Comprehensive Plan Options for Group Plans

Effective January 1, 2020

GuideStone®

	MEDICAL BENEFITS	Global Core 5000[1]	Economy Health 5000[1]	Health Choice 5000[1]	Health Choice 4000[1]	Health Choice 3000[1]	Health Choice 3500[1]
IN-NETWORK	Minimum Group Plans enrollment	No minimum	50+	No minimum	No minimum	No minimum	No minimum
	Annual deductibles: individual/family	$5,000/$10,000[9]	$5,000/$10,000	$5,000/$10,000	$4,000/$7,000	$3,000/$5,000	$3,500/$7,000
	Plan pays/individual pays (co-insurance) (after deductible)	100%/0%	100%/0%	70%/30% or 80%/20%	80%/20%	70%/30% or 80%/20%	80%/20%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only)	$5,000/$10,000[2]	$5,000/$10,000[2]	$6,500/$12,700	$6,350/$12,700	$6,000/$12,000	$6,350/$12,700
	Wellness and preventive care visit (in-network, per *Preventive Schedule*)	100% (no deductible)	100% (no deductible)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)
	Primary care or retail clinic visit/specialist visit	100% after deductible	100% after deductible	$25/$45 co-pay	$25/$45 co-pay	$25/$45 co-pay	$25/$45 co-pay
	Teladoc	$0	$0	$0	$0	$0	$0
	Urgent care	100% after deductible	100% after deductible	$50 co-pay	$50 co-pay	$50 co-pay	$50 co-pay
	Outpatient surgery/outpatient services (CT scan, MRI, diagnostic)	100% after deductible	100% after deductible	70% or 80% after deductible	80% after deductible	70% or 80% after deductible	80% after deductible
	Hospital inpatient (including maternity)	100% after deductible	100% after deductible	70% or 80% after deductible	80% after deductible	70% or 80% after deductible	80% after deductible
	Emergency room services (per visit)	100% after deductible	100% after deductible	$250 co-pay, then 70% or 80% (no deductible)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 70% or 80% (no deductible)	$250 co-pay, then 80% (no deductible)
	Emergency room services – care for non-emergencies	100% after deductible	100% after deductible	$250 co-pay, then 70% or 80% after deductible	$250 co-pay, then 80% after deductible	$250 co-pay, then 70% or 80% after deductible	$250 co-pay, then 80% after deductible
	Mental health/substance abuse:						
	• Inpatient	100% after deductible	100% after deductible	70% or 80% after deductible	80% after deductible	70% or 80% after deductible	80% after deductible
	• Office visit	100% after deductible	100% after deductible	$25 co-pay	$25 co-pay	$25 co-pay	$25 co-pay
	Chiropractic services (12 visits annually)	100% after deductible	100% after deductible	$45 co-pay	$45 co-pay	$45 co-pay	$45 co-pay
	Comprehensive routine eye exam (one exam every 12 months)	100% after deductible	100% after deductible	$25 co-pay	$25 co-pay	$25 co-pay	$25 co-pay
	PRESCRIPTION DRUG BENEFITS[3,4,5,6,7,8]						
RETAIL	Generic drug	100% after deductible	$15 co-pay	$15 co-pay	$15 co-pay	$15 co-pay	20% with a per-prescription maximum of $250
	Preferred drug	100% after deductible	$50 co-pay	$50 co-pay	$50 co-pay	$50 co-pay	
	Non-preferred drug	100% after deductible	$75 co-pay	$75 co-pay	$75 co-pay	$75 co-pay	
MAIL ORDER/ WALGREENS	Generic drug	100% after deductible	$30 co-pay	$30 co-pay	$30 co-pay	$30 co-pay	20% with a per-prescription maximum of $750
	Preferred drug	100% after deductible	$100 co-pay	$100 co-pay	$100 co-pay	$100 co-pay	
	Non-preferred drug	100% after deductible	$150 co-pay	$150 co-pay	$150 co-pay	$150 co-pay	
	Diabetic supplies	100% (no deductible)	$20 co-pay	$20 co-pay	$20 co-pay	$20 co-pay	20% with $750 max
	Preferred insulin	$75 co-pay	$75 co-pay	$75 co-pay	$75 co-pay	$75 co-pay	$75 co-pay
SPECIALTY	Generic drug	100% after deductible	$50 co-pay	$50 co-pay	$50 co-pay	$50 co-pay	20% with a per-prescription maximum of $250
	Preferred drug	100% after deductible	$75 co-pay	$75 co-pay	$75 co-pay	$75 co-pay	
	Non-preferred drug	100% after deductible	$100 co-pay	$100 co-pay	$100 co-pay	$100 co-pay	

