

Care Plus 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.

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

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

²You 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 ¹ |
|---|---|--|--|
| Preventive care² (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 | • Part B deductible applies |
| 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% | • Nothing |
| 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 | • Not a covered benefit | • 100% |

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

²For 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 <ul style="list-style-type: none"> Participant pays co-pays for covered drugs (brand name & generic) Plan pays balance of drug costs The total of these costs (participant co-pays plus plan payment for drugs) adds up toward the Catastrophic Stage | Catastrophic Coverage Stage <ul style="list-style-type: none"> No member cost share |
| Total drug spend of \$2,100 | Plan resets to Initial Coverage Stage each January 1 |

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 | | | | |
|--|-------------------------|-----------|-----------|-----------|
| Retail Pharmacy | Quantity (Days' Supply) | 31 | 60 | 90 |
| | Tier 1: Generic | \$10 | \$20 | \$30 |
| | Tier 2: Preferred | \$40 | \$80 | \$120 |
| | Tier 3: Non-preferred | \$65 | \$130 | \$195 |
| | Tier 4: Specialty | \$75 | \$150 | \$225 |
| Mail Order | Tier 1: Generic | \$8 | \$16 | \$24 |
| | Tier 2: Preferred | \$30 | \$60 | \$90 |
| | Tier 3: Non-preferred | \$50 | \$100 | \$150 |
| | Tier 4: Specialty | \$75 | \$150 | \$225 |