Comprehensive Plan Options for Group Plans **Effective January 1, 2021**

	MEDICAL BENEFITS	Health Today	Health Choice 500	Health Choice 1000	Health Choice 1500	Health Choice 2000	Health Choice 2500
IN-NETWORK	Minimum Group Plans enrollment	No minimum	No minimum	No minimum	No minimum	No minimum	No minimum
	Annual deductibles: individual/family	$0/$0	$500/$1,000	$1,000/$2,000	$1,500/$3,000	$2,000/$4,000	$2,500/$5,000
	Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	$3,750/$7,000	$4,750/$7,500	$5,000/$8,250	$5,500/$11,000	$5,750/$11,500	$5,900/$11,800
	Wellness and preventive care visit (in-network, per *Preventive Schedule*)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)
	Primary care or retail clinic visit/specialist visit co-pay	$25/$45	$25/$45	$25/$45	$25/$45	$25/$45	$25/$45
	Teladoc co-pay	$0	$0	$0	$0	$0	$0
	Urgent care co-pay	$50	$50	$50	$50	$50	$50
	Outpatient surgery/outpatient services (CT scan, MRI, diagnostic)	80%	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
	Hospital inpatient (including maternity)	80%	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
	Emergency room services (per visit)	$250 co-pay, then 80%	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 80% (no deductible)
	Emergency room services – care for non-emergencies	$250 co-pay, then 80%	$250 co-pay, then 80% after deductible	$250 co-pay, then 80% after deductible	$250 co-pay, then 80% after deductible	$250 co-pay, then 80% after deductible	$250 co-pay, then 80% after deductible
	Mental health/substance abuse:						
	• Inpatient	80%	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
	• Office visit co-pay	$25	$25	$25	$25	$25	$25
	Chiropractic services co-pay (12 visits annually)	$45	$45	$45	$45	$45	$45
	Comprehensive routine eye exam co-pay (one exam every 12 months)	$25	$25	$25	$25	$25	$25
	PRESCRIPTION DRUG BENEFITS[3,4,5,6,7,8]						
RETAIL	Generic drug co-pay	$15	$15	$15	$15	$15	$15
	Preferred drug co-pay	$50	$50	$50	$50	$50	$50
	Non-preferred drug co-pay	$75	$75	$75	$75	$75	$75
MAIL ORDER/WALGREENS	Generic drug co-pay	$30	$30	$30	$30	$30	$30
	Preferred drug co-pay	$100	$100	$100	$100	$100	$100
	Non-preferred drug co-pay	$150	$150	$150	$150	$150	$150
	Diabetic supplies co-pay	$20	$20	$20	$20	$20	$20
	Select insulin[9] co-pay	$75	$75	$75	$75	$75	$75
SPECIALTY	Generic drug co-pay	$50	$50	$50	$50	$50	$50
	Preferred drug co-pay	$75	$75	$75	$75	$75	$75
	Non-preferred drug co-pay	$100	$100	$100	$100	$100	$100

[1]These plans do not constitute "creditable coverage" for Massachusetts residents.
[2]For family coverage, one individual cannot be responsible for more than the 2021 ACA limit of $8,550.
[3]If the cost of the prescription is less than the co-pay, the member pays the full cost of the prescription.
[4]Retail available as 30-day supply, mail order/Walgreens as 90-day supply and specialty as 30-day supply through mail order.
[5]Maintenance medications 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 maximum out-of-pocket limit. The penalty does not apply to ACA preventive medications.
[6]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.
[7]A 90-day supply of maintenance drugs can be filled either by Walgreens or by mail order.
[8]Co-pays for certain specialty medications may be set to the maximum of any 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 the maximum out-of-pocket.
[9]Select products used to treat diabetes, including select insulin, may be available for a $75 co-pay for a 90-day supply.