[1]These plans do not constitute "creditable coverage" for Massachusetts residents.
[2]For family coverage, one individual cannot be responsible for more than the 2020 ACA limit of $8,150.
[3]If the cost of the prescription is less than the co-pay, the member pays the full cost of the prescription.
[4]Retail available as 30-day supply, mail order/Walgreens as 90-day supply and specialty as 30-day supply through mail order.
[5]Maintenance medications filled at retail, other than Walgreens, will incur a $10 penalty after the second retail fill. The $10 penalty does not accumulate toward the deductible or maximum out-of-pocket limit (excluding Global Core 5000 and Health Choice 3500). The penalty does not apply to ACA preventive medications.
[6]If 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.
[7]A 90-day supply of maintenance drugs can be filled either by Walgreens or by mail order. Prices may vary.
[8]Co-pays for certain specialty medications may be set to the maximum of any available manufacturer co-pay assistance. These co-pays will be paid by the manufacturer after the member applies for co-pay assistance and will not apply toward the maximum out-of-pocket.
[9]The deductible is waived for medical claims incurred outside the United States. The deductible is not waived for prescription drug claims incurred outside the United States.

	MEDICAL BENEFITS	Health Choice 2500[1]	Health Choice 2000	Health Choice 1500	Health Choice 1000	Health Choice 500	Health Today
IN-NETWORK	Minimum Group Plans enrollment	No minimum	No minimum	No minimum	No minimum	No minimum	No minimum
	Annual deductibles: individual/family	$2,500/$5,000[9]	$2,000/$4,000	$1,500/$3,000	$1,000/$2,000	$500/$1,000	$0/$0
	Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	$5,900/$11,800	$5,750/$11,500	$5,500/$11,000	$5,000/$8,250	$4,750/$7,500	$3,750/$7,000
	Wellness and preventive care visit (in-network, per *Preventive Schedule*)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)	100% (no co-pay)
	Primary care or retail clinic visit/specialist visit co-pay	$25/$45	$25/$45	$25/$45	$25/$45	$25/$45	$25/$45
	Teladoc co-pay	$0	$0	$0	$0	$0	$0
	Urgent care co-pay	$50	$50	$50	$50	$50	$50
	Outpatient surgery/outpatient services (CT scan, MRI, diagnostic)	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80%
	Hospital inpatient (including maternity)	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80%
	Emergency room services (per visit)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 80% (no deductible)	$250 co-pay, then 80%
	Emergency room services – care for non-emergencies	$250 co-pay, then 80% after deductible	$250 co-pay, then 80% after deductible	$250 co-pay, then 80% after deductible	$250 co-pay, then 80% after deductible	$250 co-pay, then 80% after deductible	$250 co-pay, then 80%
	Mental health/substance abuse:						
	• Inpatient	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80%
	• Office visit co-pay	$25	$25	$25	$25	$25	$25
	Chiropractic services co-pay (12 visits annually)	$45	$45	$45	$45	$45	$45
	Comprehensive routine eye exam co-pay (one exam every 12 months)	$25	$25	$25	$25	$25	$25
	PRESCRIPTION DRUG BENEFITS[3,4,5,6,7]						
RETAIL	Generic drug co-pay	$15	$15	$15	$15	$15	$15
	Preferred drug co-pay	$50	$50	$50	$50	$50	$50
	Non-preferred drug co-pay	$75	$75	$75	$75	$75	$75
MAIL ORDER/ WALGREENS	Generic drug co-pay	$30	$30	$30	$30	$30	$30
	Preferred drug co-pay	$100	$100	$100	$100	$100	$100
	Non-preferred drug co-pay	$150	$150	$150	$150	$150	$150
	Diabetic supplies co-pay	$20	$20	$20	$20	$20	$20
	Preferred insulin co-pay	$75	$75	$75	$75	$75	$75
SPECIALTY	Generic drug co-pay	$50	$50	$50	$50	$50	$50
	Preferred drug co-pay	$75	$75	$75	$75	$75	$75
	Non-preferred drug co-pay	$100	$100	$100	$100	$100	$100

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[3]If the cost of the prescription is less than the co-pay, the participant pays the full cost of the prescription.
[4]Retail available as 30-day supply, mail order/Walgreens as 90-day supply and specialty as 30-day supply through mail order.
[5]Maintenance medications filled at retail, other than Walgreens, will incur a $10 penalty after the second retail fill. The $10 penalty does not accumulate toward the deductible or maximum out-of-pocket limit. The penalty does not apply to ACA preventive medications.
[6]If 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.
[7]Co-pays for certain specialty medications may be set to the maximum of any available manufacturer co-pay assistance. These co-pays will be paid by the manufacturer after the member applies for co-pay assistance and will not apply toward the maximum out-of-pocket.

Note: A corresponding *Summary of Benefits and Coverage* was created to help consumers more easily understand their medical 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.