

For Personal Plans

CHOICE PPO PLANS

Choice PPO plans come with a full range of benefits and the choice to use either Highmark® Blue Cross Blue Shield's nationwide network or out-of-network providers.

GuideStone® provides health plan and prescription benefits designed to respect Christian convictions, including the sanctity of life. We offer the Blue Cross Blue Shield (BCBS®) nationwide network, which is one of the largest in the country.

Effective January 1, 2025

	Medical Benefits	Personal Health Choice 1000	Personal Health Choice 2000	Personal Health Choice 3000 ¹
IN-NETWORK	Annual deductibles: individual/family	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$5,000
	Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	80%/20%	70%/30%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible or co-pay)	0%	0%	0%
	Primary care or retail clinic/specialist visit co-pay	\$25/\$45	\$25/\$45	\$25/\$45
	Teladoc® co-pay	\$0	\$0	\$0
	Urgent care co-pay	\$50	\$50	\$50
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	20% after deductible	20% after deductible	30% after deductible
	Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST))	\$45	\$45	\$45
	Hospital inpatient (including maternity)	20% after deductible	20% after deductible	30% after deductible
	Emergency room services (per visit)	\$500 co-pay, then 20% after deductible	\$500 co-pay, then 20% after deductible	\$500 co-pay, then 30% after deductible
	Mental health/substance abuse: • Inpatient/intensive outpatient services • Office and professional services co-pay	20% after deductible \$25	20% after deductible \$25	30% after deductible \$25
	Chiropractic services co-pay (12 visits annually)	\$45	\$45	\$45
	Comprehensive routine eye exam co-pay (one exam every 12 months)	\$25	\$25	\$25

¹These plans do not constitute "creditable coverage" for Massachusetts residents.

TWO EASY WAYS TO GET STARTED:

Make a Phone Call: Call **1-844-INS-GUIDE** (1-844-467-4843) to speak with a customer solutions specialist.

Ready to get a quote? Visit [GuideStone.org/GetAQuote](https://www.guidestone.org/GetAQuote).

Coverage for Women’s Preventive Health Services

GuideStone provides coverage for women’s preventive health services — including, but not limited to, approved contraceptives, gestational diabetes screening and breastfeeding support — under the [Preventive Schedule](#). GuideStone does not provide coverage for services that violate our biblical convictions regarding the sanctity of life, including abortion services or abortion-inducing devices or drugs such as Ella and Plan B.

Summary of Benefits and Coverage

To help you make informed choices about your health plan, *Summaries of Benefits and Coverage* (Summaries) provide important information about health coverage in a standard format. This helps you compare plan benefits side-by-side. Summaries are available at [GuideStone.org/Summaries](#), or you may request printed copies by calling us at **1-844-INS-GUIDE** (1-844-467-4843).

Highmark Clarity

All Choice PPO Plans have access to Highmark Clarity. Clarity is your team for navigating health care. Your personal Clarity Team of advocates is comprised of medical, benefits and service experts who can help you understand your benefits and find high-quality health care. To learn more about Highmark Clarity visit [GuideStone.org/WellnessTools](#).

Health Plan Vocabulary

Health plan details and vocabulary can be confusing for you and your ministry — which is why GuideStone created two resources designed to help you understand them better. Learn the key features of our plans on the comparison charts in [Health Plans Made Simple](#) and find common health plan vocabulary terms in [Learning Your Health Plan’s Vocabulary Can Save You Money](#). You can find additional information at [Help.GuideStone.org/HealthPlanVocabulary](#).

Effective January 1, 2025

RETAIL	30-Day supply	Prescription Drug Benefits ^{1,2,3,4}	
		Generic drug	\$15
		Preferred drug	\$50
		Non-preferred drug	\$75

MAIL ORDER/ WALGREENS/ CVS	90-DAY SUPPLY	Prescription Drug Benefits ^{1,2,3,4}	
		Generic drug	\$30
		Preferred drug	\$100
		Non-preferred drug	\$150
		Diabetic supplies (no deductible)	\$20
		Participating insulin ⁵ (no deductible)	\$75

SPECIALTY	30-Day supply	Prescription Drug Benefits ^{1,2,3,4}	
		Specialty generic drug	\$50
		Specialty preferred drug ⁶	\$75
		Specialty non-preferred drug ⁶	\$100

¹If the cost of the prescription is less than the co-pay, the member pays the full cost of the prescription.

²Retail available as 30-day supply, mail order/Walgreens®/CVS® as 90-day supply and specialty as 30-day supply through mail order.

³If a non-generic drug is purchased when a generic is available, the member must pay 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.

⁴Thirty-day supply of maintenance medications filled at retail 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 Affordable Care Act (ACA) preventive medications.

⁵Select products used to treat diabetes, including participating insulin, may be available for a \$75 co-pay for a 90-day supply.

⁶Co-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.