MEDICAL BENEFITS	Health Choice 3000[1]	Health Choice 3500[1]	Health Choice 4000[1]	Health Choice 5000[1]	Health Choice 6000[1]	Economy Health 5000[1]
IN-NETWORK						
Minimum Group Plans enrollment	No minimum	No minimum	No minimum	No minimum	No minimum	50+
Annual deductibles: individual/family	$3,000/$5,000	$3,500/$7,000	$4,000/$7,000	$5,000/$10,000	$6,000/$12,000	$5,000/$10,000
Plan pays/individual pays (co-insurance) (after deductible)	70%/30% or 80%/20%	80%/20%	80%/20%	70%/30% or 80%/20%	70%/30%	100%/0%
Maximum out-of-pocket (medical and prescription): individual/family (in-network services only)	$6,000/$12,000	$6,350/$12,700	$6,350/$12,700	$6,500/$12,700	$7,000/$14,000[2]	$5,000/$10,000[2]
Wellness and preventive care visit (in-network, per *Preventive Schedule*)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)	100% (no deductible)
Primary care or retail clinic visit/specialist visit	$25/$45 co-pay	$25/$45 co-pay	$25/$45 co-pay	$25/$45 co-pay	$25/$45 co-pay	100% after deductible
Teladoc	$0	$0	$0	$0	$0	$0
Urgent care	$50 co-pay	$50 co-pay	$50 co-pay	$50 co-pay	$50 co-pay	100% after deductible
Outpatient surgery/outpatient services (CT scan, MRI, diagnostic)	70% or 80% after deductible	80% after deductible	80% after deductible	70% or 80% after deductible	70% after deductible	100% after deductible
Hospital inpatient (including maternity)	70% or 80% after deductible	80% after deductible	80% after deductible	70% or 80% after deductible	70% after deductible	100% after deductible
Emergency room services (per visit)	$250 co-pay, then 70% or 80% (no deductible)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 70% or 80% (no deductible)	$250 co-pay, then 70% (no deductible)	100% after deductible
Emergency room services – care for non-emergencies	$250 co-pay, then 70% or 80% after deductible	$250 co-pay, then 80% after deductible	$250 co-pay, then 80% after deductible	$250 co-pay, then 70% or 80% after deductible	$250 co-pay, then 70% (no deductible)	100% after deductible
Mental health/substance abuse:						
• Inpatient	70% or 80% after deductible	80% after deductible	80% after deductible	70% or 80% after deductible	70% after deductible	100% after deductible
• Office visit	$25 co-pay	$25 co-pay	$25 co-pay	$25 co-pay	$25 co-pay	100% after deductible
Chiropractic services (12 visits annually)	$45 co-pay	$45 co-pay	$45 co-pay	$45 co-pay	$45 co-pay	100% after deductible
Comprehensive routine eye exam (one exam every 12 months)	$25 co-pay	$25 co-pay	$25 co-pay	$25 co-pay	$25 co-pay	100% after deductible
PRESCRIPTION DRUG BENEFITS[3,4,5,6,7,8]						
RETAIL						
Generic drug	$15 co-pay	20% with a per-prescription maximum of $250	$15 co-pay	$15 co-pay	$15 co-pay	$15 co-pay
Preferred drug	$50 co-pay		$50 co-pay	$50 co-pay	$50 co-pay	$50 co-pay
Non-preferred drug	$75 co-pay		$75 co-pay	$75 co-pay	$75 co-pay	$75 co-pay
MAIL ORDER/WALGREENS						
Generic drug	$30 co-pay	20% with a per-prescription maximum of $750	$30 co-pay	$30 co-pay	$30 co-pay	$30 co-pay
Preferred drug	$100 co-pay		$100 co-pay	$100 co-pay	$100 co-pay	$100 co-pay
Non-preferred drug	$150 co-pay		$150 co-pay	$150 co-pay	$150 co-pay	$150 co-pay
Diabetic supplies	$20 co-pay	20% with $750 max	$20 co-pay	$20 co-pay	$20 co-pay	$20 co-pay
Select insulin[9]	$75 co-pay	$75 co-pay	$75 co-pay	$75 co-pay	$75 co-pay	$75 co-pay
SPECIALTY						
Generic drug	$50 co-pay	20% with a per-prescription maximum of $250	$50 co-pay	$50 co-pay	$50 co-pay	$50 co-pay
Preferred drug	$75 co-pay		$75 co-pay	$75 co-pay	$75 co-pay	$75 co-pay
Non-preferred drug	$100 co-pay		$100 co-pay	$100 co-pay	$100 co-pay	$100 co-pay

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[2]For family coverage, one individual cannot be responsible for more than the 2021 ACA limit of $8,550.
[3]If the cost of the prescription is less than the co-pay, the member pays the full cost of the prescription.
[4]Retail available as 30-day supply, mail order/Walgreens as 90-day supply and specialty as 30-day supply through mail order.
[5]Maintenance medications 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 maximum out-of-pocket limit (excluding Health Choice 3500). The penalty does not apply to ACA preventive medications.
[6]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.
[7]A 90-day supply of maintenance drugs can be filled either by Walgreens or by mail order.
[8]Co-pays for certain specialty medications may be set to the maximum of any 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 the maximum out-of-pocket.
[9]Select products used to treat diabetes, including select insulin, may be available for a $75 co-pay for a 90-day supply.

Note: A corresponding *Summary of Benefits and Coverage* was created to help consumers more easily understand their medical benefits and compare plans. To view and download the *Summary of Benefits and Coverage* documents for all GuideStone® medical plans available to you, visit *GuideStone.org/Summaries*. You may also request printed copies by calling **1-844-INS-GUIDE** (1-844-467-4843) Monday through Friday, between 7 a.m. and 6 p.m. CT.

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