

Consumer-Driven Plans for Group Plans

This chart provides an overview of the benefits and prescription drug program for GuideStone's consumer-driven plans. These plans are HSA-qualified High Deductible Health Plans (HDHPs) eligible for use with a Health Savings Account (HSA).

Effective January 1, 2020

IN-NETWORK MEDICAL BENEFITS	HEALTH SAVER 1500 ² (Aggregate deductible)	HEALTH SAVER 2750 ^{1,2} (Embedded deductible)	HEALTH SAVER 2800 ^{1,2} (Aggregate deductible)	HEALTH SAVER 3000 ^{1,2} (Aggregate deductible)	HEALTH SAVER 4000 ^{1,2} (Embedded deductible)	HEALTH SAVER 5000 ^{1,2} (Aggregate deductible)
Minimum Group Plans enrollment	50+	25+	No limit	No limit	25+	No limit
Annual deductibles: individual/family	\$1,500/\$3,000	\$2,750/\$5,600	\$2,800/\$5,600	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Plan pays/individual pays (co-insurance) (after deductible)	90%/10%	80%/20%	80%/20%	90%/10%	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	\$4,800/\$9,600	\$4,900/\$9,800 ³	\$5,000/\$10,000 ³	\$6,000/\$12,000	\$5,000/\$10,000 ³
Wellness and preventive care (in-network, per <i>Preventive Schedule</i>) (no deductible)	100%	100%	100%	100%	100%	100%
Primary care or retail clinic/specialist visit (after deductible)	90%	80%	80%	90%	80%	100%
Teladoc (after deductible) ⁴	100%	100%	100%	100%	100%	100%
Urgent care (after deductible)	90%	80%	80%	90%	80%	100%
Outpatient surgery and outpatient services (CT scan, MRI, diagnostic) (after deductible)	90%	80%	80%	90%	80%	100%
Hospital inpatient (including maternity) (after deductible)	90%	80%	80%	90%	80%	100%
Emergency room services (per visit) (after deductible)	After deductible is met, then 90%	After deductible is met, \$250 co-pay, then 80%	After deductible is met, \$250 co-pay, then 80%	After deductible is met, \$250 co-pay, then 90%	After deductible is met, \$250 co-pay, then 80%	100%
Emergency room services – care for non-emergencies (after deductible)	After deductible is met, then 90%	After deductible is met, \$250 co-pay, then 80%	After deductible is met, \$250 co-pay, then 80%	After deductible is met, \$250 co-pay, then 90%	After deductible is met, \$250 co-pay, then 80%	100%
Mental health/substance abuse (inpatient) (after deductible)	90%	80%	80%	90%	80%	100%
Mental health/substance abuse (office visit) (after deductible)	90%	80%	80%	90%	80%	100%
Chiropractic services (12 visits annually) (after deductible)	90%	80%	80%	90%	80%	100%
Prescription drug program ^{5,6,7,8,9} (after deductible)	90%	80%	80%	90%	80%	100%
OUT-OF-NETWORK MEDICAL BENEFITS	HEALTH SAVER 1500 ²	HEALTH SAVER 2750 ^{1,2}	HEALTH SAVER 2800 ^{1,2}	HEALTH SAVER 3000 ^{1,2}	HEALTH SAVER 4000 ^{1,2}	HEALTH SAVER 5000 ^{1,2}
Annual deductibles: individual/family	\$10,000/\$20,000	\$5,600/\$11,200	\$5,600/\$11,200	\$6,000/\$12,000	\$8,000/\$16,000	\$15,000/\$30,000
Plan pays/individual pays (co-insurance) (after deductible)	60%/40%	50%/50%	50%/50%	60%/40%	50%/50%	70%/30%
Co-insurance and deductible out-of-pocket limit: individual/family	\$15,000/\$30,000	\$25,600/\$35,200	\$25,600/\$35,200	\$22,000/\$42,000	\$28,000/\$46,000	\$25,000/\$50,000
Wellness and preventive care (in-network, per <i>Preventive Schedule</i>) (no deductible)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Primary care or retail clinic/specialist visit (after deductible)	60%	50%	50%	60%	50%	70%
Urgent care (after deductible)	60%	50%	50%	60%	50%	70%
Outpatient surgery and outpatient services (CT scan, MRI, diagnostic) (after deductible)	60%	50%	50%	60%	50%	70%
Hospital inpatient (including maternity) (after deductible)	After deductible is met, \$500 co-pay, then 60%	After deductible is met, \$500 co-pay, then 50%	After deductible is met, \$500 co-pay, then 50%	After deductible is met, \$500 co-pay, then 60%	After deductible is met, \$500 co-pay, then 50%	After deductible is met, \$500 co-pay, then 70%
Emergency room services (per visit) (after in-network deductible)	After deductible is met, \$250 co-pay, then 90%	After deductible is met, \$250 co-pay, then 80%	After deductible is met, \$250 co-pay, then 80%	After deductible is met, \$250 co-pay, then 90%	After deductible is met, \$250 co-pay, then 80%	100%
Emergency room services – care for non-emergencies (after deductible)	After deductible is met, \$250 co-pay, then 60%	After deductible is met, \$250 co-pay, then 50%	After deductible is met, \$250 co-pay, then 50%	After deductible is met, \$250 co-pay, then 60%	After deductible is met, \$250 co-pay, then 50%	After deductible is met, \$250 co-pay, then 70%
Mental health/substance abuse (inpatient) (after deductible)	After deductible is met, \$500 co-pay, then 60%	After deductible is met, \$500 co-pay, then 50%	After deductible is met, \$500 co-pay, then 50%	After deductible is met, \$500 co-pay, then 60%	After deductible is met, \$500 co-pay, then 50%	After deductible is met, \$500 co-pay, then 70%
Mental health/substance abuse (office visit) (after deductible)	60%	50%	50%	60%	50%	70%
Chiropractic services (12 visits annually) (after deductible)	60%	50%	50%	60%	50%	70%

