

Global Methodist Church

Effective July 1, 2024





Agenda

- **Committed to Your Ministry**
- **Best-in-Class Providers**
- **Medical Plans**
- **Preventive Benefits**
- **Wellness Tools and Programs**
- **Additional Benefits**
- **Dental Plans**
- **Vision Plans**
- **Term Life Plans**
- **Accident Plans**
- **Disability Plans**
- **Enrollment Information**



Committed to Your Ministry

At GuideStone[®], our vision is **that every servant of Christ finishes well.**

We offer comprehensive solutions intentionally designed to help you and your employees move toward financial security and resilience.



Retirement



Insurance



Investments



Mission:Dignity[®]

Vision, Mission, Motto



Vision

Every servant of Christ
finishes well.



Mission

We enhance financial
security and resilience for
those who serve the Lord.



Motto

Serving those who serve
the Lord® ... with the
integrity of our **heart** and
skillfulness of our hands.

How We're Committed to Your Ministry

Our Mission Is to Serve You

GuideStone is committed to the ministry of "serving those who serve the Lord® . . . with the integrity of our hearts and the skillfulness of our hands" Psalm 78:72

Biblically Aligned Benefits

GuideStone reflects your biblical convictions regarding the sanctity of life. That is why our health plans do not include coverage for abortion services or abortion-inducing devices or drugs such as ella® and Plan B One-Step®.

Enhance Your Well-being

GuideStone believes when the body of Christ is healthy, it's free to transform the world – and we want to help guide and equip your ministry and its people to do just that.

01

04

Advocate on Your Behalf

From designing a benefits package customized to your unique ministry needs to assisting with claims and day-to-day plan administration, our team is here to serve as your advocates and benefits experts so that you can focus on your ministry calling.

02

05

Steward Your Resources

By having GuideStone as your benefits provider, you join tens of thousands of others – allowing us to bring you large-group purchasing power. That means access to discounts on medical care and prescription drugs. Plus, as a not-for-profit organization, our insurance representatives are not paid commissions.

03



Best-in-Class Providers

Bringing Together the Best-in-Class Providers



Nationwide BCBS® Medical Network



Prescription Drug Coverage



Care Navigation



Nationwide Dental Network



Life and Disability Benefits



Vision Coverage

The Best of the Blues: Highmark® BCBS

Did you know?

01

1 in 3 Americans relies on the Blue Cross Blue Shield (BCBS) network for health care coverage.

02

GuideStone® plans give you access to national provider networks and international care.

03

Deep provider service discounts save you and your plan money.

Save Money When You Use In-network Providers

In-network Provider

VS

Out-of-network Provider

Receive the highest level of benefits

Benefit from provider discounts

Provider files claims

Lowest out-of-pocket costs

Maximum out-of-pocket cost accumulation

You share more of the cost

No provider discounts

You file claims

Greater out-of-pocket costs

Separate out-of-pocket maximum

Quantum Health – Your Personal Care Coordinator

Think of Quantum Health as your personal team of nurses, benefit experts and claims specialists who will do whatever it takes to support your unique health care needs.

Quantum Health is your one resource to contact whenever you need help with your **medical, wellness or pharmacy benefits.**



Quantum Health is just a tap, click or call away. You have one mobile app, one website and one phone number.

Quantum Health app
[GuideStoneHealth.org](https://www.GuideStoneHealth.org)
1-855-497-1230



Medical Plans

Health Choice Plans

Co-pay Plans

Health Choice 1000

Medical Benefits	In-Network	Out-of-Network
Annual deductible: individual/family	\$1,000/\$2,000	\$2,000/\$4,000
Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	50%/50%
Maximum out-of-pocket (medical and prescription): individual/family	\$5,000/\$8,250	N/A
Wellness visit (per <i>Preventive Care Schedule</i>)	0% (no co-pay or deductible)	Not covered
Primary care or retail clinic visit co-pay	\$25	50% after deductible
Teladoc® co-pay	\$0	Not covered
Specialist visit co-pay	\$45	50% after deductible
Urgent care co-pay	\$50	50% after deductible
Emergency room services	\$250 co-pay, then 20% (no deductible)	\$250 co-pay, then 20% (no deductible)
Hospital inpatient (including maternity)	20% after deductible	\$500 co-pay, then 50% after deductible
Out-of-network deductible and co-insurance limit	N/A	\$22,000/\$24,000

Prescription Benefits

Health Choice 1000

Prescription Benefits^{1,2,3,4,5}	Retail: 30-day Supply	Mail Order: 90-day Supply	Specialty: 30-day Supply
Generic drug co-pay	\$15	\$30	\$50
Preferred drug co-pay	\$50	\$100	\$75
Non-preferred drug co-pay	\$75	\$150	\$100

¹If 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.

²Maintenance drugs filled at retail, other than Walgreens or CVS, will incur a \$10 penalty after the second retail fill. The \$10 penalty does not accumulate toward the deductible or the maximum out-of-pocket limit. This penalty does not apply to ACA preventive medications.

³Diabetic supplies are a \$20 co-pay for a 90-day supply and are not subject to the deductible.

⁴Select products used to treat diabetes, including participating insulin, may be available for a \$75 co-pay for a 90-day supply.

⁵Co-pays for certain specialty medications will be set to the maximum 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 MOOP.

Health Choice 5000

Medical Benefits ¹	In-Network	Out-of-Network
Annual deductible: individual/family	\$5,000/\$10,000	\$10,000/\$20,000
Plan pays/individual pays (co-insurance) (after deductible)	70%/30%	50%/50%
Maximum out-of-pocket (medical and prescription): individual/family	\$6,500/\$12,700	N/A
Wellness visit (per <i>Preventive Care Schedule</i>)	0% (no co-pay or deductible)	Not covered
Primary care or retail clinic visit co-pay	\$25	50% after deductible
Teladoc® co-pay	\$0	Not covered
Specialist visit co-pay	\$45	50% after deductible
Urgent care co-pay	\$50	50% after deductible
Emergency room services	\$250 co-pay, then 30% (no deductible)	\$250 co-pay, then 30% (no deductible)
Hospital inpatient (including maternity)	30% after deductible	\$500 co-pay, then 50% after deductible
Out-of-network deductible and co-insurance limit	N/A	\$40,000/\$50,000

¹This plan does not constitute "creditable coverage" for Massachusetts residents.

Prescription Benefits

Health Choice 5000

Prescription Benefits^{1,2,3,4,5}	Retail: 30-day Supply	Mail Order: 90-day Supply	Specialty: 30-day Supply
Generic drug co-pay	\$15	\$30	\$50
Preferred drug co-pay	\$50	\$100	\$75
Non-preferred drug co-pay	\$75	\$150	\$100

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Prior Authorization (PA)

All Highmark BCBS Plans

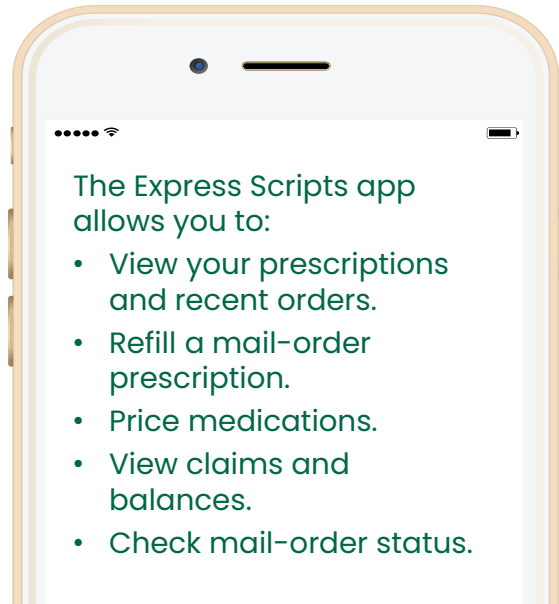
- Prior authorization (PA) is required for non-emergency advanced imaging procedures (e.g., MRI, CT, PET) performed at an outpatient setting.
- This does not apply to inpatient observation, emergency room, urgent care or surgical centers.
- For additional information on prior authorization, please reach out to a Quantum Health Care Coordinator at 1-855-497-1230.

Prescription Benefits

Health Choice Plans

Best-in-Class Pharmacy and Prescription Drug Services

Did you know?



01

Express Scripts (ESI) is the leading U.S. pharmacy benefit management (PBM) organization.

02

Members can access thousands of retail outlets.

03

Mail order and home delivery are available for convenience and lower cost.

Understand Your Plan

Prescription Drug Coverage

What do you need to do?



