

# Senior Plan

Effective 01/01/2026



GuideStone's Medicare-coordinating plans include medical and Part D benefits. Part D benefits will be managed by Express Scripts. If you are currently enrolled in a Medicare supplement plan that includes a Part D benefit or a Part D stand-alone Prescription Drug Plan (PDP), it is your responsibility to verify that you are eligible to disenroll from that plan and enroll in a new plan at this time.

<b>MEDICAL BENEFITS</b>			
<b>Part A Services</b> Hospital services per benefit period (as defined by Medicare)	<b>Medicare pays</b>	<b>Plan pays</b>	<b>You pay<sup>1</sup></b>
<b>Hospital stays</b> <ul style="list-style-type: none"> <li>• Semi-private room and board</li> <li>• General nursing</li> <li>• Other hospital services and supplies</li> </ul>	<ul style="list-style-type: none"> <li>• 100% days 1–60 (after \$1,736 deductible)</li> <li>• Costs over \$434/day for days 61–90</li> <li>• Costs over \$868/day for days 91–150 (lifetime reserve days)</li> </ul>	<ul style="list-style-type: none"> <li>• 50% of Part A deductible (for every benefit period)</li> <li>• \$434/day for days 61–90</li> <li>• \$868/day for days 91–150 (lifetime reserve days)</li> <li>• 100% after reserves are depleted</li> <li>• All costs after 150 days</li> </ul>	<ul style="list-style-type: none"> <li>• \$868 (50% of the Part A deductible)<sup>2</sup></li> </ul>
<b>Blood</b> <ul style="list-style-type: none"> <li>• First three pints</li> <li>• Additional amounts</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> <li>• 100%</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> <li>• \$0</li> </ul>
<b>Skilled nursing facility care</b>	<ul style="list-style-type: none"> <li>• 100% days 1-20</li> <li>• Costs over \$217/day for days 21–100</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• \$217/day for days 21–100</li> <li>• 100% after 100 days</li> </ul>
<b>Hospice Care</b> <ul style="list-style-type: none"> <li>• Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services</li> </ul>	<ul style="list-style-type: none"> <li>• All but very limited co-pay/co-insurance for outpatient drugs and inpatient respite care</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Co-pay/co-insurance for outpatient drugs and inpatient respite care</li> </ul>

<sup>1</sup>You are responsible for 100% of any charges not covered by Medicare or that are above the Medicare-approved amount.

<sup>2</sup>You must pay 50% of the Part A deductible for every benefit period, which begins when you are admitted and ends when you have not received hospital or skilled nursing facility treatment for 60 days in a row.

Part B services Medical services per calendar year (as defined by Medicare)	Medicare pays	Plan pays	You pay <sup>1</sup>
<b>Preventive care<sup>2</sup></b> (For recommended preventive care services, including an annual wellness visit)	<ul style="list-style-type: none"> <li>• 100%</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>
<b>Medical services &amp; supplies</b> <ul style="list-style-type: none"> <li>• Doctors' services</li> <li>• Inpatient and outpatient medical and surgical services/supplies</li> <li>• Physical and speech therapy</li> <li>• Diagnostic tests</li> <li>• Durable medical equipment and other supplies</li> </ul>	<ul style="list-style-type: none"> <li>• 80% of Medicare-approved amounts for covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>• \$283 (Part B annual deductible)</li> <li>• Remaining 20% of Medicare-approved amounts for covered services</li> </ul>
<b>Outpatient mental health services</b>	<ul style="list-style-type: none"> <li>• 80% of Medicare-approved amounts for covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>• Remaining 20% of Medicare-approved amounts for covered services</li> </ul>
<b>Clinical laboratory service</b> <ul style="list-style-type: none"> <li>• Tests for diagnostic services</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of Medicare-approved amounts for covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>• Costs above Medicare-approved amounts or services not covered by Medicare</li> </ul>
<b>Part B excess charges</b> Up to 15% above Medicare-approved amounts	<ul style="list-style-type: none"> <li>• \$0</li> </ul>	<ul style="list-style-type: none"> <li>• Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of Part B charges</li> </ul>
Parts A and B services	Medicare pays	Plan pays	You pay
<b>Home health care</b> <ul style="list-style-type: none"> <li>• Medicare-approved services</li> <li>• Durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>• 100% medically necessary skilled care services and medical supplies</li> <li>• 80% Medicare-approved amounts (after deductible)</li> </ul>	<ul style="list-style-type: none"> <li>• Not a covered benefit</li> <li>• Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for home health care services</li> <li>• Remaining 20% of Medicare-approved durable medical equipment</li> </ul>
Benefits not covered by Medicare	Medicare pays	Plan pays	You pay
<b>Foreign travel emergency</b> Medically necessary, emergency care services beginning during the first 60 days of each trip outside the USA	<ul style="list-style-type: none"> <li>• \$0</li> </ul>	<ul style="list-style-type: none"> <li>• Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> </ul>

<sup>1</sup>You are responsible for 100% of any charges not covered by Medicare or that are above the Medicare-approved amount.

<sup>2</sup>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](https://www.medicare.gov).

## PRESCRIPTION BENEFITS

Initial Coverage Stage	Catastrophic Coverage Stage
<ul style="list-style-type: none"> <li>• Participant pays co-pays for generic drugs</li> <li>• Participant pays 25% of drug costs for preferred drugs or 40% of drug costs for non-preferred drugs</li> <li>• Plan pays balance of drug costs</li> <li>• The total of these costs (participant co-pays plus co-insurance plus plan payment for drugs) adds up toward the Catastrophic Stage</li> </ul>	<ul style="list-style-type: none"> <li>• No member cost share</li> </ul>
<b>Total drug spend of \$2,100</b>	<b>Plan resets to Initial Coverage Stage each January 1</b>

**NOTE:** Per the Inflation Reduction Act, Member cost share is capped at \$35 for a one-month supply of each insulin covered by the plan. Member cost share is \$0 for Part D vaccines covered by the plan.

### PRESCRIPTION DRUG CO-PAYS FOR INITIAL COVERAGE STAGE

	Quantity (Days' Supply)	31	60	90
<b>Retail pharmacy</b>	Tier 1: Generic	\$10	\$20	\$30
	Tier 2: Preferred	25%	25%	25%
	Tier 3: Non-preferred	40%	40%	40%
	Tier 4: Specialty	25%	25%	25%
<b>Mail order</b>	Tier 1: Generic	\$8	\$16	\$24
	Tier 2: Preferred	25%	25%	25%
	Tier 3: Non-preferred	40%	40%	40%
	Tier 4: Specialty	25%	25%	25%