

COMPREHENSIVE PLANS

Designed to give you flexibility, our wide variety of comprehensive plan options have deductibles ranging from \$1,000 to \$6,000. Our plans offer co-pays for doctor visits and prescription drugs, and preventive care for children and adults is covered at 100 percent, per the *Preventive Care Schedule*.

A comprehensive plan allows you to receive a higher level of benefits when you use participating doctors and health care facilities.

GuideStone provides comprehensive medical and prescription benefits designed to respect Christian convictions, including sanctity of life. We offer the Blue Cross Blue Shield nationwide network, which is one of the largest in the country.

Effective January 1, 2022

Medical Benefits		Personal Health Choice 1000	Personal Health Choice 2000	Personal Health Choice 3000 ¹	Personal Health Choice 5000 ¹	Personal Health Choice 6000 ¹
In-network	Annual deductibles: individual/family	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$5,000	\$5,000/\$10,000	\$6,000/\$12,000
	Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	80%/20%	70%/30%	70%/30%	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	\$8,700/\$17,400	\$8,700/\$17,400
	Wellness and preventive care visit (in-network, per <i>Preventive Schedule</i>) (no deductible or co-pay)	100%	100%	100%	100%	100%
	Primary care or retail clinic/specialist visit co-pay	\$25/\$45	\$25/\$45	\$25/\$45	\$25/\$45	\$25/\$45
	Teladoc co-pay	\$0	\$0	\$0	\$0	\$0
	Urgent care co-pay	\$50	\$50	\$50	\$50	\$50
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	80% after deductible	80% after deductible	70% after deductible	70% after deductible	70% after deductible
	Hospital inpatient (including maternity)	80% after deductible	80% after deductible	70% after deductible	70% after deductible	70% after deductible
	Emergency room services (per visit)	\$250 co-pay, then 80% (no deductible)	\$250 co-pay, then 80% (no deductible)	\$250 co-pay, then 70% (no deductible)	\$250 co-pay, then 70% (no deductible)	\$250 co-pay, then 70% (no deductible)
	Emergency room services — care for non-emergencies	\$250 co-pay, then 80% after deductible	\$250 co-pay, then 80% after deductible	\$250 co-pay, then 70% after deductible	\$250 co-pay, then 70% after deductible	\$250 co-pay, then 70% after deductible
	Mental health/substance abuse:					
	• Inpatient/intensive outpatient services	80% after deductible	80% after deductible	70% after deductible	70% after deductible	70% after deductible
	• Office and professional services co-pay	\$25	\$25	\$25	\$25	\$25
Chiropractic services co-pay (12 visits annually)	\$45	\$45	\$45	\$45	\$45	
Comprehensive routine eye exam co-pay (one exam every 12 months)	\$25	\$25	\$25	\$25	\$25	

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

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 Care 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 medical 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](https://www.guidestone.org/summaries), or you may request printed copies by calling us at **1-844-INS-GUIDE** (1-844-467-4843).

Effective January 1, 2022

Prescription Drug Benefits ^{1,2,3,4,5}		
Retail 30-Day Supply	Generic drug	\$15
	Preferred drug ⁵	\$50
	Non-preferred drug ⁵	\$75

Mail Order/Walgreens 90-Day Supply	Generic drug	\$30
	Preferred drug ⁵	\$100
	Non-preferred drug ⁵	\$150
	Diabetic supplies (no deductible)	\$20
	Select insulin ⁹ (no deductible)	\$75

Specialty 30-Day Supply	Specialty generic drug	\$50
	Specialty preferred drug ⁴	\$75
	Specialty non-preferred drug ⁴	\$100

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

²Retail available as 30-day supply, mail order/Walgreens 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 participant 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.

⁵Co-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.