

Medicare-Coordinating Plans – Existing Participants Personal Plans

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.

GENERAL INFORMATION

Participant name (as it appears on your Medicare card): _____ Medicare primary? ☐ Yes ☐ No
Medicare claim number (from your Medicare card): _____ Part A effective date: ____/____/____
Part B effective date: ____/____/____ Social Security number (last four digits): _____ Birth date: ____/____/____
Home address: _____ Home telephone: (____) _____
City: _____ State: _____ ZIP Code: _____
Disabled? ☐ Yes ☐ No Retired? ☐ Yes ☐ No (give employer information below)
Employer name: _____ Employer number: _____
Requested effective date: ____/____/____ (must be the 1st of the month following the application submission)

MEDICAL PLAN OPTION

Note: The *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 www.GuideStone.org/Summaries. You may also request printed copies by calling **1-888-98-GUIDE** (1-888-984-8433) Monday through Friday, between 7 a.m. and 6 p.m. CST.

Section A: If you and/or any covered dependents are Medicare primary, you must select one plan from Section A.
(If more than one person is Medicare primary, everyone will participate in the same plan.)

☐ Care Today Plan ☐ Care Basic Plan ☐ Care Plus Plan¹ ☐ Senior Plan¹ ☐ Senior Plus Plan¹

Section B: If you and/or any covered dependents applying are not Medicare primary, you must select one plan from Section B.

☐ Health Choice 5000² ☐ Health Choice 2000 ☐ Health Choice 500 ☐ Health Legacy 200¹ ☐ Health Saver 2800^{2,3}
☐ Health Choice 3000² ☐ Health Choice 1000 ☐ Health Today ☐ Value Health 5000^{2,3}

¹ This is a closed plan. Enrollment is limited to dependents of current plan participants.

² This plan does not constitute "creditable coverage" for Massachusetts residents.

³ This plan is not considered "creditable coverage" under Medicare Part D for active participants age 65 and older.
Participants in this plan could incur late enrollment penalties from Medicare.

List dependents currently covered on your medical plan.

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Name of dependent				
Birth date	____/____/____	____/____/____	____/____/____	____/____/____
Social Security number				
Relationship				
Medicare primary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes": Medicare claim number				
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important: This form must be received and processed by GuideStone no later than the 20th of the month prior to your desired plan effective date.

Signature: _____ Date: ____/____/____

Return this form to: Insurance Services — Personal Plans
GuideStone Financial Resources, SBC
2401 Cedar Springs Road
Dallas, TX 75201-1498

You may also fax this form to GuideStone at:
(877) 834-1025



Care Plus and Care Basic Benefit Overview

Express Scripts Medicare™ (PDP) for GuideStone Financial Resources

YOUR 2014 PRESCRIPTION DRUG PLAN BENEFIT

The following table provides a summary of your benefit, including cost-sharing information.

Initial Coverage Stage

You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,850:

Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Mail Three-Month (90-day) Supply
Tier 1: Generic	\$8 co-payment	\$24 co-payment	\$16 co-payment
Tier 2: Preferred	\$35 co-payment	\$105 co-payment	\$70 co-payment
Tier 3: Non-Preferred	\$60 co-payment	\$180 co-payment	\$120 co-payment
Tier 4: Specialty	\$50 co-payment	\$150 co-payment	\$150 co-payment
<p>Not all drugs are available in a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please refer to your <i>Pharmacy Directory</i> or contact Express Scripts Customer Service at the numbers on the back of this document for more information.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through our mail-order pharmacy. There is no charge for standard shipping.</p>			

Coverage Gap Stage

After your total yearly drug costs reach \$2,850, you will pay the following until your yearly out-of-pocket drug costs reach \$4,550:

Brand Drugs:

47.5% of the cost of covered Medicare Part D brand-name drugs, plus a portion of the dispensing fee. (The manufacturer provides a 50% discount and the plan pays the difference.)

