyone's eligible, in-network expenses will be paid at 100% for the rest of the calendar year.

Maximum out-of-pocket limits vary by plan.

Note: Out-of-network and ineligible medical expenses do not accumulate toward, or contribute to, the maximum out-of-pocket limit.

Health Plans

Health Saver Standard

HSA-qualified High Deductible Health Plans (HDHPs)

What is an HSA-qualified High Deductible Health Plan?

- Health plan designs are defined by the federal government.
- No first-dollar medical coverage, with the exception of eligible preventive services, is covered at 100%.
- Members must pay out-of-pocket for all medical and prescription services until they meet the deductible.
- After meeting the deductible, eligible medical or prescription drug claims are paid by the plan at the co-insurance level.
- Plans are designed to be paired with a Health Savings Account (HSA).

Health Saver Standard (Non-Embedded deductible)

Medical Benefits	In-Network	Out-of-Network
Annual deductible: individual/family	$1,700/$3,400 Annually Indexed	$10,000/$20,000
Plan pays/individual pays (after deductible)	90%/10%	60%/40%
Maximum out-of-pocket (medical and prescription): individual/family	$3,400/$6,800	N/A
Wellness visit (per Preventive Schedule)	0% no deductible	Not covered
Primary care visit	10% after deductible	40% after deductible
Specialist visit	10% after deductible	40% after deductible
Teladoc®	0% after deductible	Not covered
Urgent care visit	10% after deductible	40% after deductible
Emergency room services	$250 co-pay, then 10% after deductible	$250 co-pay, then 10% after deductible
Hospital inpatient (including maternity)	10% after deductible	$500 co-pay, then 40% after deductible
Out-of-network deductible and co-insurance limit	N/A	$15,000/$30,000

Prescription Benefits

Health Saver Standard

Prescription Benefits[1,2,3,4]	Retail: 30-day Supply	Mail Order: 90-day Supply	Specialty: 30-day Supply
Annual deductible: individual/family	$1,700/$3,400	$1,700/$3,400	$1,700/$3,400
Generic drug co-pay	10% after deductible	10% after deductible	10% after deductible
Preferred drug co-pay	10% after deductible	10% after deductible	10% after deductible
Non-preferred drug co-pay	10% after deductible	10% after deductible	10% after deductible

[1]If a non-generic drug is purchased when a generic is available, the member must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the maximum out-of-pocket limit.
[2]A 90-day supply of maintenance drugs can be filled either by member selected retail pharmacy (Walgreens® or CVS®) or by mail order. Prices may vary.
[3]Diabetic supplies are not subject to the deductible.
[4]Select products used to treat diabetes, including participating insulin, may be available for a $75 co-pay for a 90-day supply.

Non-Embedded Deductible

Health Saver Standard

- If you have individual coverage, you move into the co-insurance benefit level of 90% after you meet the individual deductible.
- If you have family coverage, there is no individual deductible:
  - All family medical costs count toward the family deductible.
  - When the family deductible is met by one or a combination of family members, the entire family moves to the co-insurance benefit level of 90%.
- Deductible and co-insurance accrue to meet the individual and family maximum out-of-pocket limit, as applicable.

View *Learning Your Health Plan's Vocabulary Can Save You Money* for additional information on health plan terms.

Maximum Out-of-Pocket (MOOP)

Health Saver Standard — Individual Coverage

The information below applies to plans with a non-embedded deductible:

- Out-of-pocket costs for all eligible, in-network services — including deductible and co-insurance — count toward the individual maximum.
- Once you reach the MOOP limit, the plan covers all eligible, in-network health care expenses for the rest of the calendar year.

Maximum out-of-pocket limits vary by plan.

Note: Out-of-network and ineligible medical expenses do not accumulate toward, or contribute to, the maximum out-of-pocket limit.

