The Evangelical Alliance Mission

Domestic Global Worker and Staff Medical Benefits

GuideStone®

Agenda

- Committed to Your Ministry
- Best in Class Providers
- Medical Plans
- Preventive Benefits
- Wellness Tools and Programs
- Additional Benefits
- How to Enroll

Committed to Your Ministry

Committed to Your Ministry

- GuideStone® serves those who serve the Lord.
- GuideStone offers employee benefits exclusively to churches and ministry organizations.
  - We serve more than 80,000 ministry members around the globe.
  - We are a not-for-profit organization.
  - Our insurance representatives are not paid commissions.
  - We are your like-minded church benefits plan.
  - We are not an insurance carrier or a brokerage firm.
- GuideStone reflects your biblical convictions regarding the sanctity of life. That is why our health plans do not include coverage for abortion services or abortion-inducing devices or drugs such as ella® and Plan B One-Step®.

Best in Class Providers

Highmark Blue Cross Blue Shield (BCBS), Express Scripts, Cigna and Unum

GuideStone Brings Together the Best-in-class Providers

Nationwide BCBS Medical Network

Prescription Drug Pharmacy

Nationwide Dental Network

Life and Disability Benefits

The Best of the Blues: Highmark BCBS

- 1 in 3 Americans relies on the Blue Cross Blue Shield (BCBS) network for health care coverage.
- GuideStone plans give you access to national and international BCBS provider networks.
- Deep provider service discounts save you and your plan money.
- Highmark's dedicated GuideStone service unit in Pennsylvania answers all GuideStone member calls.
- This dedicated unit understands our plans and the ministry work of our members.
- Highmark's mobile-friendly website is easy to navigate for provider searches and provides virtual ID cards.

HIGHMARK.

An Independent Licensee of the Blue Cross and Blue Shield Association

Best-in-class Pharmacy and Prescription Drug Services

- Express Scripts (ESI) is the leading U.S. pharmacy benefit management (PBM) organization.
- Members can access thousands of retail outlets.
- Mail order and home delivery are available for convenience and lower cost.
- A 24/7/365 customer service unit in Georgia is dedicated to ministry plans.
- Access Express Scripts via MyQHealth or directly through the Express Scripts app:
  - Fill a new prescription.
  - Refill a mail-order prescription.
  - Price medications.

Medical Plans

Annual Plan Options

Medical Plan Choices

Effective date: 1/1/22

Health Choice 2000

- Not eligible for an HSA
- $2,000 deductible
- Embedded deductible

Health Saver 1500

- HSA-qualified High Deductible Health Plans (HDHPs)
- $1,500 deductible
- Aggregate deductible

Save Money When You Use In-network Providers

In-network Provider	Out-of-network Provider
Receive the highest level of benefits	You share more of the cost
Benefit from provider discounts	No provider discounts
Provider files claims	You file claims
Lowest out-of-pocket costs	Greater out-of-pocket costs
Maximum out-of-pocket cost accumulation	Separate out-of-pocket maximum

Medical Plans

Health Choice 2000
(PPO Plan - Not an HSA qualified plan)

Health Choice 2000 (Embedded Deductible)

Medical Benefits[1]	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 (in-network services only, including deductible, co-pays and co-insurance)	$5,750/$11,500	N/A
Wellness visit (per Preventive Care Schedule)	Covered at 100%	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 80% (no deductible)	$250 co-pay, then 80% (no deductible)
Hospital inpatient (including maternity)	80% 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

[1]Percentages reflect the amounts paid by the plan. Dollar amounts reflect member costs for co-pays and/or deductibles.

Prescription Benefits

Health Choice 2000

Prescription Benefits[1,2,3,4,5,6]	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]Percentages reflect the amounts paid by the plan. Dollar amounts reflect member costs for co-pays and/or deductibles.
[2]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.
[3]Maintenance drugs filled at retail, other than 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.
[4]Diabetic supplies are a $20 co-pay for a 90-day supply and is not subject to the deductible..
[5]Select products used to treat diabetes, including select insulin, may be available for a $75 co-pay for a 90-day supply. Your insulin co-pay will bypass the deductible.
[6]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

Comprehensive and Protection Plans — Individual Coverage

- 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.

