

# Health Plans Made Simple

When looking for a health plan that meets your ministry’s needs, you may come across unfamiliar plan details and terms. At GuideStone®, our goal is to equip you to make the best decisions for your ministry.

Here are the key features you need to know.

## Health Plan 500\*

PLAN FEATURES	
Individual Deductible	\$500
Family Deductible	\$1,000
Teladoc® Co-pay	\$0
Maximum Out-of-pocket (medical and prescription)	\$4,750/\$7,500
Outpatient Surgery	20% after deductible
Urgent Care Co-pay	\$50
Plan Pays/Individual Pays (Co-insurance)	80%/20%
Wellness and Preventive Care	100% no co-pay

**Individual Deductible:** The amount you pay out-of-pocket for a covered health care service before the co-insurance takes effect. The lower the deductible, the faster you get coverage at the co-insurance level.

**Family Deductible:** The amount your family needs to pay out-of-pocket for a covered health care service before co-insurance takes effect for the whole family. This amount needs to be met by a combination of two or more people on the plan.

**Maximum Out-of-pocket (MOOP):** The annual maximum you will pay under a plan, including your deductible, co-pays and prescription costs. Once you reach this limit, the plan pays 100% of eligible claims.

**Co-pay:** The fixed amount you pay for certain in-network expenses like urgent care or a primary care visit.

**Preventive Care:** This includes routine procedures such as check-ups, screenings and immunizations. In this example, preventive care is covered at 100%.

**Co-insurance:** The split cost between what you and the plan pay for eligible claim expenses. Here, the plan pays 80% of the claim, you pay 20%.

**Preferred Provider Organization (PPO) Plan:** A type of health plan that contracts with health care providers – such as hospitals and doctors – to create a network of participating providers. You pay less if you use providers that belong to the plan’s network; however, you can use doctors, hospitals and providers outside of the network at an additional cost.

**Exclusive Provider Organization (EPO) Plan:** A managed care plan where services are covered only if you go to health care providers, specialists or hospitals in the plan’s network (except in an emergency).

**High Deductible Health Plan (HDHP):** A plan with a higher deductible than a traditional health plan because it is designed to be used with a Health Savings Account (HSA), allowing you to pay for qualified medical expenses with tax-advantaged dollars.

We’re here to advocate for your ministry’s well-being. Need more help? Reach out to better understand your health plan terminology and options.

Visit [GuideStone.org/HealthPlans](https://www.GuideStone.org/HealthPlans) or give us a call: **1-844-INS-GUIDE** (1-844-467-4843) Monday through Friday, from 7 a.m. to 6 p.m. CT.

\*Health Plan 500 is a fictional plan for illustrative purposes.