Maximum Out-of-Pocket (MOOP)

Health Saver Standard — Family Coverage

The information below applies to plans with an non-embedded deductible:

- Out-of-pocket costs for all eligible, in-network services apply toward the family deductible and also count toward the family maximum out-of-pocket limit.
- The remaining amount of the family maximum out-of-pocket limit can be accumulated by one or all of the other family members.
- Once the family reaches its maximum out-of-pocket limit, everyone's eligible, in-network expenses will be paid at 100% for the rest of the calendar year.

Note: Out-of-network and ineligible medical expenses do not accumulate toward, or contribute to, the maximum out-of-pocket limit.

Maximum out-of-pocket limits vary by plan.

HSA TEAM 2026 Contribution

Effective January 1, 2026, TEAM's special contributions to Global Worker HSAs will be discontinued. Work fund contributions will remain an option.

Your individual living allowance and/or salary contributions can be any amount you choose as long as the total of all contributions (e.g., employer, work funds and living allowance/salary) does not exceed the total contribution limit.

HSA Contribution Rules

2026 maximum contributions amounts*:

- Individual Contribution: $4,400
- Family Contribution: $8,750

55+ annual catch-up contributions

- Individual Contribution: $1,000
- Family Contribution: $1,000

***Maximum HSA contributions:** If you are an eligible individual for the entire year and do not change your type of coverage, you can contribute the full amount based on your type of coverage. However, if you were not an eligible individual for the entire year or changed your coverage during the year, you should refer to IRS Publication 969 to determine your contribution limit.

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an individually owned savings account individuals can use to pay for health care-related expenses.

- Funds in an HSA roll over from year to year and can be saved for future medical or Medicare expenses. There is no “use it or lose it” rule.
- An HSA has a triple tax advantage:
  - Employee contributions to HSAs are tax-deductible.
  - Disbursements for eligible medical expenses are non-taxable.
  - HSA investment earnings are tax-free.
- It’s your money — and it moves with you if you change employers.

HSA Eligibility

Eligibility

- A person enrolled in an HSA-qualified High Deductible Health Plan is eligible for an HSA.

Ineligible

- A person covered by any non-HSA-qualified High Deductible Health Plan, including a spouse's health coverage that is not an HSA-qualified High Deductible Health Plan.
- Anyone who is covered by their own or their spouse's Health Flexible Spending Account (FSA) (except for a limited-purpose health-FSA), or a Health Reimbursement Arrangement (HRA).
- Individuals enrolled in any Part of Medicare or Tricare.
- Those who received veteran's health benefits in the past 90 days.
- Anyone who was claimed as a dependent on another person's tax return.

How can I use my HSA dollars?

- HSA disbursements can be used tax-free for qualified medical expenses:
  - Section 213(d) items that are reimbursable.
  - Over-the-counter drugs that are eligible for reimbursement only with a prescription.
- HSA disbursements can be used for your medical expenses and your dependents' medical expenses even if they are not covered under your plan.

Prescription Benefits

Express Scripts Pharmacy Benefit Services

Best-in-class Pharmacy and Prescription Drug Services

- Express Scripts® is the largest U.S. pharmacy management organization.
- It provides access to thousands of retail pharmacy outlets.
- The convenient, non-mandatory mail-order option lowers your costs.
- Georgia-based customer service unit dedicated to ministry plans accepts calls 24/7/365.

EVERNORTH®
HEALTH SERVICES

Express Scripts Pharmacy Benefits Services

Prescription Drug Coverage

Understand Your Plan

Prescription Drug Coverage

- What do you need to do?
  - Understand the coverage stages.
  - Review your claims detail from Express Scripts.
  - Refill prescriptions to ensure an uninterrupted supply.
  - Be aware of drug classifications.
- Clinical rules and coverage management
  - Step therapy is required before certain medications will be filled.
  - Prior authorization is required for some medications.
  - Drug therapy is available to help patients take medications correctly and consistently to manage chronic conditions.
  - Quantity limits may be imposed to maintain a safe dosage.

How are my medications covered?

Benefit Details

- Call Express Scripts Customer Service at 1-800-555-3432.
- Visit *Express-Scripts.com* after enrollment to:
  - Price your prescriptions.
  - View claims and balances.
  - Check mail-order status.
  - Track mail-order refills.
  - Renew mail-order prescriptions.