Understand the coverage stages.



Review your claims detail from Express Scripts.



Refill prescriptions to ensure an uninterrupted supply.



Be aware of drug classifications.

Clinical Rules and Coverage Management



Step therapy is required before certain medications will be filled.



Prior authorization is required for some medications.



Drug therapy is available to help patients take medications correctly and consistently to manage chronic conditions.



Quantity limits may be imposed to maintain a safe dosage.

How are my medications covered?

Benefit Details

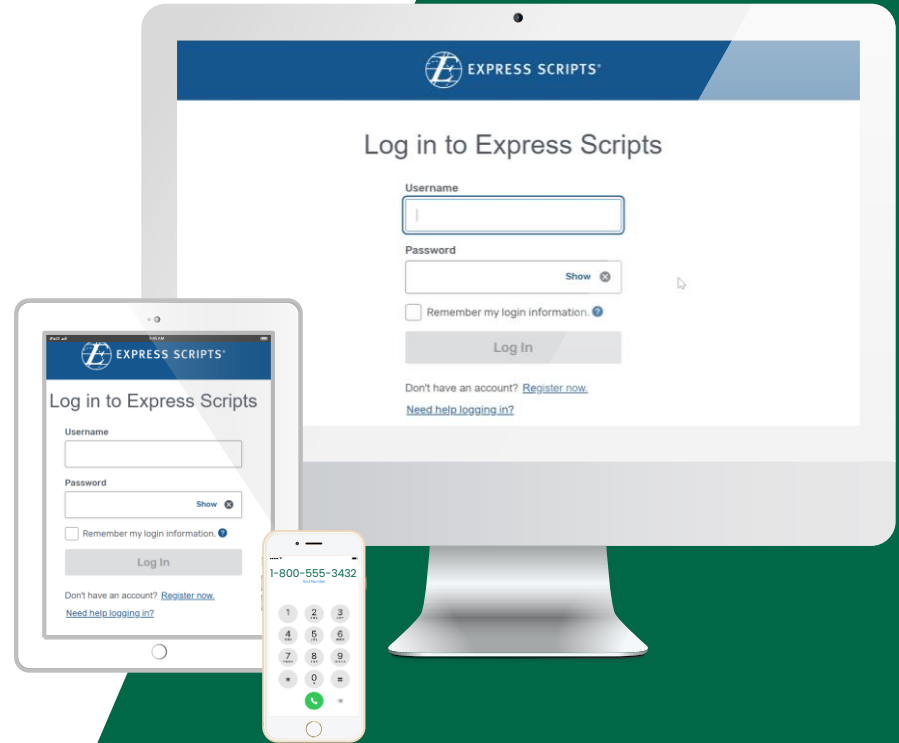


Call Express Scripts Customer Service at 1-800-555-3432.



Visit [Express-Scripts.com](https://www.express-scripts.com) after enrollment to:

- View your prescriptions and recent orders.
- Refill a mail-order prescription.
- Price medications.
- View claims and balances.
- Check mail-order status.



Get More from Your Prescription Drug Coverage



Use generic whenever appropriate



Cost-compare prices between pharmacies



Look for low-cost prescriptions, like \$4 and \$5 generics at Sam's Club, Target, Walmart and other retailers



Explore national and community-based charitable programs



Look into patient assistance or state programs

Member Choice Network

You Choose	
Walgreens	CVS



Pick Your National Retail Chain

You and each covered family member choose which national retail pharmacy chain, Walgreens or CVS Pharmacy, they would like to use.



Your Choice for a Year

The national retail chain you choose will remain your choice for the year for **all prescriptions**, while the other will be considered out-of-network. Express Scripts® has assigned each member a retail chain based on which one they have used most often in the past.



Check or Switch Your Preference

Members can see or switch their preferences by logging into [Express-Scripts.com](https://www.express-scripts.com).

Learn more about Member Choice Network [here](#).

Member Choice Network

You Choose	
Walgreens	CVS



Nation Wide Coverage

You can choose to fill your prescriptions at any of over 55,000 in-network retail pharmacies across the nation. Now you can just choose to include either CVS Pharmacy or Walgreens one of your options. To see a full list of network pharmacies and locations available to you, go to [Express-Scripts.com](https://www.express-scripts.com).



Home Delivery

You still have access to [home delivery](#) from Express Scripts Pharmacy.

Learn more about Member Choice Network [here](#).

Member Choice Network

Major Chain Selection	In-Network	Out-of-Network
Walgreens	<ul style="list-style-type: none">• Walgreens• 55,000+ other in-network pharmacies• Mail Order	<ul style="list-style-type: none">• CVS Pharmacy
CVS Pharmacy	<ul style="list-style-type: none">• CVS Pharmacy• 55,000+ other in-network pharmacies• Mail Order	<ul style="list-style-type: none">• Walgreens

Learn more about Member Choice Network [here](#).

SaveonSP

(Certain specialty medication co-pays)

- SaveonSP is a co-pay assistance program that works with Express Scripts to help members save on the costs of certain specialty prescriptions.
- Members with eligible prescriptions will be contacted and enrolled in manufacturer co-pay assistance programs, resulting in the reduction of member responsibility to \$0.
- Co-pays for these medications will be set to the maximum available manufacturer co-pay assistance and paid through the SaveonSP program.
- Eligible members who choose to decline enrollment would be responsible for the full amount of the increased co-pay. The additional amount will not accumulate towards deductible or maximum out-of-pocket.

Generic Medication

Generics fall into two categories

Direct chemical equivalent

a drug that has the same active ingredient as its brand-name counterpart

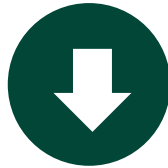
Therapeutic alternative

a drug that may not be chemically equivalent to the brand-name but has the same therapeutic or treatment effect



Avoid Paying Penalty

If a non-generic drug is purchased when a generic is available, the member may pay a penalty for 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.



Typically Cost Less

The easiest — and safest — way to save money on prescriptions is to ask for a generic, which typically costs less because the manufacturer did not have to conduct the initial research or studies that the branded drug required.



FDA Approved

All generics must adhere to strict guidelines before the FDA approves their use and are the same as a brand-name medication in dosage, safety, effectiveness, strength, stability and quality.

Maintenance Medications

- Maintenance medications are those you regularly take for ongoing conditions, such as:
 - High blood pressure
 - Cholesterol levels
 - Asthma
 - Diabetes
 - Diabetic supplies bypass deductible.
 - Select products used to treat diabetes, including select insulin, may be available for a \$75 co-pay for a 90-day supply. Insulin bypasses deductible.
- The Affordable Care Act (ACA) preventive medications, such as oral contraceptives, are provided at no cost to you.
- 90-day supply of maintenance medications can be filled at Walgreens/CVS or Express Scripts. Prices may vary.
- Maintenance drugs filled at retail, other than Walgreens or CVS, will incur a \$10 penalty after the second retail fill. The \$10 penalty does not accumulate toward the deductible or the maximum out-of-pocket limit. This penalty does not apply to ACA preventive medications.
- Not sure if your prescription is a maintenance medication? Call 1-800-555-3432 to speak with an Express Scripts patient care advocate.
- Make the switch to mail-order prescriptions. Register at *Express-Scripts.com* or download the Express Scripts app.
- For additional information about Express Scripts' mail-order program, refer to [GuideStone.org/HomeDelivery](https://www.GuideStone.org/HomeDelivery).

Mail-Order

Prescription Benefits

Make the switch to mail-order prescriptions and save. Register at [Express-Scripts.com](https://www.express-scripts.com) or download the Express Scripts app.



ePrescribe

Ask your doctor to send your prescription electronically to Express Scripts PharmacySM.



Call 1-800-698-3757

Speak with a prescription plan specialist Monday through Friday between 7:30 a.m. and 5 p.m. ET.



Mail

- Complete a [home delivery order form](#).
- Get a 90-day prescription from your doctor plus refills for up to one year (if applicable).
- Include your home delivery co-payment.
- Mail your form, payment (or payment information) and prescription to the address on the form.