Maximum Out-of-pocket (MOOP)

Comprehensive and Protection Plans — 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)

Comprehensive and Protection Plans — 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.

Medical Plans

Health Saver 1500

PPO Plan - HSA-qualified High Deductible Health Plans (HDHPs)

What is an HSA-qualified High Deductible Health Plan?

- Medical 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 1500 (aggregate deductible)

Medical Benefits[1]	In-network	Out-of-network
Annual deductible: individual/family	$1,500/$3,000	$10,000/$20,000
Plan pays/individual pays (after deductible)	90%/10%	60%/40%
Maximum out-of-pocket (medical and prescription): individual/family (in-network services only)	$3,000/$6,000	N/A
Wellness visit (per Preventive Care Schedule)	100% no deductible	Not covered
Primary care visit	90% after deductible	60% after deductible
Specialist visit	90% after deductible	60% after deductible
Teladoc*	100% after deductible	Not covered
Urgent care visit	90% after deductible	60% after deductible
Emergency room services	After deductible met, $250 co-pay, then 90%	After in-network deductible is met, $250 co-pay, then 90%
Hospital inpatient (including maternity)	90% after deductible	After deductible met, $500 co-pay, then 60%
Out of network deductible and co-insurance limit	N/A	$15,000/$30,000

[1]Percentages reflect the amounts paid by the plan. Dollar amounts reflect member costs for co-pays and/or deductibles.
*Teladoc operates subject to state regulation. Members are required to pay the full $50 consultation fee until they have met their deductible/co-insurance requirements.

Prescription Benefits

Health Saver 1500

Prescription Benefits[1,2,3,4,5]	Retail: 30-day Supply	Mail Order: 90-day Supply
Annual deductible: individual/family	$1,500/$3,000	$1,500/$3,000
Generic drug	90% after deductible	90% after deductible
Preferred drug	90% after deductible	90% after deductible
Non-preferred drug	90% after deductible	90% after deductible
Specialty drug	90% after deductible	90% after deductible

[1]Percentages reflect the amounts paid by the plan. Dollar amounts reflect member costs for co-pays and/or deductibles.
[2]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.
[3]A 90-day supply of maintenance drugs can be filled either by Walgreens or by mail order. Prices may vary.
[4]Diabetic supplies are not subject to the deductible.
[5] Select products used to treat diabetes, including select insulin, may be available for a $75 co-pay for a 90-day supply.

Aggregate Deductible

Health Saver 1500

- 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.

Maximum Out-of-pocket (MOOP)

Health Saver 1500 Individual Coverage

The information below applies to plans with an aggregate 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 1500 Family Coverage

The information below applies to plans with an aggregate 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 2022 Contribution (Long Term Global Works and Staff)

Employer Contributions:

1. For those who had coverage in 2021 and remain covered in 2022:
   - Employee only - $100 per month
   - Employee +1 or more - $150 per month
2. Global Workers – from #2/Work Funds:
   - Employee only - up to $100 / month
   - Employee +1 or more - up to $200 /month

You will utilize the HSA company Further.

Individual living allowance / salary contributions: 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.

HSA Contribution Rules

2022 maximum contributions amounts*:

- Individual Contribution: $3,650
- Family Contribution: $7,300

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 insurance 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 do 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

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.

Prescription Drug Pharmacy

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 MyQHealth at 1-855-497-1230.
- Access ***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.
- 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.

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 (certain specialty medication co-pays)
  - SaveonSP is a co-pay assistance program, which 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 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
- 90-day supply of maintenance medications can be filled at Walgreens or Express Scripts. Prices may vary.
- The Affordable Care Act (ACA) preventive medications, such as oral contraceptives, are provided at no cost to you.
- Not sure if your prescription is a maintenance medication? Call MyQHealth at 1-855-497-1230.

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, you will incur a $10 penalty.
  - Co-pay for diabetic supplies is $20 for a 90-day supply from Walgreens 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 select insulin, may be available for a $75 co-pay for a 90-day supply. Insulin bypasses 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.

