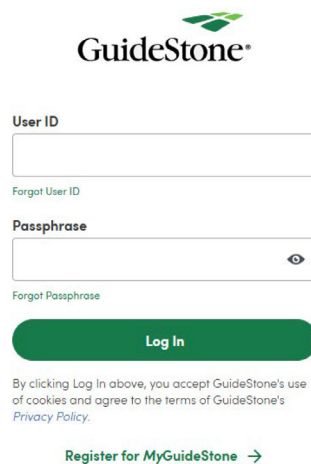


# How to Use

## GuideStone's Online Re-Enrollment Tool for Group Plans

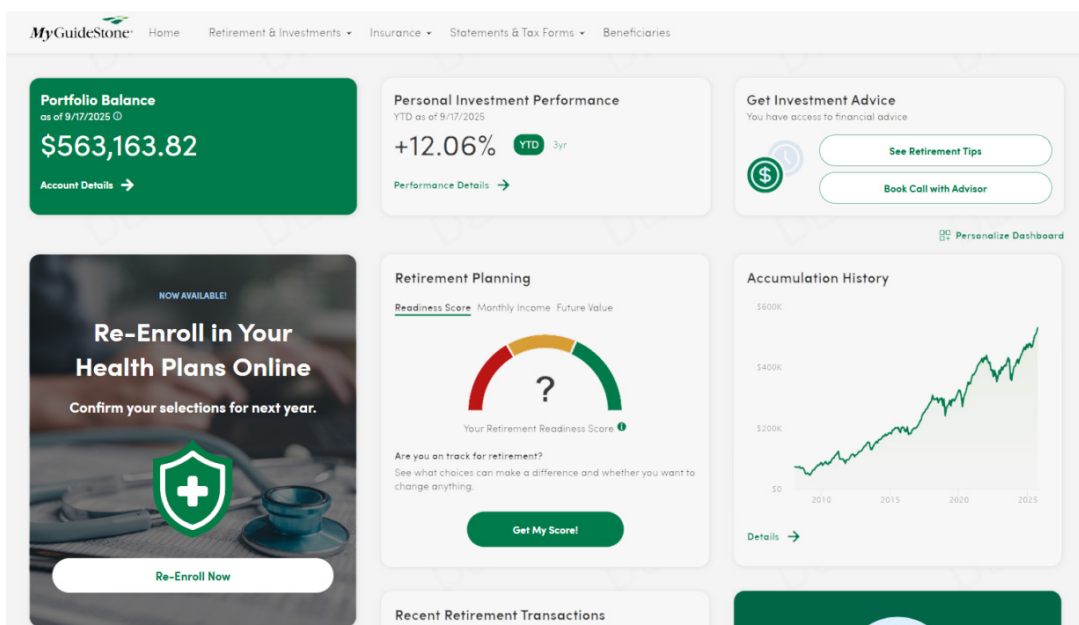
After you receive your re-enrollment email, log in to MyGuideStone® and follow the steps below to make your benefit elections.

**Step 1:** Log in to your account at [My.GuideStone.org](https://My.GuideStone.org).



The screenshot shows the GuideStone login interface. At the top is the GuideStone logo. Below it are two input fields: 'User ID' and 'Passphrase'. The 'Passphrase' field has an eye icon to toggle visibility. Below the fields are links for 'Forgot User ID' and 'Forgot Passphrase'. A prominent green 'Log In' button is centered. Below the button is a disclaimer: 'By clicking Log In above, you accept GuideStone's use of cookies and agree to the terms of GuideStone's Privacy Policy.' At the bottom is a link: 'Register for MyGuideStone →'.