Manage Your Prescription Plan Anytime and Anywhere

Quantum Health (Care Navigator)



Quantum Health app



[GuideStoneHealth.org](https://www.guidestonehealth.org)



1-855-497-1230

Express Scripts



Express Scripts mobile app



[Express-Scripts.com](https://www.express-scripts.com)

Express Scripts Resources

Express Scripts
National
Preferred
Formulary

01

Express
Scripts
SaveonSP
Medication
List

02

Prior
Authorization

03

Step Therapy

04

Drug
Quantity
Management

05

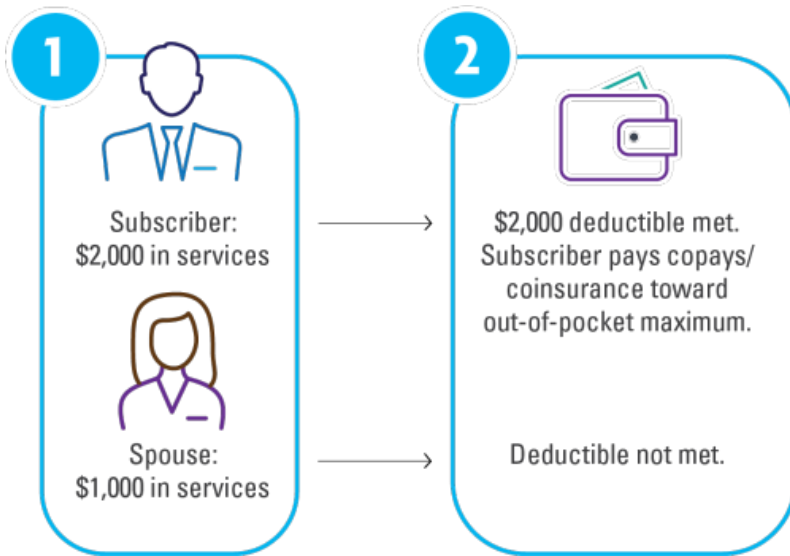
Deductibles

Health Choice Plans

How the Embedded Deductible Is Calculated

Health Choice 1000 & Health Choice 5000 – Individual Coverage

For example, if you have a \$2,000/\$4,000 (single/family) embedded deductible, this is how it would work:



- When one person in a family reaches the individual deductible level, that person moves to the co-insurance benefit level.
- Other family members' expenses accrue to meet the remaining family deductible before they move to the co-insurance benefit level.
- Deductible, co-insurance and co-payments accrue to meet the individual and family maximum out-of-pocket limit.

Maximum Out-of-Pocket (MOOP)

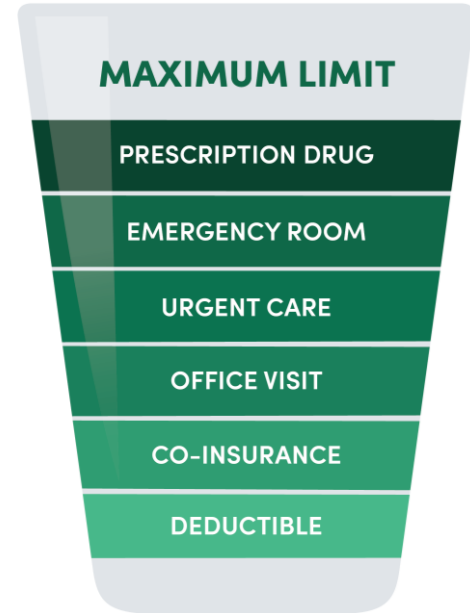
Health Choice 1000 & Health Choice 5000 — Individual Coverage

- Out-of-pocket costs for all eligible, in-network services — including deductible, co-pay and co-insurance — count toward the individual maximum.
- Once you reach the MOOP limit, the plan covers all eligible, in-network health care expenses for the rest of the calendar year.

Note: Out-of-network and ineligible medical expenses do not accumulate toward, or contribute to, the maximum out-of-pocket limit.

Maximum out-of-pocket

Limits vary by plan



Maximum Out-of-Pocket (MOOP)

Health Choice 1000 & Health Choice 5000 — Family Coverage

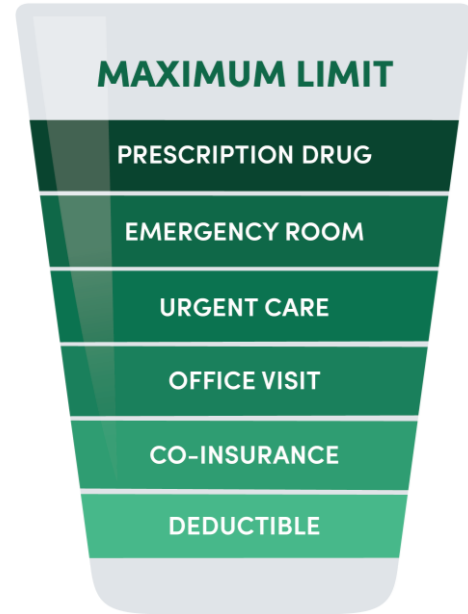
The information below applies to plans with an embedded deductible:

- Out-of-pocket costs for all eligible, in-network services — including deductible, co-pay and co-insurance — count toward the family maximum.
- When one family member reaches the individual maximum out-of-pocket limit, all of that member's eligible, in-network expenses will be paid at 100%.
- The remaining amount of the family maximum out-of-pocket limit can be accumulated by one or all of the other family members.
- Once the family reaches the family maximum out-of-pocket limit, everyone's eligible, in-network expenses will be paid at 100% for the rest of the calendar year.

Note: Out-of-network and ineligible medical expenses do not accumulate toward, or contribute to, the maximum out-of-pocket limit.

Maximum out-of-pocket

Limits vary by plan





Medical Plans

Health Saver Plans

HSA-qualified High Deductible Health Plans (HDHPs)

What is an HSA-Qualified High Deductible Health Plan?



Medical plan designs are defined by the federal government.



No first-dollar medical coverage, with the exception of eligible preventive services, is covered at 100%.



Members must pay out-of-pocket for all medical and prescription services until they meet the deductible.



After meeting the deductible, eligible medical or prescription drug claims are paid by the plan at the co-insurance level.



Plans are designed to be paired with a Health Savings Account (HSA).

Health Saver 2000 (aggregate deductible)

Medical Benefits ¹	In-Network	Out-of-Network
Annual deductible: individual/family	\$2,000/\$4,000	\$8,000/\$16,000
Plan pays/individual pays (after deductible)	90%/10%	50%/50%
Maximum out-of-pocket (medical and prescription): individual/family (in-network services only)	\$4,000/\$7,500	N/A
Wellness visit (per <i>Preventive Care Schedule</i>)	0% no deductible	Not covered
Primary care visit	10% after deductible	50% after deductible
Specialist visit	10% after deductible	50% after deductible
Teladoc®	0% after deductible	Not covered
Urgent care visit	10% after deductible	50% after deductible
Emergency room services	After deductible met, \$250 co-pay, then 10%	After in-network deductible is met, \$250 co-pay, then 20%
Hospital inpatient (including maternity)	10% after deductible	After deductible met, \$500 co-pay, then 50%
Out of network deductible and co-insurance limit	N/A	\$28,000/\$46,000

Prescription Benefits

Health Saver 2000

Prescription Benefits^{1,2,3,4}	Retail: 30-day Supply	Mail Order: 90-day Supply	Specialty: 30-day Supply
Annual deductible: individual/family	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Generic drug co-pay	10% after deductible	10% after deductible	10% after deductible
Preferred drug co-pay	10% after deductible	10% after deductible	10% after deductible
Non-preferred drug co-pay	10% after deductible	10% after deductible	10% after deductible

¹If 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.

²A 90-day supply of maintenance drugs can be filled either by Walgreens or by mail order. Prices may vary.

³Diabetic supplies are not subject to the deductible.

⁴Select products used to treat diabetes, including participating insulin, may be available for a \$75 co-pay for a 90-day supply.

Aggregate Deductible

Health Saver 2000

- If you have individual coverage, you move into the co-insurance benefit level of 90% after you meet the individual deductible.
- If you have family coverage, there is no individual deductible:
 - All family medical costs count toward the family deductible.
 - When the family deductible is met by one or a combination of family members, the entire family moves to the co-insurance benefit level of 90%.
- Deductible and co-insurance accrue to meet the individual and family maximum out-of-pocket limit, as applicable.

Maximum Out-of-Pocket (MOOP)

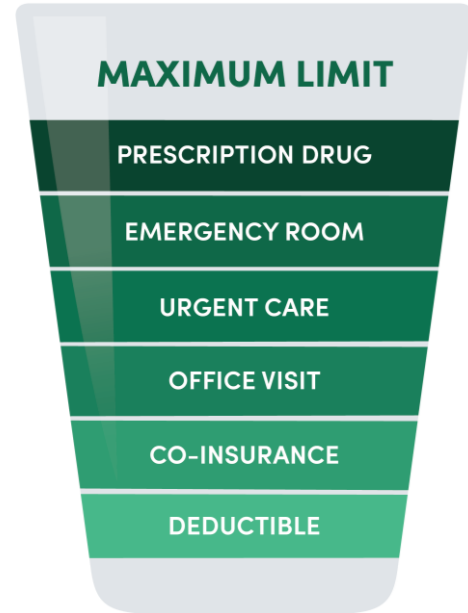
Health Saver 2000 Individual Coverage

The information below applies to plans with an aggregate deductible:

- Out-of-pocket costs for all eligible, in-network services — including deductible and co-insurance — count toward the individual maximum.
- Once you reach the MOOP limit, the plan covers all eligible, in-network health care expenses for the rest of the calendar year.