Get More from Your Prescription Drug Coverage

Benefit Details

- Use generic whenever appropriate.
- Cost-compare prices between pharmacies.
- Use the Express Scripts ID card for every prescription.
- Look for low-cost prescriptions, like $4 and $5 generics at Kroger®, Sam's Club®, Target, Walmart® and other retailers.
- Explore national and community-based charitable programs.
- Look into patient assistance or state programs.

Generic Medications

Ask About Generic Medications

The easiest — and safest — way to save money on prescriptions is to ask for a generic, which typically costs less because the manufacturer did not have to conduct the initial research or studies that the branded drug required.

- Generics fall into two categories:
  - Direct chemical equivalent — a drug that has the same active ingredient as its brand-name counterpart
  - Therapeutic alternative — a drug that may not be chemically equivalent to the brand-name but has the same therapeutic or treatment effect
- Direct chemical equivalents are practically identical to the branded drug, while therapeutic alternatives are part of the same family.
- All generics must adhere to strict guidelines before the FDA will approve their use and are the same as a brand-name medication in dosage, safety, effectiveness, strength, stability and quality.

Member Choice Network

Choose Walgreens® or CVS® as Your In-Network Pharmacy Preference

You and each covered family member choose which national retail pharmacy chain, Walgreens or CVS Pharmacy, they would like to use as your in-network pharmacy. The other one will be considered out-of-network. You can still choose to fill your prescriptions at any of over 55,000 in-network retail pharmacies across the nation.

Your Choice for a Year

The national retail chain you choose will remain your choice for the year for **all prescriptions,** while the other will be considered out-of-network. Express Scripts® has assigned each member a retail chain based on which one they have used most often in the past.

Check or Switch Your Preference

Members can see or switch their preferences by logging into *Express-Scripts.com*.

Learn more about Member Choice Network here.

Member Choice Network

Nationwide Wide Coverage

You can choose to fill your prescriptions at any of over 55,000 in-network retail pharmacies across the nation. **Now you can just choose to include either CVS Pharmacy or Walgreens as one of your options.** To see a full list of network pharmacies and locations available to you, go to *Express-Scripts.com*.

Home Delivery

You still have access to home delivery from Express Scripts.

Learn more about Member Choice Network here.

Prescription Benefits

Benefit Details

- Brand-name drugs vs. generic drugs
  - If a non-generic drug is purchased when a generic is available, the member may 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.
- SaveOnSP for Health Choice 2000 (certain specialty medication co-pays)
  - SaveOnSP is a co-pay assistance program that works with Express Scripts, that helps members save on the costs of certain specialty prescriptions. With assistance from SaveonSP, members with eligible prescriptions will be contacted and enrolled in manufacturer co-pay assistance programs, resulting in the reduction of member responsibility to $0.
  - Co-pays for these medications will be set to the maximum available manufacturer co-pay assistance and paid through the SaveonSP program. Eligible members who choose to decline enrollment would be responsible for the full amount of the increased co-pay.

Prescription Benefits

Benefit Details

- SaveOnSP Adapt for Health Saver Standard (certain specialty medication co-pays)
  - SaveOnSP is an assistance program that works with Express Scripts, that helps members save on the costs of certain specialty prescriptions. With assistance from SaveonSP Adapt, members with eligible prescriptions will be contacted and enrolled in manufacturer assistance programs, resulting in the reduction of member responsibility to $0 **after your deductible has been met**.
  - Co-pays for these medications will be set to the maximum available manufacturer co-pay assistance and will be paid through the SaveonSP program. Eligible members who choose to decline enrollment would be responsible for the full amount of the increased co-pay.

Prescription Benefits

Maintenance Medications

- Maintenance medications are those you take regularly for ongoing conditions, such as:
  - High blood pressure
  - Cholesterol levels
  - Diabetes
  - Asthma
- A 90-day supply of maintenance medications can be filled at Walgreens, CVS or Express Scripts. Prices may vary.
- The Affordable Care Act (ACA) preventive medications, such as low dosage statins, are provided at no cost to you.
- Not sure if your prescription is a maintenance medication? Call 1-800-555-3432 to speak with an Express Scripts patient care advocate.

