

# 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, 2022

Medical Benefits		Health Today	Health Choice 500	Health Choice 1000	Health Choice 1500	Health Choice 2000	Health Choice 2000 Plus	Health Choice 2500
In-network	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	80%	80% after deductible	80% after deductible	80% after deductible	80% after deductible	100% after deductible	80% after deductible
	Hospital inpatient (including maternity)	80%	80% after deductible	80% after deductible	80% after deductible	80% after deductible	100% after deductible	80% after deductible
	Emergency room services (per visit)	\$250 co-pay, then 80%	\$250 co-pay, then 80%	\$250 co-pay, then 80%	\$250 co-pay, then 80%	\$250 co-pay, then 80%	\$250 co-pay, then 100%	\$250 co-pay, then 80%
	Emergency room services – care for non-emergencies	\$250 co-pay, then 80%	\$250 co-pay, then 80% after deductible	\$250 co-pay, then 80% after deductible	\$250 co-pay, then 80% after deductible	\$250 co-pay, then 80% after deductible	\$250 co-pay, then 100% after deductible	\$250 co-pay, then 80% after deductible
	Mental health/substance abuse – inpatient	80%	80% after deductible	80% after deductible	80% after deductible	80% after deductible	100% after deductible	80% after deductible
	Mental health/substance – office visit co-pay	\$25	\$25	\$25	\$25	\$25	\$25	\$25

Medical Benefits		Health Choice 3000 <sup>1</sup>	Health Choice 3500 <sup>1</sup>	Health Choice 4000 <sup>1</sup>	Health Choice 4000 <sup>1</sup> Plus	Health Choice 5000 <sup>1</sup>	Economy Health 5000 <sup>1</sup>	Health Choice 6000 <sup>1</sup>
In-network	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	\$6,350/\$12,700	\$6,500/\$12,700	\$5,000/\$10,000 <sup>8</sup>	\$7,000/\$14,000 <sup>8</sup>
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	70% or 80% after deductible	80% after deductible	80% after deductible	100% after deductible	70% or 80% after deductible	100% after deductible	70% after deductible
	Hospital inpatient (including maternity)	70% or 80% after deductible	80% after deductible	80% after deductible	100% after deductible	70% or 80% after deductible	100% after deductible	70% after deductible
	Emergency room services (per visit)	\$250 co-pay, then 70% or 80%	\$250 co-pay, then 80%	\$250 co-pay, then 80%	\$250 co-pay, then 100%	\$250 co-pay, then 70% or 80%	100% after deductible	\$250 co-pay, then 70%
	Emergency room services – care for non-emergencies	\$250 co-pay, then 70% or 80% after deductible	\$250 co-pay, then 80% after deductible	\$250 co-pay, then 80% after deductible	\$250 co-pay, then 100% after deductible	\$250 co-pay, then 70% or 80% after deductible	\$250 co-pay, then 100% after deductible	\$250 co-pay, then 70% after deductible
	Mental health/substance abuse – inpatient	70% or 80% after deductible	80% after deductible	80% after deductible	100% after deductible	70% or 80% after deductible	100% after deductible	70% after deductible
	Mental health/substance – office visit co-pay	\$25	\$25	\$25	\$25	\$25	\$25	\$25

<sup>1</sup>These plans do not constitute "creditable coverage" for Massachusetts residents.



Medical Benefits		All Plans
In-Network	Primary care or retail clinic visit/specialist visit co-pay	\$25/\$45
	Wellness and preventive care visit (in-network, per <a href="#">Preventive Schedule</a> ) (no deductible or co-pay)	100%
	Urgent care co-pay	\$50
	Teledoc co-pay	\$0
	Chiropractic services co-pay (12 visits annually)	\$45
	Comprehensive routine eye exam co-pay (one exam every 12 months)	\$25

Effective January 1, 2022

Prescription Drug Benefits <sup>2,3,4,5,6</sup>		All Plans*	Health Choice 3500 <sup>1</sup>
Retail 30-Day Supply	Generic drug	\$15	20% with a per-prescription maximum of \$250
	Preferred drug	\$50	
	Non-preferred drug	\$75	

Prescription Drug Benefits <sup>2,3,4,5,6</sup>		All Plans*	Health Choice 3500 <sup>1</sup>
Mail Order/Walgreens 90-Day Supply	Generic drug	\$30	20% with a per-prescription maximum of \$250
	Preferred drug	\$100	
	Non-preferred drug	\$150	
	Diabetic supplies (no deductible)	\$20	20% with \$750 max
	Select insulin <sup>9</sup> (no deductible)	\$75	\$75 co-pay

Prescription Drug Benefits <sup>2,5,7</sup>		All Plans*	Health Choice 3500 <sup>1</sup>
Specialty 30-Day Supply	Specialty generic drug	\$50	20% with a per-prescription maximum of \$250
	Specialty preferred drug	\$75	
	Specialty non-preferred drug	\$100	

\*All plan except Health Choice 3500.

<sup>1</sup>This plan does not constitute "creditable coverage" for Massachusetts residents.

<sup>2</sup>If the cost of the prescription is less than the co-pay, the participant pays the full cost of the prescription.

<sup>3</sup>Retail available as 30-day supply, mail order/Walgreens as 90-day supply and specialty as 30-day supply through mail order.

<sup>4</sup>Thirty-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 (excluding Health Choice 3500).

<sup>5</sup>If a non-generic 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. This penalty does not accumulate toward the deductible or the maximum out-of-pocket limit.

<sup>6</sup>A 90-day supply of maintenance drugs can be filled either by Walgreens or by mail order.

<sup>7</sup>Co-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 maximum out-of-pocket (MOOP).

<sup>8</sup>Maximum out-of-pocket for family coverage: An individual is not required to contribute more than the 2022 ACA limit of \$8,700.