Manage Your Prescription Plan Anytime and Anywhere

MyQHealth or via Express Scripts

- MyQHealth by Quantum Health (Care Navigator)
  - MyQHealth is your resource to contact whenever you need help with your medical, wellness or pharmacy benefits.
  - Access via mobile app, website or phone number
    - MyQHealth - Care Coordinator app
    - ***GuideStoneHealth.org***
    - 1 -855-497-1230
- Express Scripts
  - Visit ***Express-Scripts.com*** or download the Express Scripts mobile app for free from your phone's app store.

Express Scripts Resources

- Express Scripts Mail Order or Walgreens 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 Care 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 Care 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® medical plan*.

Visit ***GuideStone.org/WellnessTools***

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

Access MyQHealth by Quantum Health

MyQHealth is just a tap, click or call away

Think of MyQHealth as your personal team of nurses, benefit experts and claims specialist who will do whatever it takes to support your unique health care needs.

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

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

MyQHealth - Care Coordinator app | *GuideStoneHealth.org* | 1-855-497-1230

GuideStone® | MyQHealth® by QUANTUM HEALTH

MyQHealth

MyQHealth is just a tap, click or call away

Get to know MyQHealth with these great resources:

- Learn more with this welcome handout.
- Get started with this checklist.
- Find an in-network provider with Care Finder.
- Read the frequently asked questions.
- Review the precertification process.

Teladoc®

24/7/365 Access to Care

- All members have access to Teladoc, a 24/7/365 telephone and online video service offering non-emergency consultations with U.S. board-certified doctors.
  - Health Choice 2000 plan members have a $0 co-pay for Teladoc consultations.
  - Health Saver 1500 plan members are required to pay the full $50 consultation fee until they have met their deductible, and then claims will be paid at 100%.
- Teladoc significantly lowers costs and improves access to care by providing an alternative to urgent care and emergency room usage.

Teladoc®

U.S. Board-Certified Physicians

- Teladoc provides access to U.S. board-certified physicians 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.

SmartShopper®

Get Paid to Shop for Health Care with SmartShopper

- 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.
- 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.
- 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®

Examples of Cash

Procedure	Your Reward*
MRI	Up to $100
CT scan	Up to $100
Colonoscopy	Up to $150
Mammogram	Up to $50

Find a list of qualified services here.

*Reward payments may be taxable.

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

SmartShopper®

3 Simple Steps to Earn Cash Rewards*

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.

Learn more about SmartShopper here.

Blue Distinction® Specialty Care Benefits

Blue Distinction Centers

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*.

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

Health Coach

How a Health Coach Can Help You

- Your MyQHealth Health Coach can answer your questions, support you in making informed health decisions and help you navigate the health care system.
- A MyQHealth Health Coach may help to:
  - Ensure that you get the right care at the right time, identifying any gaps in care.
  - Coordinate services you receive from your health care treatment team.
  - Increase your understanding of your health condition or situation.
  - Make sure you take the right medication(s) according to your doctor's orders.
  - Reduce avoidable emergency room visits and hospital readmissions.
  - Locate available community resources and programs to help you succeed.

For additional information on health coaching, download the handout.

Early Steps® Maternity Coaching

Preparing for Baby

To help expectant mothers better understand every stage of pregnancy and make more informed care and lifestyle-related decisions, there's Early Steps Maternity Coaching. This maternity education and support program provides:

- In-depth educational information on all aspects of pregnancy
- Individualized support
- Helpful information on caring for your newborn

For additional information on Early Steps Maternity, download the handout.

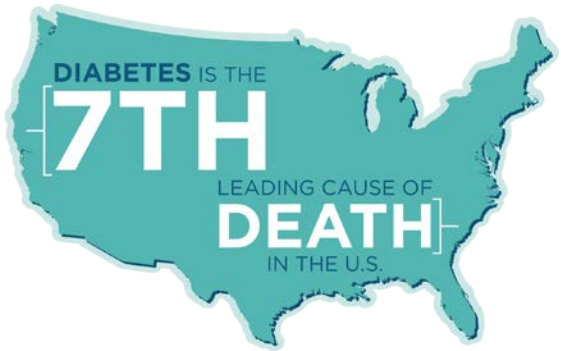
Diabetes Management

Prevention and Resources

Diabetes is the 7th leading cause of death in the U.S.