Maximum out-of-pocket

Limits vary by plan



Note: Out-of-network and ineligible medical expenses do not accumulate toward, or contribute to, the maximum out-of-pocket limit.

Maximum Out-of-Pocket (MOOP)

Health Saver 2000 Family Coverage

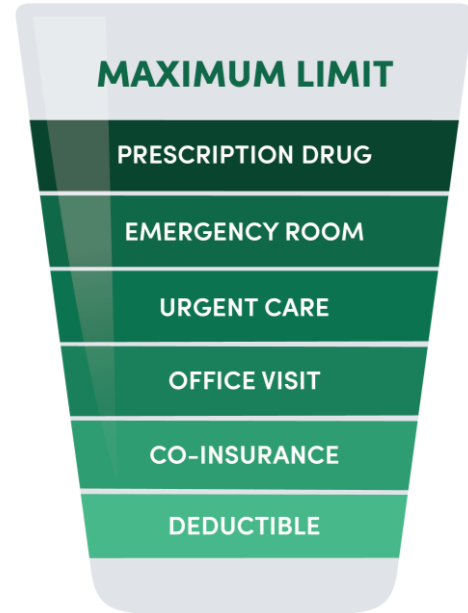
The information below applies to plans with an aggregate deductible:

- Out-of-pocket costs for all eligible, in-network services apply toward the family deductible and also count toward the family maximum out-of-pocket limit.
- The remaining amount of the family maximum out-of-pocket limit can be accumulated by one or all of the other family members.
- Once the family reaches its maximum out-of-pocket limit, everyone's eligible, in-network expenses will be paid at 100% for the rest of the calendar year.

Note: Out-of-network and ineligible medical expenses do not accumulate toward, or contribute to, the maximum out-of-pocket limit.

Maximum out-of-pocket

Limits vary by plan



Health Saver 4000 (embedded deductible)

Medical Benefits ¹	In-Network	Out-of-Network
Annual deductible: individual/family	\$4,000/\$8,000	\$8,000/\$16,000
Plan pays/individual pays (after deductible)	80%/20%	50%/50%
Maximum out-of-pocket (medical and prescription): individual/family (in-network services only)	\$6,000/\$12,000	N/A
Wellness visit (per <i>Preventive Care Schedule</i>)	0% no deductible	Not covered
Primary care visit	20% after deductible	50% after deductible
Specialist visit	20% after deductible	50% after deductible
Teladoc®	0% after deductible	Not covered
Urgent care visit	20% after deductible	50% after deductible
Emergency room services	After deductible met, \$250 co-pay, then 20%	After in-network deductible is met, \$250 co-pay, then 20%
Hospital inpatient (including maternity)	20% after deductible	After deductible met, \$500 co-pay, then 50%
Out of network deductible and co-insurance limit	N/A	\$28,000/\$46,000

¹This plan does not constitute "creditable coverage" for Massachusetts residents.

Prescription Benefits

Health Saver 4000

Prescription Benefits ^{1,2,3,4}	Retail: 30-day Supply	Mail Order: 90-day Supply	Specialty: 30-day Supply
Annual deductible: individual/family	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
Generic drug co-pay	20% after deductible	20% after deductible	20% after deductible
Preferred drug co-pay	20% after deductible	20% after deductible	20% after deductible
Non-preferred drug co-pay	20% after deductible	20% after deductible	20% after deductible

¹If 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.

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Maximum Out-of-Pocket (MOOP)

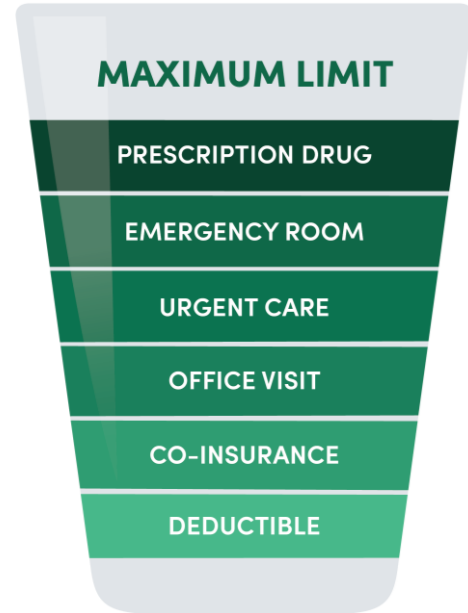
Health Saver 4000 Individual Coverage

The information below applies to plans with an embedded deductible:

- Out-of-pocket costs for all eligible, in-network services — including deductible and co-insurance — count toward the individual maximum.
- Once you reach the MOOP limit, the plan covers all eligible, in-network health care expenses for the rest of the calendar year.

Maximum out-of-pocket

Limits vary by plan



Note: Out-of-network and ineligible medical expenses do not accumulate toward, or contribute to, the maximum out-of-pocket limit.

Maximum Out-of-Pocket (MOOP)

Health Saver 4000 Family Coverage

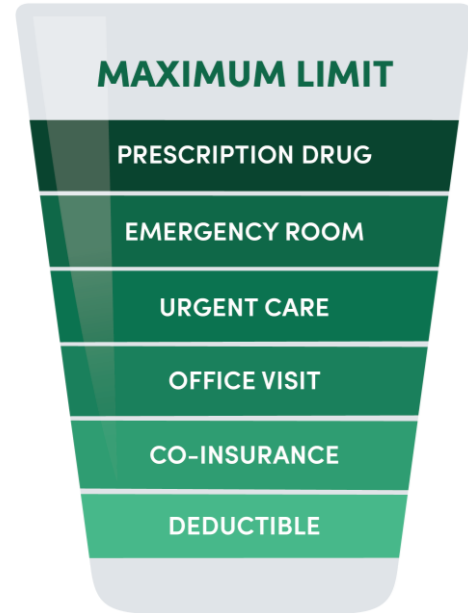
The information below applies to plans with an embedded deductible:

- Out-of-pocket costs for all eligible, in-network services apply toward the deductible and also count toward the family maximum out-of-pocket limit.
- Once one family member reaches the individual maximum out-of-pocket limit, all of that member's eligible, in-network expenses will be paid at 100%.
- The remaining amount of the family maximum out-of-pocket limit can be accumulated by one or all of the other family members.
- Once the family reaches the family maximum out-of-pocket limit, everyone's eligible, in-network expenses will be paid at 100% for the rest of the calendar year.

Note: Out-of-network and ineligible medical expenses do not accumulate toward, or contribute to, the maximum out-of-pocket limit.

Maximum out-of-pocket

Limits vary by plan



Prior Authorization (PA)

All Highmark BCBS Plans

- Prior authorization (PA) is required for non-emergency advanced imaging procedures (e.g., MRI, CT, PET) performed at an outpatient setting.
- This does not apply to inpatient observation, emergency room, urgent care or surgical centers.
- For additional information on prior authorization, please reach out to a Quantum Health Care Coordinator at 1-855-497-1230.

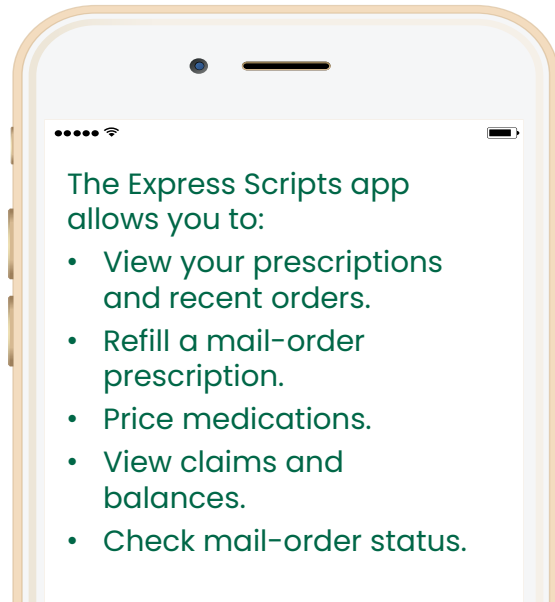
Prescription Benefits

Health Saver Plans

HSA-qualified High Deductible Health Plans (HDHPs)

Best-in-Class Pharmacy and Prescription Drug Services

Did you know?



