Care Today Essential No Rx Plan

Effective 01/01/2026

GuideStone®

MEDICAL BENEFITS			
Part A Services Hospital services per benefit period (as defined by Medicare)	Medicare pays	Plan pays	You pay[1]
Hospital stays • Semi-private room and board • General nursing • Other hospital services and supplies	• 100% days 1–60 (after $1,736 deductible) • Costs over $434/day for days 61–90 • Costs over $868/day for days 91–150 (lifetime reserve days)	• 100% of Part A deductible • $434/day for days 61–90 • $868/day for days 91–150 (lifetime reserve days) • 100% after reserves are depleted • All costs after 150 days	• Nothing
Blood • First three pints • Additional amounts	• $0 • 100%	• 100% • $0	• Nothing
Skilled nursing facility care	• 100% days 1-20 • Costs over $217/day for days 21–100	• Nothing for days 1-20 • $217/day for days 21–100	• Nothing for days 21–100 • 100% after 100 days
Hospice Care • Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services	• All but very limited co-pay/co-insurance for outpatient drugs and inpatient respite care	• Medicare co-pay/co-insurance	• Nothing

[1]You are responsible for 100% of any charges not covered by Medicare or that are above the Medicare-approved amount.

Part B services Medical services per calendar year (as defined by Medicare)	Medicare pays	Plan pays	You pay[1]
Preventive care[2] (For recommended preventive care services, including an annual wellness visit)	• 100%	• Nothing	• Nothing
Medical services & supplies • Doctors' services • Inpatient and outpatient medical and surgical services/supplies • Physical and speech therapy • Diagnostic tests • Durable medical equipment and other supplies	• 80% of Medicare-approved amounts for covered services	• Remaining 20% of Medicare-approved amounts for covered services	• $283 (Part B annual deductible)
Outpatient mental health services	• 80% of Medicare-approved amounts for covered services	• Remaining 20% of Medicare-approved amounts for covered services	• Nothing
Clinical laboratory service • Tests for diagnostic services	• 100% of Medicare-approved amounts for covered services	• Nothing	• Nothing
Part B excess charges Up to 15% above Medicare-approved amounts	• $0	• 100%	• $0
Parts A and B services	Medicare pays	Plan pays	You pay
Home health care • Medicare-approved services • Durable medical equipment	• 100% medically necessary skilled care services and medical supplies • 80% Medicare-approved amounts (after deductible)	• Nothing • Remaining 20% of Medicare-approved amounts for covered services	• $0 for home health care services • $0 for Medicare-approved durable medical equipment
Benefits not covered by Medicare	Medicare pays	Plan pays	You pay
Foreign travel emergency Medically necessary, emergency care services beginning during the first 60 days of each trip outside the USA	• $0	• $50,000 lifetime maximum • 80% co-insurance after $250 overseas deductible	• 20% coinsurance after $250 deductible

[1]You are responsible for 100% of any charges not covered by Medicare or that are above the Medicare-approved amount.

[2]For those enrolled in Medicare Part B, Medicare pays 100% of costs for recommended preventive care services (including an annual wellness visit), per *Your Guide to Medicare Preventive Services*. You may find a copy of this guide at ***medicare.gov***.

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