Generic Drugs:

The same co-payment as in the Initial Coverage Stage for Tier 1 generic drugs and 72% of the plan's cost for all other covered generic drugs.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$4,550, you will pay **the greater of 5% co-insurance or:**

- a \$2.55 co-payment for covered generic drugs (including brand-name drugs treated as generics)
- a \$6.35 co-payment for all other covered drugs.

Care Today Benefit Overview

Express Scripts Medicare™ (PDP) for GuideStone Financial Resources

YOUR 2014 PRESCRIPTION DRUG PLAN BENEFIT

The following table provides a summary of your benefit, including cost-sharing information.

Initial Coverage Stage

You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,850:

Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Mail Three-Month (90-day) Supply
Tier 1: Generic	\$8 co-payment	\$24 co-payment	\$16 co-payment
Tier 2: Preferred	\$35 co-payment	\$105 co-payment	\$70 co-payment
Tier 3: Non-Preferred	\$60 co-payment	\$180 co-payment	\$120 co-payment
Tier 4: Specialty	\$50 co-payment	\$150 co-payment	\$150 co-payment
<p>Not all drugs are available in a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please refer to your <i>Pharmacy Directory</i> or contact Express Scripts Customer Service at the numbers on the back of this document for more information.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through our mail-order pharmacy. There is no charge for standard shipping.</p>			

Coverage Gap Stage

After your total yearly drug costs reach \$2,850, you will pay the following until your yearly out-of-pocket drug costs reach \$4,550:

Brand Drugs:

47.5% of the cost of covered Medicare Part D brand-name drugs, plus a portion of the dispensing fee. (The manufacturer provides a 50% discount and the plan pays the difference.)

Generic Drugs:

72% of the plan's cost for all covered generic drugs.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$4,550, you will pay **the greater of 5% co-insurance or:**

- a \$2.55 co-payment for covered generic drugs (including brand-name drugs treated as generics)
- a \$6.35 co-payment for all other covered drugs.

Senior Plus Plan Benefit Overview

Express Scripts Medicare™ (PDP) for GuideStone Financial Resources

YOUR 2014 PRESCRIPTION DRUG PLAN BENEFIT

The following table provides a summary of your benefit, including cost-sharing information.

Initial Coverage Stage

You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,850:

Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Mail Three-Month (90-day) Supply
Tier 1: Generic	\$10 co-payment	\$30 co-payment	\$24 co-payment
Tier 2: Preferred	\$30 co-payment	\$90 co-payment	\$75 co-payment
Tier 3: Non-Preferred	\$45 co-payment	\$135 co-payment	\$114 co-payment
Tier 4: Specialty	\$45 co-payment	\$135 co-payment	\$114 co-payment

Not all drugs are available in a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please refer to your *Pharmacy Directory* or contact Express Scripts Customer Service at the numbers on the back of this document for more information.

You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through our mail-order pharmacy. There is no charge for standard shipping.

Coverage Gap Stage

During this stage, after your total yearly drug costs reach \$2,850, the plan will continue to cover your drugs at the same cost-sharing amount as in the Initial Coverage Stage until you qualify for the Catastrophic Coverage Stage.

You will stay in the Coverage Gap until you pay \$4,550 **out-of-pocket** for Part D drugs.

Once you reach this total amount, you move into the Catastrophic Coverage Stage.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$4,550, you will pay **the greater of 5% co-insurance or:**

- a \$2.55 co-payment for covered generic drugs (including brand-name drugs treated as generics) with a maximum not to exceed the standard co-payment during the Initial Coverage Stage.
- a \$6.35 co-payment for all other covered drugs, with a maximum not to exceed the standard co-payment during the Initial Coverage Stage.

Senior Plan Benefit Overview

Express Scripts Medicare™ (PDP) for GuideStone Financial Resources

YOUR 2014 PRESCRIPTION DRUG PLAN BENEFIT

The following table provides a summary of your benefit, including cost-sharing information.