Prescription Benefits

Maintenance Medications

- If your plan has a co-pay:
  - You can fill your maintenance medications twice at the regular co-pay at a retail pharmacy. After the second retail fill, at pharmacies other than Walgreens or CVS, you will incur a $10 penalty.
  - Co-pay for diabetic supplies is $20 for a 90-day supply from Walgreens, CVS or Express Scripts home delivery.
  - Select products used to treat diabetes, including select insulin, may be available for a $75 co-pay for a 90-day supply.
- If your plan has co-insurance:
  - Diabetic supplies bypass deductible.
  - Select products used to treat diabetes, including participating insulin, may be available for a $75 co-pay for a 90-day supply. Insulin by passes deductible.

Prescription Benefits

Mail Order

- Make the switch to mail-order prescriptions and save.
- Register at ***Express-Scripts.com*** or download the Express Scripts app.
- You have three options for transferring your prescriptions to mail order:

1. **ePrescribe**
   - Ask your doctor to send your prescription electronically to the Express Scripts Pharmacy℠.
2. **Call 1-800-698-3757**
   - Speak with a prescription plan specialist Monday through Friday between 7:30 a.m. and 5 p.m. ET.
3. **Mail**
   - Complete a home delivery order form.
   - Get a 90-day prescription from your doctor plus refills for up to one year (if applicable).
   - Include your home delivery co-payment.
   - Mail your form, payment (or payment information) and prescription to the address on the form.

How are my medications covered?

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

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

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

Express Scripts Resources

- Express Scripts Mail Order/Walgreens/CVS 90-day Supply List
- Express Scripts National Preferred Formulary with Exclusions List
- Express Scripts SaveonSP Medication List
- Prior Authorization
- Step Therapy
- Drug Quantity Management

Preventive Benefits

Preventive Benefits

Per Preventive Care Schedule

- Scheduled, in-network services are covered at 100%, including scheduled labs and mammograms. (Please inform your provider of the scheduled services included on the *Preventive Schedule*.)
- Well-child and adult annual preventive care are covered.
- Immunizations are covered for all ages according to schedule and are available at your doctor's office and neighborhood pharmacy.
- Recommendations are based on age and gender.

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

Preventive Benefits

Services not listed on the *Preventive Schedule* are not included in the 100% covered preventive exam. Below are a few examples of services and products excluded under the wellness benefit because they are not preventive in nature. These products and services are considered diagnostic and will therefore fall under coverage for which the deductible and co-insurance benefits apply:

- EKGs
- X-rays
- Vitamin D testing and supplements
- Hemoglobin (A1C) testing and regulation
- Vitamin B-12 testing and supplements
- Testosterone (total)
- Iron supplements
- Uric acid testing
- Creatinine testing

Wellness Tools and Programs

Wellness Tools and Programs

Staying healthy is easier than ever — you just need the right tools! Learn what's available in your GuideStone® health plan.

Visit *GuideStone.org/WellnessTools*

Teladoc®

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

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

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

TELADOC.

