

For Group Plans

COMPREHENSIVE PLANS

GuideStone's comprehensive plans provide a full range of benefits and access to Highmark® Blue Cross Blue Shield's nationwide network of providers. These plans offer robust group medical coverage with built-in pharmacy benefits. There are a variety of deductible options to choose from so you can find the one that is right for your employees' needs and your ministry's budget.

Effective January 1, 2025

IN-NETWORK	Medical Benefits	Health Today	Health Choice 500	Health Choice 1000	Health Choice 1500	Health Choice 2000	Health Choice 2000 Plus	Health Choice 2500
	Minimum Group Plans enrollment	No minimum	No minimum	No minimum	No minimum	No minimum	5+	No minimum
	Annual deductibles: individual/family	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$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%	100%/0%	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	\$5,750/\$11,500	\$5,900/\$11,800
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	20%	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible	20% after deductible
	Hospital inpatient (including maternity)	20%	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible	20% after deductible
	Emergency room services (per visit)	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 0%	\$250 co-pay, then 20%
	Mental health/substance abuse – inpatient	20%	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible	20% after deductible
	Mental health/substance – office visit co-pay	\$25	\$25	\$25	\$25	\$25	\$25	\$25

IN-NETWORK	Medical Benefits	Health Choice 3000 ¹	Health Choice 3500 ¹	Health Choice 4000 ¹	Health Choice 4000 ¹ Plus	Health Choice 5000 ¹	Economy Health 5000 ¹	Health Choice 6000 ¹
	Minimum Group Plans enrollment	No minimum	No minimum	No minimum	5+	No minimum	50+	No minimum
	Annual deductibles: individual/family	\$3,000/\$5,000	\$3,500/\$7,000	\$4,000/\$7,000	\$4,000/\$7,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000
	Plan pays/individual pays (co-insurance) (after deductible)	70%/30% or 80%/20%	80%/20%	80%/20%	100%/0%	70%/30% or 80%/20%	100%/0%	70%/30%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$6,000/\$12,000	\$6,350/\$12,700	\$6,350/\$12,700 ²	\$6,350/\$12,700	\$6,500/\$12,700	\$5,000 individual coverage only \$8,700/\$10,000 individual/family ²	\$7,000/\$14,000
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	30% or 20% after deductible	20% after deductible	20% after deductible	0% after deductible	30% or 20% after deductible	0% after deductible	30% after deductible
	Hospital inpatient (including maternity)	30% or 20% after deductible	20% after deductible	20% after deductible	0% after deductible	30% or 20% after deductible	0% after deductible	30% after deductible
	Emergency room services (per visit)	\$250 co-pay, then 30% or 20%	\$250 co-pay, then 20%	\$250 co-pay, then 20%	\$250 co-pay, then 0%	\$250 co-pay, then 30% or 20%	0% after deductible	\$250 co-pay, then 30%
	Mental health/substance abuse – inpatient	30% or 20% after deductible	20% after deductible	20% after deductible	0% after deductible	30% or 20% after deductible	0% after deductible	30% after deductible
	Mental health/substance – office visit co-pay	\$25	\$25	\$25	\$25	\$25	\$25	\$25

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

² Maximum out-of-pocket (MOOP) for family coverage: An individual is not required to contribute more than the 2025 Affordable Care Act (ACA) limit of \$9,200.

IN-NETWORK	Medical Benefits	All Plans (except Economy Health 5000 ¹)	Economy Health 5000 ¹
	Primary care or retail clinic visit/specialist visit	\$25/\$45 co-pay	0% after deductible
	Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST))	\$45 co-pay	0% after deductible
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible or co-pay)	0% no deductible or co-pay	0% no deductible or co-pay
	Urgent care co-pay	\$50 co-pay	0% after deductible
	Teladoc® co-pay	\$0	\$0
	Chiropractic services co-pay (12 visits annually)	\$45 co-pay	0% after deductible
	Comprehensive routine eye exam co-pay (one exam every 12 months)	\$25 co-pay	0% after deductible

Effective January 1, 2025

RETAIL	30-DAY SUPPLY	Prescription Drug Benefits ^{3,4,5,6,7}	All Plans (except Health Choice 3500 ¹)	Health Choice 3500 ¹
		Generic drug	\$15	20% with a per-prescription maximum of \$250
		Preferred drug	\$50	
		Non-preferred drug	\$75	

MAIL ORDER/WALGREENS/CVS	90-DAY SUPPLY	Prescription Drug Benefits ^{3,4,5,6,7}		
		Generic drug	\$30 co-pay	20% with a per-prescription maximum of \$250
		Preferred drug	\$100 co-pay	
		Non-preferred drug	\$150 co-pay	
		Diabetic supplies (no deductible)	\$20 co-pay	20% with \$750 max
		Participating insulin ⁹ (no deductible)	\$75 co-pay	\$75 co-pay

SPECIALTY	30-DAY SUPPLY	Prescription Drug Benefits ^{3,6,8}		
		Specialty generic drug	\$50 co-pay	20% with a per-prescription maximum of \$250
		Specialty preferred drug	\$75 co-pay	
		Specialty non-preferred drug	\$100 co-pay	

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²Maximum out-of-pocket (MOOP) for family coverage: An individual is not required to contribute more than the 2025 Affordable Care Act (ACA) limit of \$9,200.

³If the cost of the prescription is less than the co-pay, the member pays the full cost of the prescription.

⁴Retail available as 30-day supply, mail-order or member-selected retail pharmacy (Walgreens® or CVS®) as 90-day supply and specialty as 30-day supply through mail order.

⁵Thirty-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 MOOP limit. This penalty does not apply to ACA preventive medications (excluding Health Choice 3500).

⁶If 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 MOOP limit.

⁷A 90-day supply of maintenance drugs can be filled either by member-selected retail pharmacy (Walgreens or CVS) or by mail order. Prices may vary.

⁸Co-pays for certain specialty medications will be set to the maximum available manufacturer co-pay assistance. These co-pays will be paid by the manufacturer after the participant applies for co-pay assistance and will not apply toward MOOP.

⁹Insulin co-pay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.