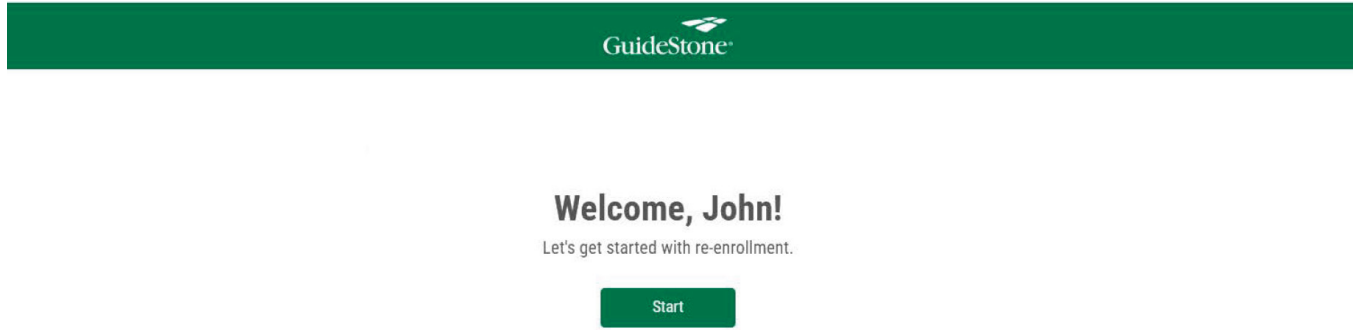
**Step 2:** Click “Re-enroll Now” from the banner on your homepage. If your health, dental and/or vision coverage is a combination of Group Plans and Personal Plans, please follow these [Steps 2 and 3 alternative instructions](#).



The screenshot shows the MyGuideStone dashboard. At the top is a navigation bar with links: Home, Retirement & Investments, Insurance, Statements & Tax Forms, and Beneficiaries. The main content area is divided into several sections:

- Portfolio Balance:** A green box showing a balance of \$563,163.82 as of 9/17/2025, with an 'Account Details' link.
- Personal Investment Performance:** A box showing a YTD return of +12.06% over 3 years, with a 'Performance Details' link.
- Get Investment Advice:** A box with a 'See Retirement Tips' button and a 'Book Call with Advisor' button.
- Retirement Planning:** A box featuring a 'Retirement Readiness Score' gauge with a question mark, a 'Get My Score!' button, and a 'Re-Enroll Now' button.
- Accumulation History:** A line chart showing investment growth from 2010 to 2025, with a 'Details' link.
- Recent Retirement Transactions:** A partially visible section at the bottom.

**Step 3:** Select “Start” to enter the re-enrollment tool, which opens in a separate window.



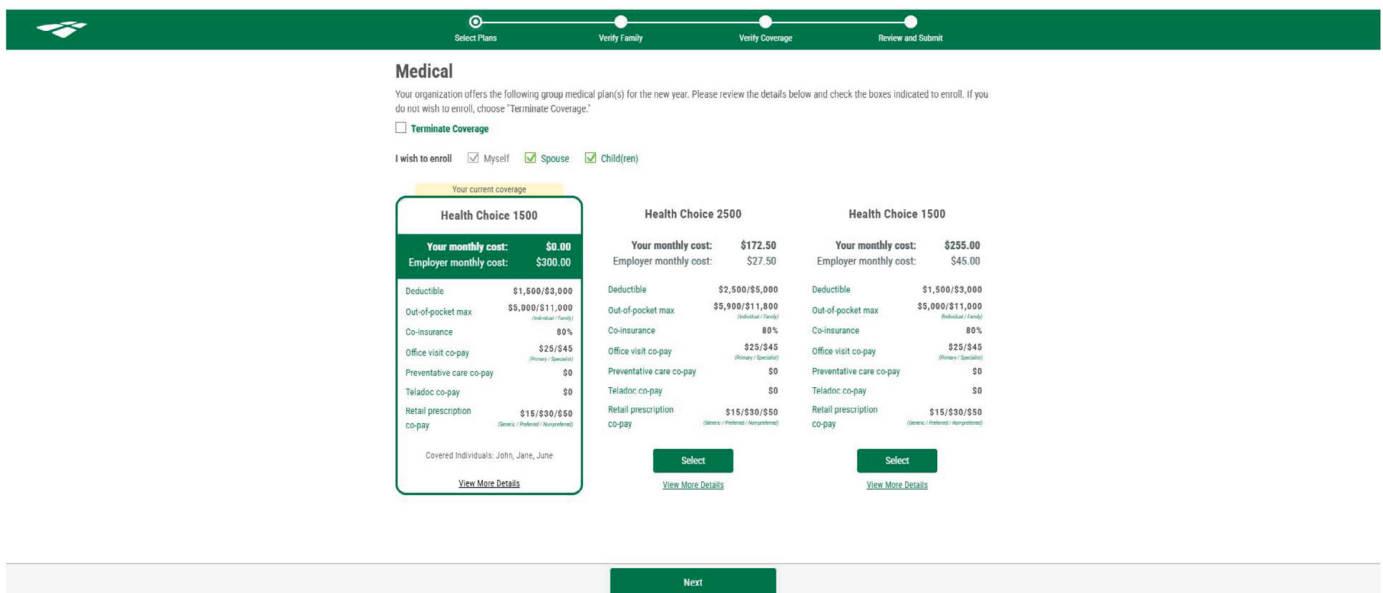
**Step 4:** Select your health plan. Medicare-coordinating plans are excluded from online re-enrollment.

