

PROTECTION PLANS

GuideStone's protection plans give you options so you can have quality, more budget-friendly health coverage. Protection plans include 100 percent coverage for certain wellness benefits. As our lowest-cost plans, they can be the right choice for healthy individuals.

They are also an alternative to Christian medical sharing plans.

Effective January 1, 2022

Medical Benefits		Value Health 5000 ^{1,3}	Secure Health 3000 ^{1,2}	Secure Health 8000 ^{1,2}
In-network	Annual deductibles: individual/family	\$5,000/\$10,000	\$3,000 per person	\$8,000 per person
	Plan pays/individual pays (co-insurance) (after deductible)	70%/30%	70%/30%	100%
	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)	100%	100%	100%
	Primary care or retail clinic	\$0 co-pay	\$0 co-pay	\$0 co-pay
	Specialist office visit	\$70 co-pay for visits 1-3, then 70% co-insurance after deductible	70% after deductible	100% after deductible
	Teladoc	\$0 co-pay	\$0 co-pay	\$0 co-pay
	Urgent care (after deductible)	\$120 co-pay for visits 1-3, then 70% co-insurance after deductible	70% after deductible	100% after deductible
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	70% after deductible	70% after deductible	100% after deductible
	Hospital inpatient (including maternity)	70% after deductible	70% after deductible	100% after deductible
	Emergency room services (per visit)	\$300 co-pay, then 70% after deductible	70% after deductible	100% after deductible
	Emergency room services — care for non-emergencies	\$300 co-pay, then 70% after deductible	70% after deductible	100% after deductible
	Mental health/substance abuse — inpatient	70% after deductible	Not covered	Not covered
	Mental health/substance abuse — office and professional services	\$0 co-pay	Not covered	Not covered
	Chiropractic services (12 visits annually)	Not covered	Not covered	Not covered
	Prescription drugs program	\$15 co-pay generic retail ⁵ \$30 co-pay generic mail order ⁵ Preferred, non-preferred and specialty drugs subject to deductible and co-pays ^{5,6,7}	\$0 co-pay ACA-mandated preventive drugs only (No coverage for non-ACA-mandated drugs)	\$0 co-pay ACA-mandated preventive drugs only (No coverage for non-ACA-mandated drugs)
	Diabetic supplies	\$20 co-pay (no deductible)	Not covered	Not covered
	Preferred insulin	\$75 co-pay (no deductible)	Not covered	Not covered

See footnotes on next page.

Value Health 5000

How is Value Health 5000 different from other PPO plans?

- **Co-pays for occasional doctor visits:** Primary care/retail clinic visits have \$0 co-pays with no limits. Each person has three co-pay visits annually per visit type – at a specialist for \$70 or at an urgent care facility for \$120.
For every additional visit, the deductible applies and participants pay 30 percent co-insurance. Teladoc co-pays are \$0 for each use with unlimited consultations.
- **Prescription drug benefits:** Generic retail prescriptions are available for \$15 and generic mail order is available for \$30. For prescriptions other than generic, members must meet the combined medical and prescription deductible; they then pay a co-pay .
- **No coverage for chiropractic or vision services:** Participants are responsible for paying the full cost for these services.

Secure Health™ Plans

Secure Health™ plans are a viable alternative to medical sharing plans. Its unique benefit structure allows you to have quality, true medical coverage at a lower monthly cost.

Like all of GuideStone's plans, Secure Health plans gives you access to the Blue Cross Blue Shield nationwide network of providers. Plus, Secure Health's benefit structure focuses on preventive care while offering protection from catastrophic claims – which keeps costs low and maintains the financial integrity of the plan.

Review the *Secure Health Product Guides for Personal Plans* before enrolling to ensure this alternative plan meets your needs.

[Secure Health 3000 Product Guide for Personal Plan](#)

[Secure Health 8000 Product Guide for Personal Plans](#)

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).

¹This plan does not constitute "creditable coverage" for Massachusetts residents.

²This plan does not constitute "creditable coverage" under Medicare Part D for active participants age 65 and older. Participants in this plan could incur late enrollment penalties from Medicare.

³There is a 20-visit limit for each of the following: physical, speech and occupational therapy.

⁴Retail available as 30-day supply, mail order/Walgreens as 90-day supply and specialty as 30-day supply through mail order.

⁵If a preferred or non-preferred drug is purchased when a generic is available, the participant must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent.

⁶A 90-day supply of maintenance drugs can be filled either by Walgreens or by mail order. Prices may vary.

⁷Co-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.