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 ACA limit of \$8,150.

⁴Members are required to pay the full \$40 consultation fee until they have met their deductible.

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 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.

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

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

⁹A 90-day supply of insulin through Express Scripts home delivery or Walgreens is a \$75 co-pay. Your insulin co-pay will bypass the deductible.

Glossary of Terms

Co-insurance — The percentage of eligible claims you pay after you meet your deductible.

Co-insurance and deductible out-of-pocket limit (out-of-network) — The most you will have to pay in a year in out-of-network deductibles and co-insurance for covered benefits.

Emergency care — Medical services from the Emergency department of a hospital to evaluate a medical condition that, in the absence of immediate medical attention, would place the health of the individual in serious jeopardy, cause serious impairment to bodily functions or cause serious and permanent dysfunction to any bodily organ or part.

Generic — A bioequivalent to the brand-name drug made available to the public after the patent has expired on the brand-name drug. The generic version usually results in a less expensive drug.

In-network — Health care services received from a provider in a network.

Mail order — Mail order is a service that allows you to refill recurring prescriptions (90-day supply) through an online pharmacy. You receive your prescriptions by mail.

Maximum out-of-pocket (medical and prescription) — The maximum out-of-pocket limit includes the deductible and co-insurance for eligible, in-network services. After the individual or family amount has been satisfied, the health plan covers all eligible, in-network health care expenses for the rest of the plan year. For family coverage, one individual cannot be responsible for more than the current ACA limit.

Network provider — A doctor, hospital or other health care facility that has entered into a contract to provide medical services or supplies at agreed-upon rates to you or your covered dependents under the plan.

Non-preferred drugs — A list of prescribed medications that are not on the plan's formulary.

Preferred drugs — Also known as formulary drugs, this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control plan costs.

Retail pharmacy benefits — This refers to filling your prescriptions at a participating network pharmacy. This approach is best for short-term prescriptions (up to 30-day). You could save money by filling recurring prescriptions via mail order (see above).

Specialist — Any physician not considered a primary care physician.

Specialty drug — Specific prescriptions used to treat complex, chronic or special health conditions.

Telemedicine — The use of telephone and/or live video technology in order to provide medical care.

Urgent care — Treatment at an urgent care facility for the onset of symptoms that require prompt medical attention.

Vision exam — Covers one annual eye exam per covered family member, which may include an eye health examination, dilation and/or refraction. Coverage does not include glasses or contact lenses (unless there has been a cataract extraction), eye surgery or retinal telescreening. See the [Preventive Schedule](#) for additional vision screening coverage for children when performed by a pediatrician or primary care physician as part of an annual well-child visit.

Wellness and preventive care — Refers to the services listed on the [Preventive Schedule](#), which are covered at 100%, not subject to the deductible. The [Preventive Schedule](#) is based on services required under the Affordable Care Act (ACA), as amended.

This information only highlights the depth of coverage and benefits you can receive when you protect yourself with GuideStone®. There are limitations and exclusions that apply. This is a general overview of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.

Note: A corresponding [Summary of Benefits and Coverage](#) was created to help consumers more easily understand their insurance benefits and compare plans. To view and download the [Summary of Benefits and Coverage](#) documents for all GuideStone medical plans available to you, visit GuideStone.org/Summaries. You may also request printed copies by calling **1-844-INS-GUIDE** (1-844-467-4843) Monday through Friday, between 7 a.m. and 6 p.m. CST.