- View your current coverage on the left, which displays your current plan and covered individuals.
- To add or remove your spouse or child, check or uncheck the appropriate box next to “I wish to enroll”.
- As you select the box, the cost of the plan will be updated if your employer elected to show rates.
- Next, select your plan for the following year. If you would like to keep your current plan, select the plan that matches your current coverage.
- Once you have made your selection, click “Next” at the bottom of the page to continue.

### Terminating or Declining Coverage

If you wish to terminate your coverage at 11:59 p.m. on December 31, mark the “Terminate Coverage” box at the top. Or, if you do not currently have coverage and wish to decline this product, mark the “Decline Coverage” box at the top.

Then read through the pop-up window and select “Yes”. You may change your mind at any time prior to submitting this Online Re-enrollment Tool.



## Step 5: Select your dental plan.

- View your current coverage on the left, which displays your current plan and covered individuals.
- To add or remove your spouse or child, check or uncheck the appropriate box next to “I wish to enroll”. As you select the box, the cost of the plan will be updated if your employer elected to show rates.
- Select your plan for the following year. If you would like to keep your current plan, select the plan that matches your current coverage.
- Once you have made your selection, click “Next” at the bottom of the page to continue.

### Terminating or Declining Coverage

If you wish to terminate your coverage at 11:59 p.m. on December 31, mark the “Terminate Coverage” box at the top. Or, if you do not currently have coverage and wish to decline this product, mark the “Decline Coverage” box at the top.

Then read through the pop-up window and select “Yes”. You may change your mind at any time prior to submitting this Online Re-enrollment Tool.

**Dental**

Your organization offers the following group dental plan(s) for the new year. Please review the details below and check the boxes indicated to enroll. If you do not wish to enroll, choose "Terminate Coverage".

Disclaimer:  
These dental products are administered by Cigna Health and Life Insurance Company through Guidestone Financial Resources' benefits program.

Terminate Coverage

I wish to enroll:  Myself  Spouse  Child(ren)

Your current coverage		Choice Dental Care Plan	Choice Dental Care Plan	CIGNA Dental Care DHMO	
Year monthly cost:	\$8.00	Year monthly cost:	\$248.00	Year monthly cost:	\$248.00
Employer monthly cost:	\$275.00	Employer monthly cost:	\$35.00	Employer monthly cost:	\$35.00
Deductible:	\$50	Deductible:	\$50	Deductible:	No deductible
Annual Maximum Benefit:	\$1,200 annual	Annual Maximum Benefit:	\$1,200 annual	Annual Maximum Benefit:	No annual maximum benefit
Type I Preventive Services:	90%	Type I Preventive Services:	90%	Type I Preventive Services:	90%
Type II Basic Services:	70%	Type II Basic Services:	70%	Type II Basic Services:	\$5 office visit co-pay + applicable fee if any
Type III Major Services:	50%	Type III Major Services:	50%	Type III Major Services:	\$5 office visit co-pay + applicable fee if any

Current Individuals: John, Jane

Buttons: Select, View More Details, Back, Next

## Step 6: Select your vision plan

- View your current coverage on the left, which displays your current plan and covered individuals.
- To add or remove your spouse or child, check or uncheck the appropriate box next to “I wish to enroll”. As you select the box, the cost of the plan will be updated if your employer elected to show rates.
- Next, select your plan for the following year. If you would like to keep your same plan, please select the plan that matches your current coverage.
- Once you have made your selection, click “Next” at the bottom of the page to continue.

### Terminating or Declining Coverage

If you wish to terminate your coverage at 11:59 p.m. on December 31, mark the “Terminate Coverage” box at the top. Or, if you do not currently have coverage and wish to decline this product, mark the “Decline Coverage” box at the top.

Then read through the pop-up window and select “Yes”. You may change your mind at any time prior to submitting this Online Re-enrollment Tool.

**Vision**

Your organization offers the following group vision plan(s) for the new year. Please review the details below and check the boxes indicated to enroll. If you do not wish to enroll, choose "Terminate Coverage".