01

Express Scripts (ESI) is the leading U.S. pharmacy benefit management (PBM) organization.

02

Members can access thousands of retail outlets.

03

Mail order and home delivery are available for convenience and lower cost.

Understand Your Plan

Prescription Drug Coverage

What do you need to do?



Understand the coverage stages.



Review your claims detail from Express Scripts.



Refill prescriptions to ensure an uninterrupted supply.



Be aware of drug classifications.

Clinical Rules and Coverage Management



Step therapy is required before certain medications will be filled.



Prior authorization is required for some medications.



Drug therapy is available to help patients take medications correctly and consistently to manage chronic conditions.



Quantity limits may be imposed to maintain a safe dosage.

How are my medications covered?

Benefit Details

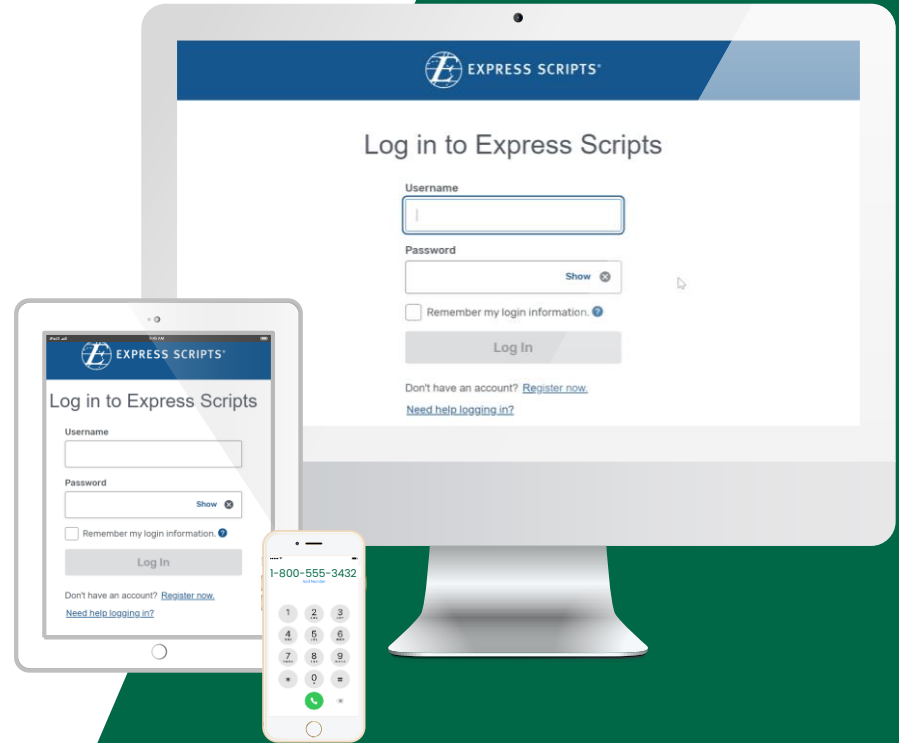


Call Express Scripts Customer Service at 1-800-555-3432.



Visit [Express-Scripts.com](https://www.express-scripts.com) after enrollment to:

- View your prescriptions and recent orders.
- Refill a mail-order prescription.
- Price medications.
- View claims and balances.
- Check mail-order status.



Get More from Your Prescription Drug Coverage



Use generic whenever appropriate



Cost-compare prices between pharmacies



Look for low-cost prescriptions, like \$4 and \$5 generics at Sam's Club, Target, Walmart and other retailers



Explore national and community-based charitable programs



Look into patient assistance or state programs

Member Choice Network

You Choose	
Walgreens	CVS



Pick Your National Retail Chain

You and each covered family member choose which national retail pharmacy chain, Walgreens or CVS Pharmacy, they would like to use.



Your Choice for a Year

The national retail chain you choose will remain your choice for the year for **all prescriptions**, while the other will be considered out-of-network. Express Scripts® has assigned each member a retail chain based on which one they have used most often in the past.



Check or Switch Your Preference

Members can see or switch their preferences by logging into [Express-Scripts.com](https://www.express-scripts.com).

Learn more about Member Choice Network [here](#).

Member Choice Network

You Choose	
Walgreens	CVS



Nation Wide Coverage

You can choose to fill your prescriptions at any of over 55,000 in-network retail pharmacies across the nation. Now you can just choose to include either CVS Pharmacy or Walgreens one of your options. To see a full list of network pharmacies and locations available to you, go to [Express-Scripts.com](https://www.express-scripts.com).



Home Delivery

You still have access to [home delivery](#) from Express Scripts Pharmacy.

Learn more about Member Choice Network [here](#).

Member Choice Network

Major Chain Selection	In-Network	Out-of-Network
Walgreens	<ul style="list-style-type: none">• Walgreens• 55,000+ other in-network pharmacies• Mail Order	<ul style="list-style-type: none">• CVS Pharmacy
CVS Pharmacy	<ul style="list-style-type: none">• CVS Pharmacy• 55,000+ other in-network pharmacies• Mail Order	<ul style="list-style-type: none">• Walgreens

Learn more about Member Choice Network [here](#).

SaveOnSP Adapt

(Certain specialty medication co-pays)

- SaveOnSP Adapt is an assistance program that works with Express Scripts, that helps members save on the costs of certain specialty prescriptions.
- Members with eligible prescriptions will be contacted and enrolled in manufacturer assistance programs, resulting in the reduction of member responsibility to **\$0 after the deductible is met.**
- Cost for these medications will be set to the maximum available manufacturer assistance and paid through the SaveOnSP Adapt program.
- Eligible members who choose to decline enrollment would be responsible for the full cost. The additional cost will not accumulate towards deductible or maximum out-of-pocket.

Generic Medication

Generics fall into two categories

Direct chemical equivalent

a drug that has the same active ingredient as its brand-name counterpart

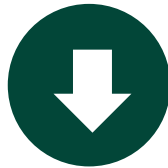
Therapeutic alternative

a drug that may not be chemically equivalent to the brand-name but has the same therapeutic or treatment effect



Avoid Paying Penalty

If a non-generic drug is purchased when a generic is available, the member may pay a penalty for 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.



Typically Cost Less

The easiest – and safest – way to save money on prescriptions is to ask for a generic, which typically costs less because the manufacturer did not have to conduct the initial research or studies that the branded drug required.



FDA Approved

All generics must adhere to strict guidelines before the FDA approves their use and are the same as a brand-name medication in dosage, safety, effectiveness, strength, stability and quality.

Maintenance Medications

- Maintenance medications are those you regularly take for ongoing conditions, such as:
 - High blood pressure
 - Cholesterol levels
 - Asthma
 - Diabetes
 - Diabetic supplies bypass deductible.
 - Select products used to treat diabetes, including select insulin, may be available for a \$75 co-pay for a 90-day supply. Insulin bypasses deductible.
- 90-day supply of maintenance medications can be filled at Walgreens/CVS or Express Scripts. Prices may vary.
- The Affordable Care Act (ACA) preventive medications, such as oral contraceptives, are provided at no cost to you.
- Not sure if your prescription is a maintenance medication? Call 1-800-555-3432 to speak with an Express Scripts patient care advocate.
- Make the switch to mail-order prescriptions. Register at *Express-Scripts.com* or download the Express Scripts app.
- For additional information about Express Scripts' mail-order program, refer to [GuideStone.org/HomeDelivery](https://www.GuideStone.org/HomeDelivery).

Mail-Order Prescription Benefits

Make the switch to mail-order prescriptions and save. Register at [Express-Scripts.com](https://www.express-scripts.com) or download the Express Scripts app.



ePrescribe

Ask your doctor to send your prescription electronically to Express Scripts PharmacySM.



Call 1-800-698-3757

Speak with a prescription plan specialist Monday through Friday between 7:30 a.m. and 5 p.m. ET.



Mail

- Complete a [home delivery order form](#).
- Get a 90-day prescription from your doctor plus refills for up to one year (if applicable).
- Include your home delivery co-payment.
- Mail your form, payment (or payment information) and prescription to the address on the form.

Express Scripts Resources

Express Scripts
National
Preferred
Formulary

01

Express
Scripts
SaveonSP
Medication
List

02

Prior
Authorization

03

Step Therapy

04

Drug
Quantity
Management

05

Health Savings Accounts

HSA's

What is a Health Savings Account (HSA)?

