

CONSUMER-DRIVEN PLANS

GuideStone's Health Saver plans are HSA-qualified High Deductible Health Plans (HDHPs), which are designed to be paired with a tax-advantaged HSA. The Health Saver plans provide a consumer-driven option, intended to help your employees become savvier health care consumers.

Note: If you do not intend to pair the Health Saver plan with an HSA, these may not be the right plans for your organization.

How are these plans different?

- Participants pay 100% of medical and prescription drug claims until they've reached the plan's deductible; then the plan pays at the co-insurance level.
- If an employee has individual-only coverage, he or she must meet the individual deductible before any claims will be paid by GuideStone, and then the individual maximum out-of-pocket applies before claims will be paid at 100%. If an employee has coverage with one or more dependents, the employee and his or her dependents must meet the plan's family deductible before any claims will be paid for anyone in the family. Then the family maximum out-of-pocket applies, unless the family maximum out-of-pocket is larger than the ACA limit. An individual is not required to contribute more than \$8,700, which is the limit set by the ACA.

Effective January 1, 2022

Medical Benefits		Health Saver 1500 ² (Aggregate Deductible)	Health Saver 2000 ² (Aggregate Deductible)	Health Saver 2750 ² (Embedded Deductible)	Health Saver 2800 ² (Aggregate Deductible)	Health Saver 2800 Plus ² (Aggregate Deductible)
In-network	Minimum Group Plan Enrollment	50+	No minimum	No minimum	No minimum	5+
	Annual deductibles: individual/family	\$1,500/\$3,000	\$2,000/\$4,000	\$2,750 individual coverage only \$2,800/\$5,600	\$2,800/\$5,600	\$2,800/\$5,600
	Plan pays/individual pays (co-insurance) (after deductible)	90%/10%	90%/10%	80%/20%	80%/20%	100%/0%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$3,000/\$6,000	\$4,000/\$8,000 ³	\$4,800/\$9,600	\$4,900/\$9,800 ³	\$4,900/\$9,800 ³
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible)	100%	100%	100%	100%	100%
	Primary care or retail clinic visit/specialist visit co-pay (after deductible)	90%	90%	80%	80%	100%
	Teladoc ⁴ (after deductible)	100%	100%	100%	100%	100%
	Urgent care (after deductible)	90%	90%	80%	80%	100%
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility (after deductible)	90%	90%	80%	80%	100%
	Hospital inpatient (including maternity) (after deductible)	90%	90%	80%	80%	100%
	Emergency room services (per visit) (after deductible)	After deductible, \$250 co-pay, then 90%	After deductible, \$250 co-pay, then 90%	After deductible, \$250 co-pay, then 80%	After deductible, \$250 co-pay, then 80%	After deductible, \$250 co-pay, then 100%
	Emergency room services – care for non-emergencies (after deductible)	After deductible, \$250 co-pay, then 90%	After deductible, \$250 co-pay, then 90%	After deductible, \$250 co-pay, then 80%	After deductible, \$250 co-pay, then 80%	After deductible, \$250 co-pay, then 100%
	Mental health/substance abuse – inpatient (after deductible)	90%	90%	80%	80%	100%
	Mental health/substance abuse – office and professional services (after deductible)	90%	90%	80%	80%	100%
	Chiropractic services (12 visits annually) (after deductible)	90%	90%	80%	80%	100%
	Prescription drugs ^{5,6,7,8,9} (after deductible)	90%	90%	80%	80%	100%

See footnotes on next page.

Effective January 1, 2022

Medical Benefits		Health Saver 3000 ^{1,2} (Aggregate Deductible)	Health Saver 4000 ^{1,2} (Embedded Deductible)	Health Saver 4000 Plus ^{1,2} (Embedded Deductible)	Health Saver 5000 ^{1,2} (Aggregate Deductible)
In-network	Minimum Group Plans enrollment	No minimum	No minimum	No minimum	No minimum
	Annual deductibles: individual/family	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000
	Plan pays/individual pays (co-insurance) (after deductible)	90%/10%	80%/20%	100%/0%	100%/0%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$5,000/\$10,000 ³	\$6,000/\$12,000	\$6,000/\$12,000	\$5,000/\$10,000 ³
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible)	100%	100%	100%	100%
	Primary care or retail clinic visit/specialist visit (after deductible)	90%	80%	100%	100%
	Teladoc ⁴ (after deductible)	100%	100%	100%	100%
	Urgent care (after deductible)	90%	80%	100%	100%
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility (after deductible)	90%	80%	100%	100%
	Hospital inpatient (including maternity) (after deductible)	90%	80%	100%	100%
	Emergency room services (per visit)	After deductible, \$250 co-pay, then 90%	After deductible, \$250 co-pay, then 80%	After deductible, \$250 co-pay, then 100%	100% after deductible
	Emergency room services – care for non-emergencies	After deductible, \$250 co-pay, then 90%	After deductible, \$250 co-pay, then 80%	After deductible, \$250 co-pay, then 100%	100% after deductible
	Mental health/substance abuse – inpatient (after deductible)	90%	80%	100%	100%
	Mental health/substance abuse – office and professional services (after deductible)	90%	80%	100%	100%
	Chiropractic services (12 visits annually) (after deductible)	90%	80%	100%	100%
	Prescription drugs ^{5,6,7,8,9} (after deductible)	90%	80%	100%	100%

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

²Plan deductible must be met before co-insurance applies. The maximum out-of-pocket limit includes the deductible and co-insurance for eligible, in-network services.

³Maximum out-of-pocket for family coverage: An individual is not required to contribute more than the 2022 ACA limit of \$8,700.

⁴Members are required to pay the full \$47 consultation fee until they have met their deductible/co-insurance requirements.

⁵Retail available as 30-day supply, mail order/Walgreens as 90-day supply and specialty as 30-day supply through mail order.

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 maximum out-of-pocket limit.

⁷A 90-day supply of maintenance drugs can be filled either by Walgreens or by mail order. Prices may vary.

⁸Costs for diabetic supplies bypass the deductible and pay at the co-insurance level.

⁹Select products used to treat diabetes, including select insulin, may be available for a \$75 co-pay for a 90-day supply. Your preferred insulin co-pay will bypass the deductible.