Disclaimer:  
These vision products are administered by Vision Service Plan Insurance Company through Guidestone Financial Resources' benefits program.

Terminate Coverage

I wish to enroll:  Myself  Spouse  Child(ren)


Your current coverage		Standard Vision Plan	Standard Vision Plan	Advanced Vision Plan	
Year monthly cost:	\$8.00	Year monthly cost:	\$12.00	Year monthly cost:	\$8.00
Employer monthly cost:	\$15.00	Employer monthly cost:	\$3.00	Employer monthly cost:	\$25.00
Exam Copy:	\$10	Exam Copy:	\$10	Exam Copy:	\$10
Exam Coverage:	Covered in full after expiry	Exam Coverage:	Covered in full after expiry	Exam Coverage:	Covered in full after expiry
Frame Coverage:	\$150 allowance, plus 25% off any amount above the allowance	Frame Coverage:	\$150 allowance, plus 25% off any amount above the allowance	Frame Coverage:	\$175 allowance, plus 25% off any amount above the allowance
Exam Frequency:	Every 12 months	Exam Frequency:	Every 12 months	Exam Frequency:	Every 12 months
Frame Frequency:	Every 14 months	Frame Frequency:	Every 14 months	Frame Frequency:	Every 12 months
Lens Frequency:	Every 12 months	Lens Frequency:	Every 12 months	Lens Frequency:	Every 12 months
Lens Coverage:	Covered in full after expiry	Lens Coverage:	Covered in full after expiry	Lens Coverage:	Covered in full after expiry
Materials Charge:	\$25	Materials Charge:	\$25	Materials Charge:	\$25
Non-surgical Contact Lens Coverage:	Covered in full after expiry	Non-surgical Contact Lens Coverage:	Covered in full after expiry	Non-surgical Contact Lens Coverage:	Covered in full after expiry

Current Individuals: John, Jane

Buttons: Select, View More Details, Back, Next

## Step 7: Review your term-life, accident and disability plans.

View your Group Plans coverage volume and cost for the term life, accident and disability plans in which you are currently enrolled. If you have questions concerning these products, please contact your ministry's Group Plans administrator, as changes to these products may not be made through this re-enrollment tool. Click "Next" at the bottom of the page to continue.



### Term Life, Accident and Disability Plans

Below, you can view your Group Plans coverage volume and cost for the term life, accident and disability plans in which you are currently enrolled. If you have questions concerning these products, please contact your benefits administrator.

For additional information, please review our FAQs for [term life](#) and [accident or disability](#) plans.

The volumes and costs below are estimated and could change based on salary updates.


Product	Volume	Current Employer Monthly Cost	Your Current Monthly Cost	2024 Employer Monthly Cost	Your 2024 Estimated Monthly Cost
Employee Term Life	\$120,000.00	\$14.40	Not Available	\$6.00	\$18.00
Employee Optional Term Life	\$50,000.00	\$6.00	Not Available	\$2.50	\$7.50
Spouse Term Life	\$10,000.00	\$1.20	Not Available	\$0.30	\$0.90
Child Term Life	\$10,000.00	\$0.75	Not Available	\$0.19	\$0.56
Accidental Death and Dismemberment (AD&D)	\$120,000.00	\$3.00	Not Available	\$0.75	\$2.25
Employee Supplemental AD&D	\$50,000.00	\$1.25	Not Available	\$0.31	\$0.94
Spouse Supplemental AD&D	\$25,000.00	\$0.63	Not Available	\$0.16	\$0.47
Choice Long-Term Disability		\$14.00	Not Available	\$48.00	\$144.00
Choice Short-Term Disability		\$16.17	Not Available	\$4.04	\$12.13

For life coverage options extending beyond your employment, please [click here](#).

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## Step 8: Review your personal information.

If your personal information is incorrect, you may click "Next" to continue the re-enrollment process, but please contact your Human Resources representative or health plan administrator to update your information as soon as possible.



### Personal Information

Please verify the information below. If any of your personal data is incorrect, you can continue to re-enroll, but please contact your HR representative or health plan administrator to update your information.

<b>Name</b> John Doe	<b>Gender</b> Male
<b>SSN</b> 093112222	<b>Marital Status</b> Married
<b>Birth Date</b> 01/01/1978	<b>Email</b> john.doe@gmail.com
<b>Address</b> 100 Main St Dallas, TX 75201	<b>Phone</b> (214) 720-1411

Back Next

## Step 9: Verify eligible family members.

If your dependent information is incorrect, you may click “Next” to continue the re-enrollment process, but please contact your Human Resources representative or health plan administrator to update your information as soon as possible.