Teladoc® Mental Health

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

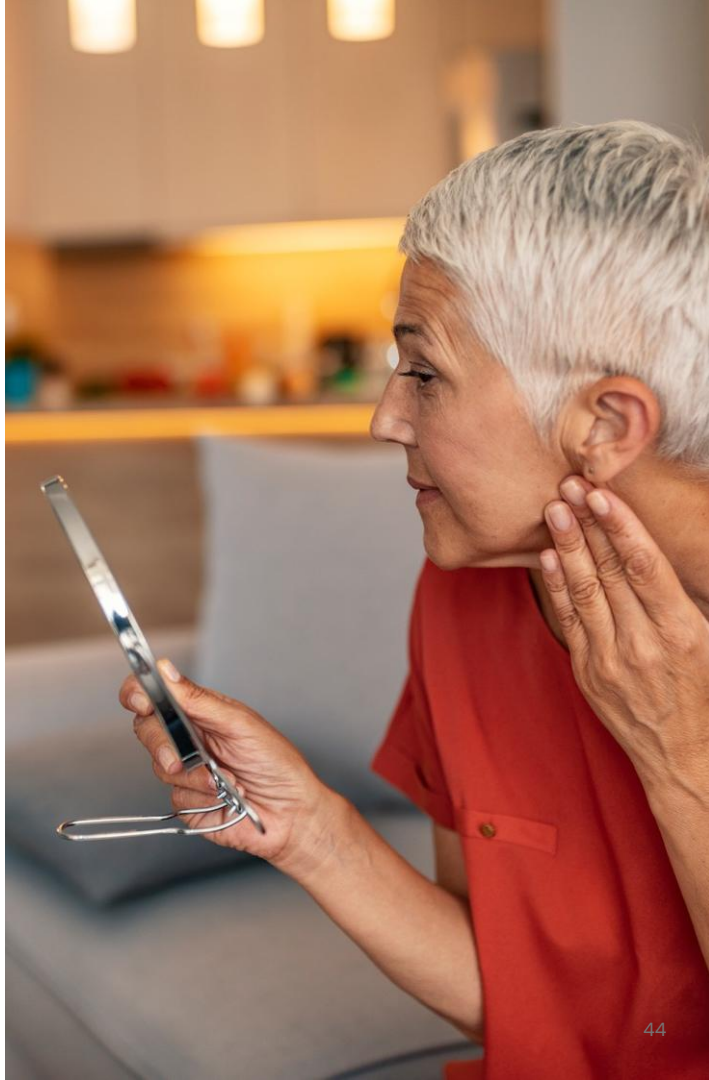
TELADOC.

Teladoc® Dermatology

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

TELADOC.

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



Teladoc

General Medical

- Teladoc provides access to certified providers who are available anytime, anywhere and can resolve many non-emergency medical issues.
- Teladoc physicians can diagnose, treat and prescribe medication when medically necessary for a wide range of conditions.[1]
- Teladoc consultations are available via telephone and video with the secure member portal or the Teladoc mobile app.[2,3]

[1]Teladoc physicians do not prescribe substances controlled by Drug Enforcement Agency, non-therapeutic drugs and/or certain other drugs which may be harmful because of the potential for abuse.
[2]Teladoc operates subject to state regulations.
[3]Video consultations are available during the hours of 7 a.m. to 9 p.m., seven days a week.

For additional information on how to register for Teladoc, download the handout.

Get Paid to Shop for Health Care with SmartShopper

Don’t Overpay for Your Medical Procedures

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

Shop for Better Care

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

Earn Cash Rewards

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

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

Cash Rewards

Examples of Cash Rewards

Procedure	**Your Reward***
MRI	Up to $500
CT Scan	Up to $350
Colonoscopy	Up to $400
Mammogram	Up to $100

Find a list of qualified services **here**.

Call **1-866-285-7475** to shop for the best price.

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

3 Simple Steps to Earn Cash Rewards*

For additional information, click **here**.

Step 1: Shop for care.

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

Step 2: Complete the procedure.

Complete the procedure at the location of your choice.

Step 3: Earn cash rewards*.

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

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

Blue Distinction®
Specialty Care Benefits

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

Overall, patients treated at Blue Distinction Centers* have:

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

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

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

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

Highmark Well360 Team

The Highmark Well360 Team is your one resource to contact whenever you need help with your medical or wellness benefits. Your Well360 Team is comprised of medical, benefits and service experts who can help you understand your benefits and find high-quality health care.

GuideStone members can contact the Well360 Team to:

- Find in-network providers
- Discuss claims and benefits
- Access ID cards
- And more!