Initial Coverage Stage

You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,850:

Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Mail Three-Month (90-day) Supply
Tier 1: Generic	\$10 co-payment	\$30 co-payment	\$24 co-payment
Tier 2: Preferred	25% co-insurance	25% co-insurance	25% co-insurance
Tier 3: Non-Preferred	40% co-insurance	40% co-insurance	40% co-insurance
Tier 4: Specialty	25% co-insurance	25% co-insurance	25% co-insurance
<p>Not all drugs are available in a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please refer to your <i>Pharmacy Directory</i> or contact Express Scripts Customer Service at the numbers on the back of this document for more information.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through our mail-order pharmacy. There is no charge for standard shipping.</p>			

Coverage Gap Stage

During this stage, after your total yearly drug costs reach \$2,850, the plan will continue to cover your drugs at the same cost-sharing amount as in the Initial Coverage Stage until you qualify for the Catastrophic Coverage Stage.

You will stay in the Coverage Gap until you pay \$4,550 **out-of-pocket** for Part D drugs.

Once you reach this total amount, you move into the Catastrophic Coverage Stage.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$4,550, you will pay **the greater of 5% co-insurance or:**

- a \$2.55 co-payment for covered generic drugs (including brand-name drugs treated as generics) with a maximum not to exceed the standard co-payment during the Initial Coverage Stage.
- a \$6.35 co-payment for all other covered drugs.

Long-Term Care (LTC) Pharmacy

Residents of a long-term care facility using an in-network LTC pharmacy will pay the cost-sharing amount for a one-month supply at retail for each stage noted in the preceding chart.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You may incur additional costs for drugs received at an out-of-network pharmacy. Please contact Express Scripts Customer Service at the numbers on the back of this document for more details.

Important Plan Information

The service area for this plan is all 50 states, the District of Columbia and Puerto Rico. You must live in one of these areas to join this plan. We may reduce our service area and no longer offer services in the area in which you reside.

Your plan uses a formulary — a list of covered drugs. Express Scripts may periodically add or remove drugs, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If any formulary change limits your ability to fill a prescription, you will be notified before the change is made.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Your health care provider must get prior authorization from Express Scripts Medicare for certain drugs.

If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

If you request a formulary exception for a drug and Express Scripts Medicare approves the exception, you will pay the Non-Preferred Brand Drug cost-share for that drug.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.

You will receive an invoice for your combined medical and prescription drug coverage from GuideStone Financial Resources.

Answers to Frequently Asked Questions

Who is eligible for this plan?

You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, live in the plan's service area and are eligible for benefits from GuideStone.

You can be in only one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare Advantage (MA) Plan that **includes Medicare prescription drug coverage**, your enrollment in this plan may end that enrollment. In addition, you may not be enrolled in an individual MA Plan — even one without prescription drug coverage — at the same time as this plan. You may, however, be enrolled in this plan and an MA-only Plan if it has been coordinated through your employer. Please contact your group benefits administrator if you have questions about other plan types and the impact your enrollment in this plan may have.

Important: If you choose a prescription drug plan outside your former employer/retiree group's offering, this decision may impact other benefits, such as medical coverage. Please contact your group benefits administrator for more information before making a decision to leave this plan or for information about other options that may be available to you.

Do I qualify for Extra Help to pay for my prescription drug premiums and costs?

To see if you qualify for Extra Help, call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week (TTY users should call 1-877-486-2048); the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY users should call 1-800-325-0778); or your State Medicaid Office. If you qualify, Medicare will tell the plan how much assistance you will receive, and Express Scripts will send you information on the amount you will pay once you are enrolled in this plan.

Will my income affect my Medicare Part D premium?