As the seventh-leading cause of death, diabetes is a public health crisis in the United States. In fact, the American Diabetes Association reports that diabetes care accounts for $237 billion in direct medical costs each year.

- Visit ***GuideStone.org/Diabetes***.
- Test yourself to see if you are at risk for prediabetes.
- If you have diabetes, find out how receiving a free meter and how to get lower-cost supplies.



Where to Go for Care

How to Make the Smart Choice When Choosing Medical Care

You need medical care, but where should you go? Your GuideStone medical 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

Where to go for care

Be Prepared to Access the Right Care

While we all hope never to need emergency, urgent or after-hours care, it is wise to be prepared by:

- Registering now with ***Teladoc.com/GuideStone*** so you can easily access Teladoc when you are ill.
- Familiarizing yourself with the location of your nearest urgent care clinics.
- Learning which hospital emergency rooms are part of your network by visiting ***GuideStoneHealth.org***.

It is also important to be familiar with your insurance provider's options for treatment. GuideStone members can review the options for seeking treatment and benefit levels in your plan booklet available at ***GuideStone.org/PlanBooklets***.

For additional information on where to go for care, download the handout.

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.
- Providing assistance if special help is needed.
- Making arrangements 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:

- Visit the Experian IdentityWorks website to enroll: ExperianIDWorks.com/Highmark
- Click "submit" and enter activation code: HIGHMARK22
- 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 DB21752.

For additional information on Experian IdentityWorks, download the handout.

Blue365®

Highmark Blue Cross Blue Shield

- Receive discounts on products and services plus valuable information you can use all year long.
- To access these discounts:
  - Visit ***Highmark.com/GuideStone***.
  - Choose the “Members” tab and log in or select “Register Now”.
  - Select the “Your Coverage” tab and go to “Member Discounts”.
- Highlights of available discounts:

Reebok, Jenny Craig, Nutrisystem, Beltone, snap fitness, healthways fitness your way, QualSight LASIK, TruHearing, LasikPlus

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 1500 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.

How to Enroll

ENROLLMENT

Medical, Dental, Life, AD&D, Vision and HSA Enrollment

- Medical, Dental, Life and AD&D Enrollment - Please go to ***GuideStone.org/TEAM*** then click on the “Stateside” button and go to “GuideStone Forms” to access the appropriate enrollment form.
- Vision Plan (VSP) Enrollment (Long Term Global Worker and Staff) - Please go to ***GuideStone.org/TEAM*** then click on the “Stateside” button and go to “GuideStone Forms” to access the **Long Term Domestic Global Worker and Staff VPS Plan Enrollment Form** form.
- Health Savings Account (HSA) Enrollment (Long Term Global Worker and Staff) - Please go to ***GuideStone.org/TEAM*** then click on the “Stateside” button and go to “HSA Information/Forms” to access the enrollment forms.

ENROLLMENT

How to Find Answers

- If you have any questions regarding enrollment, changes or your employee benefits, please contact your benefits administrator at ***Benefits@Team.org***.
- If you have questions about your new GuideStone benefits please call Wade Wilkerson at 214-720-6562 or email ***Wade.Wilkerson@GuideStone.org***.

Before You Receive Your ID Cards

- After the effective date of coverage, if you need to see a doctor or fill a prescription and you haven't received your ID cards, you can view your cards online. Please see your **Domestic Long Term and Mid Term Global Workers and Staff Benefits Guide** for details.
- Watch the mail for TWO ID cards.
  - Medical and Pharmacy
  - Dental (If elected)

Order replacement or additional medical cards at ***GuideStoneHealth.org*** or call 1-855-497-1230.

For dental card information go to ***my.Cigna.com*** or call 1-800-CIGNA24.

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 Insurance Products and Services

Health | Dental | Life | Disability

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