

GuideStone PPO Medical Plan Options

Prepared for: Vineyard Columbus

Network: Blue Cross Blue Shield

Effective January 1, 2024

In-network Medical Benefits	Health Choice 2500	Health Choice 4000
Annual deductibles <i>Individual / Family</i>	\$2,500 / \$5,000	\$4,000 / \$7,000
Medical & Prescription out of pocket maximum <i>Individual / Family (includes deductible)</i>	\$5,900 / \$11,800	\$6,350 / \$12,700
Plan pays <i>(coinsurance)</i>	80%	80%
Primary care / Specialty office visit	\$25 / \$45	\$25 / \$45
Teladoc	\$0	\$0
Vision Exam <i>(annual refractive exam)</i>	\$25	\$25
Wellness visit <i>(per Preventive Care Schedule)</i>	100% no copay	100% no copay
Hospital inpatient (including Maternity) <i>(after deductible)</i>	80%	80%
Emergency room services <i>(deductible does not apply unless otherwise noted)</i>	80% after \$250 copay	80% after \$250 copay
Urgent Care	\$50 copay	\$50 copay
Outpatient surgery facility <i>(after deductible)</i>	80%	80%
Outpatient services (CT scan; MRI; Diagnostic) <i>(after deductible)</i>	80%	80%
Chiropractic services (12 visits annually)	\$45	\$45
Mental health / Substance abuse		
• Inpatient services <i>(after deductible)</i>	80%	80%
• Office and professional services	\$25	\$25
Lifetime maximum benefit	Unlimited	Unlimited

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Prescription Drug Benefits		Health Choice 2500	Health Choice 4000
Retail (30-day supply)	Individual deductible / Family deductible	NA / NA	NA / NA
	Generic drug	\$15	\$15
	Preferred drug ¹	\$50	\$50
	Non-preferred drug ¹	\$75	\$75
Mail Order (90-day supply)	Individual deductible / Family deductible	NA / NA	NA / NA
	Generic drug	\$30	\$30
	Preferred drug ¹	\$100	\$100
	Non-preferred drug ¹	\$150	\$150
Specialty (30-day supply)	Individual deductible / Family deductible	NA / NA	NA / NA
	Generic drug	\$50	\$50
	Preferred drug ¹	\$75	\$75
	Non-preferred drug ¹	\$100	\$100

¹ If a non-generic drug is purchased when a generic drug is available, the participant 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.

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Out-of-Network Medical Benefits	Health Choice 2500	Health Choice 4000
Annual deductibles <i>Individual / Family</i>	\$4,500 / \$9,000	\$8,000 / \$16,000
Co-insurance and deductible out of pocket limit <i>Individual / Family (includes deductible)</i>	\$24,500 / \$29,000	\$36,000 / \$44,000
Plan pays <i>(coinsurance)</i> <i>(after deductible, unless otherwise noted)</i>	50%	50%
Primary care / Specialist office visit <i>(includes annual vision exam)</i>	50%	50%
Wellness visits	Not covered	Not covered
Hospital inpatient (including Maternity) <i>(after deductible)</i>	50% after \$500 copay	50% after \$500 copay
Emergency room services [as determined by Highmark] <ul style="list-style-type: none">• For emergency care only <i>(deductible does not apply unless otherwise noted)</i>	80% after \$250 copay	80% after \$250 copay
Outpatient surgery facility	50%	50%
Outpatient services (CT scan; MRI; Diagnostic)	50%	50%
Chiropractic services (12 visits annually)	50%	50%
Mental health / Substance abuse <ul style="list-style-type: none">• Inpatient services <i>(after deductible)</i>• Office and professional services	50% after \$500 copay 50%	50% after \$500 copay 50%
Lifetime maximum benefit	Unlimited	Unlimited

The GuideStone plans effective in 2024 comply with ACA regulations applicable to self funded church plans for 2024.