A **Health Savings Account (HSA)** is an individually owned savings account individuals can use to pay for healthcare-related expenses.

01

Funds in an HSA roll over from year to year and can be saved for future medical or Medicare expenses. There is no “use it or lose it” rule.

02

An HSA has a triple tax advantage:

- Employee contributions to HSAs are tax-deductible.
- Disbursements for eligible medical expenses are non-taxable.
- HSA investment earnings are tax-free.

03

It's your money — and it moves with you if you change employers.

HSA Eligibility

Eligibility



A person enrolled in an HSA-qualified High Deductible Health Plan is eligible for an HSA.

Ineligible



A person covered by any non-HSA-qualified High Deductible Health Plan, including a spouse's health insurance that is not an HSA-qualified High Deductible Health Plan.



Anyone who is covered by their own or their spouse's Health Flexible Spending Account (FSA) (except for a limited-purpose health-FSA), or a Health Reimbursement Arrangement (HRA).



Individuals enrolled in any part of Medicare or Tricare.



Those who received veteran's health benefits in the past 90 days.



Anyone who was claimed as a dependent on another person's tax return.

How do I use my HSA dollars?



Pay providers directly with your HSA debit card

You can pay for your medical costs at the point of sale with your HSA debit card. Or you will pay for costs upfront and submit documentation for reimbursement.



Use funds for qualified medical expenses

A broad range of medical expenses qualify. [Check Section 213\(d\) for items that are reimbursable.](#)



Pay qualified medical expenses for your family

HSA disbursements can be used for your medical expenses and your dependents' medical expenses even if they are not covered under your plan.

2024 HSA Contribution Limits

\$4,150

Employer + Employee
Self-Only

\$8,300

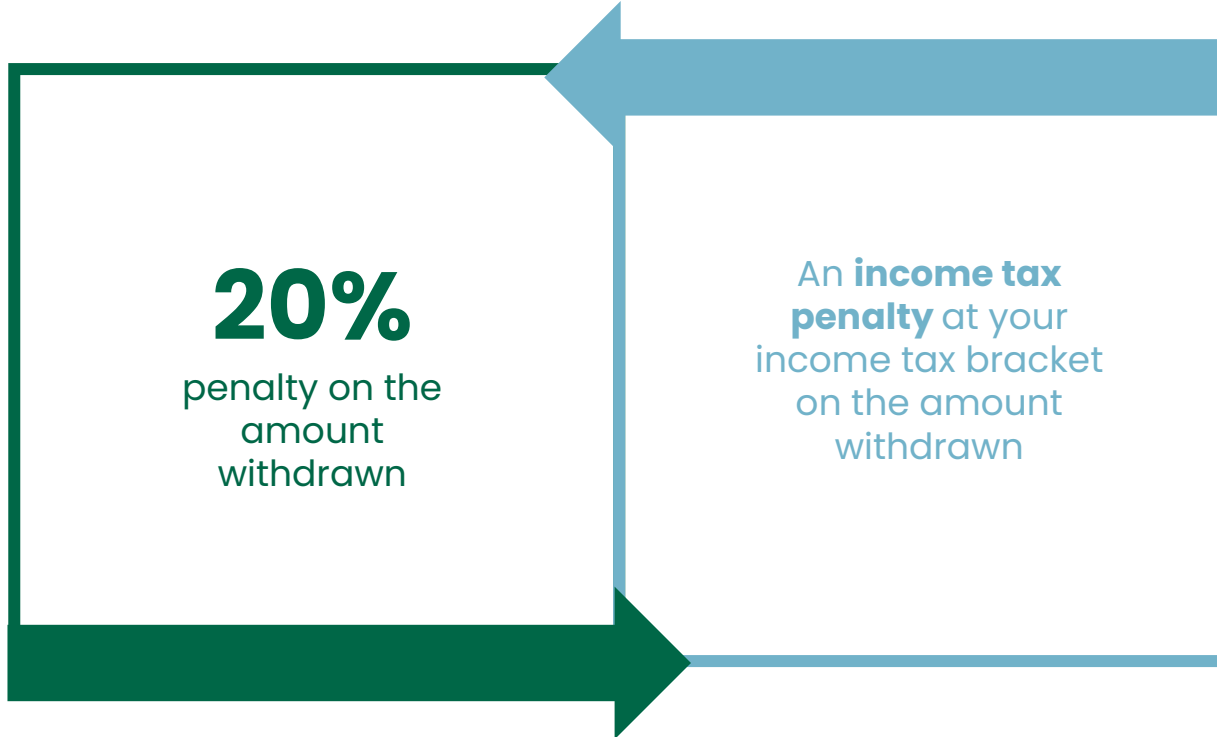
Employer + Employee
Family

\$1,000

Catch-up Contribution
(Age 55+)

HSA Reimbursement Penalty

It is the saver's responsibility to keep receipts substantiating all withdrawals that were for eligible 213(d) expenses. **Two penalties** apply to non-eligible Section 213(d) HSA reimbursements:



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Preventive Benefits

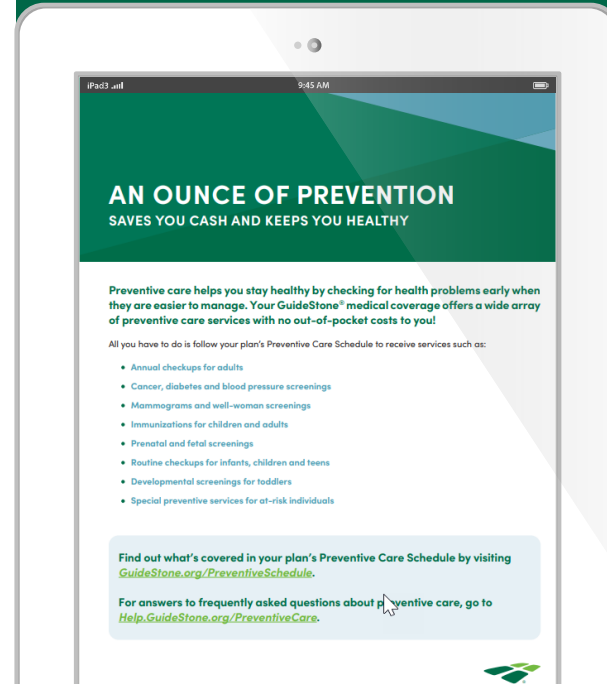
Preventive Care Schedule

- Scheduled, in-network services are covered at 100%, including scheduled labs and mammograms.
- Well-child and adult annual preventive care are covered.
- Immunizations are covered for all ages according to schedule and are available at your doctor's office and neighborhood pharmacy.
- Recommendations are based on age and gender.

 Inform your provider of the scheduled services included on the [Preventive Schedule](#).



Visit [GuideStone.org/PreventiveCare](https://www.guidestone.org/PreventiveCare) for additional information on your preventive benefits.



Excluded Preventive Benefits

Services not listed on the Preventive Care Schedule are **not included** in the 100% covered preventive exam. Here are a few examples of services and products **excluded** from the wellness benefit:

EKGs

Testosterone (total)

X-rays

Iron supplements

Vitamin D testing and supplements

Uric acid testing

Hemoglobin (A1C) testing and regulation

Creatinine testing

Vitamin B-12 testing and supplements

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Where to go for Care

Where to Go for Care

You need medical care, but where should you go? Your GuideStone medical coverage provides five basic options. See which one is right for you.



**Telemedicine
(Teladoc®)**



**Primary Care
Physician**





Urgent Care



**Hospital-based
ER**



**Freestanding
ER**

 Why Visit	The convenient choice	The in-office choice	The urgent and after-hours choice	The emergency choice	The emergency choice
 Cost	\$	\$\$	\$\$\$	\$\$\$\$\$	\$\$\$\$\$

Urgent Care or Freestanding Emergency Room?

Distinguishing between an urgent care facility and a freestanding emergency room can be tricky. It's important to know where you are being treated because freestanding emergency room treatment can cost thousands more than the same treatment at an urgent care clinic.

Look for the following clues to distinguish the difference.
Freestanding emergency rooms:

- Include the word "emergency" in the facility name
- Are never attached to a hospital
- Are usually located in more affluent neighborhoods
- Offer more complex treatment options than urgent care
- Charge much higher prices than urgent care facilities



Be Prepared to Access the Right Care

While we all hope never to need emergency, urgent or after-hours care, it is wise to be prepared by:



Register Now

Register now at Member.Teladoc.com to easily access Teladoc when you are ill.