Most people will pay their plan's standard Medicare Part D premium. However, some people may have to pay an extra amount because of their yearly income. If you have to pay an extra amount, Social Security — not your Medicare plan — will send a letter telling you what the extra amount will be and how to pay it. No matter how you usually pay your plan premium, the extra amount will be withheld from your Social Security or Office of Personnel Management benefit check. If your benefit check isn't enough to cover the extra amount, you will get a bill from Medicare. The extra amount must be paid separately and cannot be paid with your monthly plan premium. If you have any questions about this extra amount, contact Social Security at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.

Does my plan cover Medicare Part B or Part D drugs?

This plan provides coverage for Medicare Part B medications, as well as several categories of other non-Part D medications that are not normally covered by a Medicare prescription drug plan. The amounts paid for these medications will not count toward your total drug costs or total out-of-pocket expenses. Please see your formulary for additional information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer to help you manage your medications. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact Express Scripts Medicare for more details.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan administrator about limitations. Limitations, co-payments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

Express Scripts Medicare Customer Service

1-866-544-2976

24 hours a day, 7 days a week

Customer Service is available in English and other languages.

TTY: 1-800-716-3231

You can also visit us on the web at ***www.Express-Scripts.com***.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

For questions about rates, enrollments and eligibility, please contact GuideStone Customer Service at **1-888-98-GUIDE** (1-888-984-8433). Hours of operation are Monday through Friday, 7:00 a.m. to 6:00 p.m. CST.

A Medicare-approved Part D sponsor

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Facts about your Medicare Part D Prescription Drug Coverage

Express Scripts Medicare™ (PDP) for GuideStone Financial Resources is offered by Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York, a company that contracts with the federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and/or B coverage in order to qualify for this plan. You must inform GuideStone of any other prescription drug coverage you may have.

Enrollment Requirements

You can only be in one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare prescription drug plan, a Medicare Advantage plan with prescription drug coverage or an individual Medicare Advantage plan, your enrollment in Express Scripts Medicare will end that coverage.

You must live within the 50 U.S. states, District of Columbia, or Puerto Rico to participate in this plan. It is your responsibility to inform GuideStone of any address changes.

Generally, Medicare limits when you can make changes to your coverage. You can join a new Medicare prescription drug plan during the Annual Enrollment Period (October 15–December 7), unless you qualify for certain special circumstances. GuideStone may have an annual enrollment period which varies from the Medicare timeframe.

If you leave this plan and don't get other creditable prescription drug coverage (coverage that is at least as good as Medicare's coverage) for 63 or more days, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

If you decide to not participate in this coverage, you can contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for assistance with selecting another Part D plan. TTY users should call 1-877-486-2048.

Plan Rules and Limitations

Network pharmacies must be used except in cases of an emergency.

As a Medicare beneficiary you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. For more information about these processes, call Express Scripts Medicare Customer Service at the number on the back of your Member ID card or review your *Evidence of Coverage*.

The Centers for Medicare & Medicaid Services must approve Express Scripts' plan each year. You can continue to get Medicare coverage as a member of this plan only as long as both Express Scripts and GuideStone choose to continue to offer this plan, and CMS renews its approval of the Express Scripts plan.

Extra Help Program

Medicare beneficiaries with low or limited income and resources may be able to get Extra Help to pay for prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Annual Income and Extra Part D amount

Some people may have to pay an extra amount for this coverage because of their yearly income. If you have to pay an extra amount, the Social Security Administration — not your Medicare plan — will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY users should call 1-800-325-0778.

Release of Information

By joining this Medicare prescription drug plan, you acknowledge that Express Scripts Medicare will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on the enclosed enrollment form is correct to the best of your knowledge. If you intentionally provide false information as part of your enrollment, you may be disenrolled from the plan.

The benefit information included in this package is a brief summary, not a comprehensive description of benefits. For more information about this plan, contact Express Scripts Medicare Customer Service at 1-866-544-2976, 24 hours a day, 7 days a week. TTY users should call 1-800-716-3231. Limitations, copayments, and restrictions may apply. Benefits, formulary, premium, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year.

A Medicare-approved Part D sponsor