The Well360 Team is comprised of:

- Member Experience Specialists
- Nurse Case Managers
- Care Navigators
- Wellness Coaches
- Behavioral Health Specialists and Social Workers

For additional information on Well360 Team, download the **handout.**

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

Highmark Well360 Team

The Well360 Team is just a tap, click or call away

The Well360 Team is your one resource to contact whenever you need help with your medical or wellness benefits. Your Well360 Team is comprised of medical, benefits and service experts who can help you understand your benefits and find high-quality health care.

Contact the Highmark Well360 Team

- Visit MyHighmark.com
- Install the My Highmark App or
- Call 1-866-472-0924

Baby BluePrints Maternity Program Preparing for Baby

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

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

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

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

Thrive by Sword Virtual Physical Care Program

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

- Utilizing wearable FDA-listed motion sensors and the Sword tablet to guide movement, the physical therapists evaluate real-time biofeedback as members go through their exercise sessions.
- The physical therapist provides ongoing virtual support and guidance throughout the program and is available for questions.
- Members will have access to this benefit at **no cost and with no visit limitations**.

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

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

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

Twin Health – Type 2 Diabetes Reversal Program

Reversal is Possible

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

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

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

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

Cylinder

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

What can Cylinder help with?

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

What is included?

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

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

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

Where to Go for Care

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

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

Where to Go for Care

Urgent Care or Freestanding Emergency Room? How to Know the Difference

Distinguishing between an urgent care facility and a freestanding emergency room can be tricky. It's important to know where you are being treated, because freestanding emergency room treatment can cost thousands more than the same treatment at an urgent care clinic.

Look for the following clues to distinguish the difference. Freestanding emergency rooms:

- Include the word "emergency" in the facility name
- Are never attached to a hospital
- Are usually located in more affluent neighborhoods
- Offer more complex treatment options than urgent care
- Charge much higher prices than urgent care facilities

Access Highmark

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

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

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

HIGHMARK

Nationwide BCBS Medical Network

Teladoc Virtual Care

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

$0 co-pay for comprehensive and protection plans

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

Consultation fee for consumer-driven plans

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

Lowers costs and improves access to care

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

Additional Benefits

Global Core Highmark Blue Cross Blue Shield (BCBS)

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

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

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

Experian IdentityWorks Identity Theft Protection

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

Please follow the steps below:

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

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

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

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

Blue365® Highmark Blue Cross Blue Shield (BCBS)

Receive discounts on products and services, plus valuable information you can use all year long.

To access these discounts:

1. Visit ***HighmarkBCBS.com***.
2. Choose the “Members” tab and log in or select “Register Now”.
3. Select the “Your Coverage” tab and select “Member Discounts”.

Discounts include:

Reebok TruHearing healthways fitness your way

For additional information on Blue365, download the **handout.**

Vision Exam Benefit

Health Choice 2000 Plan

- One annual eye health examination is available for each member. The exam will include:
  - Dilation
  - Refraction for eyeglasses or contact lens prescription
- No coverage is included for glasses, contacts or other eyewear.
- The member must use a BCBS in-network optical provider (optometrist or ophthalmologist) to receive the benefit.

For additional information on your vision benefit download the handout.

Vision Exam Benefit

Health Saver Standard Plan

- One annual eye health examination is available for each member. The exam will include:
  - Dilation
  - Refraction for eyeglasses or contact lens prescription
- If you have not met your deductible, the vision exam cost is your responsibility; the cost of the exam will accumulate toward your deductible.
- After your deductible is met, the exam cost is covered at the co-insurance level.
- No coverage for glasses, contacts or other eyewear is provided.
- You must use a BCBS in-network optical provider (optometrist or ophthalmologist) to receive this benefit.

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

Medical ID Cards

- You will have the following ID cards:
  - Medical and Pharmacy
    - Order replacement or additional cards at ***MyHighmark.com***.
    - ID cards will be the same as last year unless you switch plans.
    - If you were on the Health Saver 1500 plan which is now the Health Saver Standard Plan, you will receive new ID cards.

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

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

GuideStone Health Plans and Other Coverages

Health | Dental | Life | Disability | Accident | Vision

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

GuideStone®