Find an Urgent Care

Familiarizing yourself with the location of your nearest urgent care clinics. Learn which urgent care facilities are in network by visiting GuideStone.Health.org.



Find In-network ERs

Learn which hospital emergency rooms are part of your network by visiting GuideStoneHealth.org.

It is also important to be familiar with your insurance provider's options for treatment. GuideStone members can review the options for seeking treatment and benefit levels in your plan booklet at GuideStone.org/PlanBooklets.



For additional information on where to go for care, download the [handout](#).



Wellness Tools and Programs

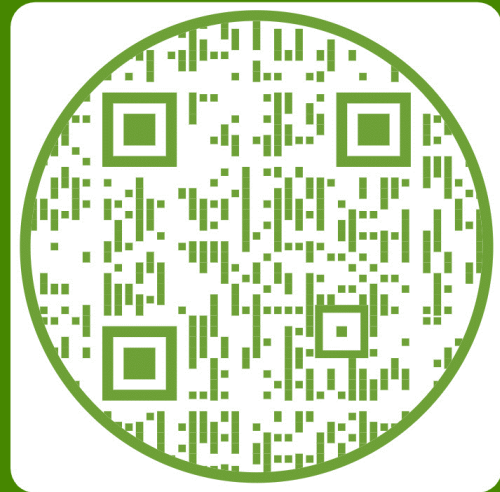
Wellness Tools and Programs

Staying healthy is easier than ever — you just need the right tools! Learn what's available in your GuideStone medical plan.



Visit [GuideStone.org/WellnessTools](https://www.guidestone.org/wellnesstools)

Scan Me.



Access Quantum Health

Quantum Health is your one resource to contact whenever you need help with your **medical, wellness or pharmacy benefits.**



**Quantum Health is just a tap, click or call away.
You have one mobile app, one website and one
phone number.**

Quantum Health app
GuideStoneHealth.org
1-855-497-1230


GuideStone®

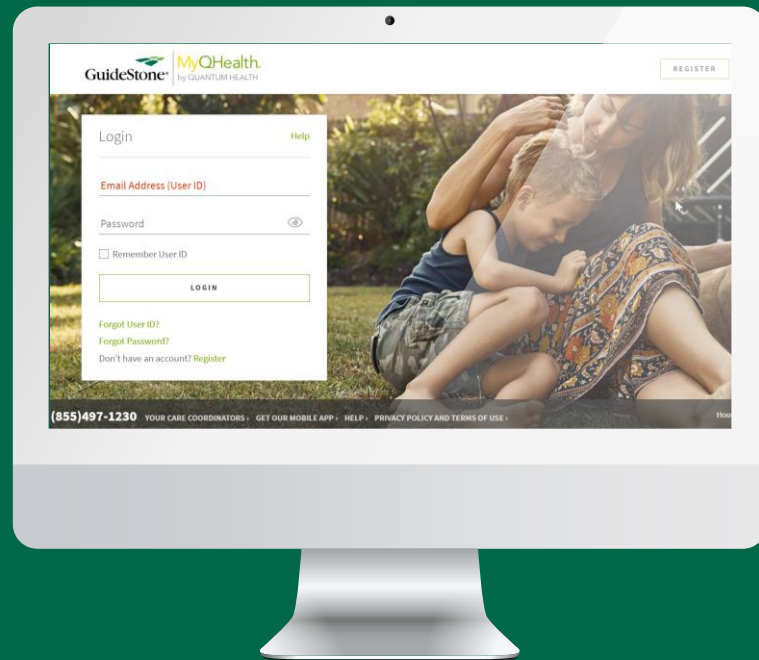
 **Quantum®**
HEALTH

Quantum Health

Get to know Quantum Health with these great resources:

- Learn more with this welcome [handout](#).
- Get started with this [checklist](#).
- Read the [frequently asked questions](#).
- Review the [precertification process](#).

To learn more about Quantum Health, visit [Guidestone.org/WellnessTools](https://www.guidestone.org/WellnessTools)



Access Teladoc®



Your anytime, anywhere healthcare benefit

Your Teladoc benefits include:

General Medical (24/7)

Need care for non-urgent and common conditions? Talk to a U.S. board-certified clinician by phone or video 24/7 from wherever you are.

Mental Health

Have real conversations and see real progress with a therapist or psychiatrist of your choice.

Dermatology

Dealing with a rash, acne, eczema or another skin issue? Start an online skin review with a dermatologist by uploading images and details of your concern. Get a treatment plan and prescription if needed in 24 hours or less.

Teladoc Virtual Care

\$0 co-pay for comprehensive and protection plans

Comprehensive and protection plan members have a \$0 co-pay for Teladoc consultations.

\$55 consultation fee for consumer-driven plans

For consumer-driven plans, normally the member is required to pay the full \$55 consultation fee until they have met their deductible, and then claims will be paid at 100%. Due to an IRS exception, **cost sharing has been waived until December 31, 2024.**

Lowers costs and improves access to care

Teladoc significantly lowers costs and improves access to care by providing an alternative to urgent care and emergency room usage.



Scan to register for Teladoc at
Teladoc.com/GuideStone.



Teladoc General Medical



Available anytime anywhere

Teladoc provides access to U.S. board-certified physicians who are available anytime, anywhere and can resolve many non-emergency medical issues.



Diagnose, Treat & Prescribe Medication

Teladoc physicians can diagnose, treat and prescribe medication when medically necessary for a wide range of conditions.¹



Available via phone, video, portal or app

Teladoc consultations are available via telephone and video with the secure member portal or the Teladoc mobile app.^{2,3}



Register Now at [Teladoc.com/GuideStone](https://www.teladoc.com/GuideStone)



¹Teladoc physicians do not prescribe substances controlled by Drug Enforcement Agency, non-therapeutic drugs and/or certain other drugs which may be harmful because of the potential for abuse.

²Teladoc operates subject to state regulations.

³Video consultations are available during the hours of 7 a.m. to 9 p.m., seven days a week.

Teladoc® General Medical

- General Medical Services provides convenient, high-quality care at a lower cost than other care options and is available 24/7 in all 50 states.
- You have the choice of an on-demand or scheduled visit with a U.S. board-certified clinician via phone or video.
- You can be diagnosed, treated and prescribed medication if necessary.

Quick resolution for a wide range of non-emergency conditions such as:

Flu	Bronchitis	Arthritis	Arthritis
Cold	Cough	Back Ache	Allergies
Sore Throat	Pink Eye	Rash	Sinus Problems



Teladoc General Medical

Getting Started with General Medical 24/7 Care



Register via TeladocHealth.com, the Teladoc Health App or by phone

When you register, you provide basic information through the web, mobile, or phone.

Complete your medical history. This is similar to the paperwork you would fill out at a doctor's office.



Request

Request a visit on-demand or schedule an appointment when it's convenient for you.



Visit

A clinician reviews your medical history and any uploaded images and contacts you via your preferred method—by phone or video.



Resolution and Follow-up

A clinician provides a diagnosis and, if necessary, provides treatment plans, or prescribes medication electronically to your pharmacy of choice.

Teladoc Mental Health

- Select your mental health provider – you'll choose from board-certified psychiatrists, licensed psychologists, therapists or counselors.
- Talk to the same therapist on-going, if you choose, for anxiety, depression, grief, family difficulties, women's health and more.
- Available 7 days a week, from 7am–9pm local time, by phone or video.
- Receive discreet and confidential support from wherever you are most comfortable.



Teladoc Mental Health

Available 7 Days a Week



Register via TeladocHealth.com, the Teladoc Health App or by phone*

Provide basic information through web, mobile, or phone and complete medical history similar to the paperwork requirements at a doctor's office.



Choose a Provider**

You choose a care provider by reviewing provider profiles, including specialty, language, gender and ability to prescribe medication.

May use the same provider through course of care.



Select date & time

Select 3 dates and times for the initial visit. Providers respond to appointment requests within 8 hours and are confirmed within 72 hours.

Access a provider 7 days a week, 7 a.m. to 9 p.m. local time.



Meet with Provider (video visit)

The care provider meets with you by video and provides treatment and goal setting.



Ongoing treatment as needed

You can schedule future appointments with the same provider and follow-up through the secure online message center.

*Mental Health Care appointments cannot be scheduled via the 800 number.

**Provider options include a Psychiatrist, Psychologist, or Licensed Therapist.

Teladoc[®] Dermatology

- Access to board-certified dermatologists via web or app
- Upload images of a skin issue online or on the app and get a custom treatment plan within 24 hours
- Get help for conditions such as acne, eczema, dermatitis, rashes, rosacea and more
- Providers can prescribe approved medications*
- You can send a message to your provider up to 7 days after receiving your treatment plan



Teladoc Dermatology

Get a Treatment Plan in 24 Hours



Register via TeladocHealth.com, App or by phone

Register and provide basic information about skin issue through web or mobile app.