### Adding Dependent Children

You may add dependent children on this page by clicking “Add Another Child” and filling in the requested information.

**Reminder:** Dependent children age 26 and older are not eligible for medical, dental or vision coverage.

**Verify Eligible Family Members**

If any of your personal data is incorrect, you can continue to re-enroll, but please contact your HR representative or health plan administrator to update your family information. You will be able to choose who will be covered on the next page.

Jane Doe		
SSN	Birth Date	Gender
01222333	04/27/1981	Female

June Doe		
SSN	Birth Date	Gender
013334444	06/13/2019	Female

[Add Another Child](#)

[Back](#) [Next](#)

## Step 10: Verify the coverage and covered family members you have chosen for the following year.

- You can toggle the buttons under the “Enroll?” column to decide if you would like that family member to have coverage. The cost of the plan will be updated to reflect any coverage changes made on this screen if your employer elected to show rates.
- If you would like to change your plan, click the “Select Plans” button in the green banner at the top. You may use this banner to navigate back to specific pages prior to submitting the tool.
- When you’ve verified coverage on this page is correct, check the box next to “I have read and agree to the above Terms and Conditions.” and select “Next” to continue.

**Verify Coverage**

Please verify your enrollment selections are accurate.

Medical	Health Choice 2500	\$172.50 <small>(your estimated cost)</small>	Enroll?
		\$27.50 <small>(estimated monthly employer cost)</small>	
	John Doe		YES
	Jane Doe	04/27/1981	<input checked="" type="checkbox"/> YES
	June Doe	06/13/2019	<input checked="" type="checkbox"/> YES

Dental	Choice Dental Care Plan	\$240.00 <small>(your estimated cost)</small>	Enroll?
		\$35.00 <small>(estimated monthly employer cost)</small>	
	John Doe		YES
	Jane Doe	04/27/1981	<input checked="" type="checkbox"/> YES
	June Doe	06/13/2019	<input type="checkbox"/> NO

Vision	Standard Vision Plan	\$12.00 <small>(your estimated cost)</small>	Enroll?
		\$3.00 <small>(estimated monthly employer cost)</small>	

**Terms and Conditions**

**Eligible Dependent**  
I have read the definition of an eligible dependent and agree to the terms.

**Waiver of Coverage**  
Your employer offers coverage for dependents at no cost to employees. If you have opted not to cover any eligible dependent, you certify that:

1. Your employer has not provided any financial or other incentive to waive coverage.
2. You may make coverage changes only during the annual re-enrollment period or after experiencing a special enrollment event in the future.

I have read and agree to the above Terms and Conditions.

[Back](#) [Next](#)

## Step 11: Review your benefits.

Review your benefits one final time and click "Submit". **Once you click "Submit", you will no longer have access to the re-enrollment tool.** If you need to make a change after clicking "Submit", please contact your benefits administrator.

**Review**  
You're almost there! Confirm all information, then click "Submit."

**Employee**

SSN: XXX-XX-2222  
Name: John Doe  
Address: 100 Main St  
Dallas, TX 75201

Employer: First Baptist Church

Birth Date: 1/1/1978  
Gender: Male  
Marital Status: Married

Phone: (214) 720-1411  
Email: john.doe@email.com

**Dependents**

SSN	Name	Relationship	Birth Date	Gender
XXX-XX-3333	Jane Doe	Spouse	4/27/1981	Female
XXX-XX-4444	June Doe	Child	6/13/2019	Female

**Medical Coverage**

SSN	Name
XXX-XX-2222	John Doe
XXX-XX-3333	Jane Doe
XXX-XX-4444	June Doe

**Health Choice 2500**

\$172.50  
your estimated monthly cost

\$27.50  
estimated monthly employer cost

Back Submit

**Step 12: Before exiting, print your re-enrollment confirmation. Once you exit this window, you will no longer be able to access these records or the re-enrollment tool.**

Congratulations! You have submitted your re-enrollment.

Print



**You're finished!** We welcome your feedback. Please click the "Leave Feedback" button to share comments about your online re-enrollment experience.

We'd like to hear from you about your experience.

Leave Feedback

Questions? Contact us at 1-844-INS-GUIDE (1-844-467-4843).