Upload images

Upload a minimum of three pictures of the skin issue for the dermatologist to review.



View care plan online

Within 24 hours, the licensed dermatologist will respond through the online message center.

You can be diagnosed, treated or prescribed medication, if necessary.



Follow-up

Follow-up with the doctor through in app message center for free within 7 days after the visit.



Get Paid to Shop for Health Care with SmartShopper



Don't Overpay for Your Medical Procedures

Prices for the same quality medical services can differ by thousands of dollars within the same neighborhood and even within the same health plan network.



Shop for Better Care

Most providers do not publish their price lists so it's impossible to know which location offers the best price for the quality care you're seeking.



Earn Cash Rewards

SmartShopper can help you shop for quality, lower-cost health care, and you can earn cash rewards* from \$25 to \$1,000 and lower your out-of-pocket costs.

*Reward payments may be taxable.



Cash Rewards

Examples of Cash Rewards

Procedure	Your Reward*
MRI	Up to \$500
CT scan	Up to \$350
Colonoscopy	Up to \$400
Mammogram	Up to \$100

Find a list of qualified services [here](#).

Call **1-866-285-7475** to shop for the best price.

*Reward payments may be taxable

3 Simple Steps to Earn Cash Rewards*



Step 1: Shop for care.

When your doctor recommends a medical service or procedure, call 1-866-285-7475 to shop for the best price.



Step 2: Complete the procedure.

Complete the procedure at the location of your choice.



Step 3: Earn cash rewards*.

Once your procedure is complete and your claim is paid, SmartShopper verifies that the location qualifies for an incentive and mails you a reward* check to your home.



Learn more about SmartShopper [here](#).

*Reward payments may be taxable.

Blue Distinction®

Specialty Care Benefits

If you're facing a serious medical procedure, it's important to have it performed by experienced providers at hospitals where patients have better results when compared to other facilities. How can you choose the right one? Look for the Blue Distinction Center designation of quality and the Blue Distinction Center+ designation of quality and efficiency.

Overall, patients treated at Blue Distinction Centers have:

- Better outcomes
- Fewer complications and readmissions
- Higher survival rates

Find a Blue Distinction Center at [BCBS.com/blue-distinction-center-finder](https://www.bcbs.com/blue-distinction-center-finder).



For additional information on Blue Distinction Centers, download the [handout](#).



Health Coach

Your Quantum Health Coach can answer your questions, support you in making informed health decisions and help you navigate the health care system.

A Quantum Health Coach may help to:

- Ensure that you get the right care at the right time, identifying any gaps in care.
- Coordinate services you receive from your health care treatment team.
- Increase your understanding of your health condition or situation.
- Make sure you take the right medication(s) according to your doctor's orders.
- Reduce avoidable emergency room visits and hospital readmissions.
- Locate available community resources and programs to help you succeed.



For additional information on health coaching, download the [handout](#).

Early Steps[®] Maternity Coaching

To help expectant mothers better understand every stage of pregnancy and make more informed care and lifestyle-related decisions, there's Early Steps Maternity Coaching. This maternity education and support program provides:

- In-depth educational information on all aspects of pregnancy
- Individualized support
- Helpful information on caring for your newborn



For additional information
on Early Steps Maternity,
download the **handout**.

Sword Virtual Physical Care Program

Sword's virtual physical care program pairs you virtually with a sword-licensed physical therapist, who assesses your pain and tailors a program to your unique needs. Sword offers a digital solution for those experiencing pain in the back, neck, shoulder, elbow, wrist, hip, knee, or ankle.

- Utilizing wearable FDA-listed motion sensors and the sword tablet to guide movement, the physical therapists evaluate real-time biofeedback as members go through their exercise sessions.
- The physical therapist provides ongoing virtual support and guidance throughout the program and is available for questions.
- Members will have access to this benefit at **no cost and with no visit limitations.**



For additional information on Sword Virtual Physical Care, download the **handout**.

Get Started Now at Join.SwordHealth.com/BCBS

Twin Health – Type 2 Diabetes Reversal Program

Reversal is Possible

Twin Health empowers people to reverse chronic metabolic disease by addressing the root cause, a disrupted metabolism.

Twin's Whole Body Digital Twin™ technology leverages easy-to-use health trackers, including a continuous glucose monitor, activity tracker, and more, to create a blueprint of each person's dynamic metabolic system and determine the most optimal, sustainable path to healing, unique to each individual.

Get Started Now at

Partner.TwinHealth.com/GuideStone



For additional information
on Twin Health, download
the **handout**.



Additional Benefits

Additional Benefits Highmark BCBS Plans

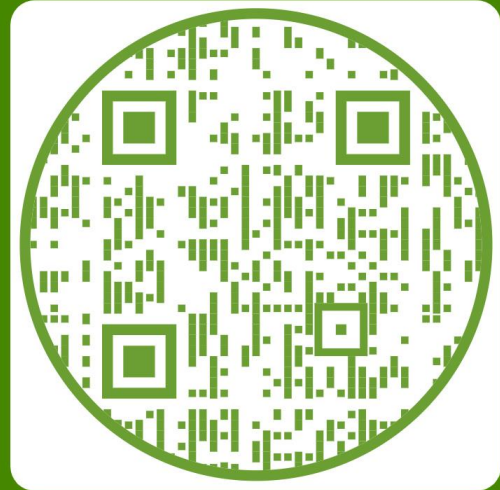
Your GuideStone medical plan protects more than your health. It also provides for your entire well-being with these additional benefits.*



Visit [GuideStone.org/AdditionalBenefits](https://www.GuideStone.org/AdditionalBenefits)

*Cigna International and Medicare-coordinating plans are excluded from wellness tools and additional benefits.

Scan Me.



Global Core Highmark Blue Cross Blue Shield (BCBS)

For Highmark members, the Global Core program assists with medical problems you may incur while living or traveling outside the United States. Services include:

- Making referrals and appointments for you with nearby physicians and hospitals.
- Receiving verbal translation from a multilingual service representative.
- Assisting if special help is needed.
- Arranging for medical evacuation services.
- Processing inpatient hospital claims.



For additional information on BCBS Global Core, download the [handout](#) or visit [BCBSGlobalCore.com](https://www.bcbsglobalcore.com).

Experian IdentityWorksSM

Identity Theft Protection

Highmark BCBS provides Experian IdentityWorks to help members who are victims of identity theft. Enrollment is required for coverage to take effect. Members must provide their personal information to enroll online or via phone.

Please follow the steps below:

1. Visit the Experian IdentityWorks website to enroll:
ExperianIDWorks.com/Highmark
2. Click "submit" and enter the activation code:
HIGHMARK24 Complete the enrollment process.

If you have questions about protecting your identity or suspect that your identity has been stolen:

- Call the Experian customer support team at **1-866-584-9479**.
- Provide the engagement number **B019828**.



For additional information
on Experian IdentityWorks,
download the [handout](#).

Blue365[®] Highmark Blue Cross Blue Shield (BCBS)

Receive discounts on products and services, plus valuable information you can use all year long.

To access these discounts:

1. Visit HighmarkBCBS.com.
2. Choose the “Members” tab and log in or select “Register Now”.
3. Select the “Your Coverage” tab and select “Member Discounts”.

Discounts include:

Reebok

Beltone
Helping the world hear better

Jenny Craig

NutriSystem[®]

QualSight
LASIK

TruHearing
Bringing You the Sounds of Life

SNAP
FITNESSSM
Fast, convenient, affordable

LasikPlus
VISION CENTER

healthways fitness your way



For additional information on Blue365, download the [handout](#).

Vision Exam Benefit

Health Choice Plans

One annual eye health examination is available for each member. The exam will include:

- Dilation
- Refraction for eyeglasses or contact lens prescription

No coverage is included for glasses, contacts or other eyewear.

The member must use a BCBS in-network optical provider (optometrist or ophthalmologist) to receive the benefit.



For additional information on your vision benefit, download the [handout](#).

Vision Exam Benefit

Health Saver Plans

One annual eye health examination is available for each member. The exam will include:

- Dilation
- Refraction for eyeglasses or contact lens prescription

If you have not met your deductible, the vision exam cost is your responsibility; the cost of the exam will accumulate toward your deductible.

After your deductible is met, the exam cost is covered at the co-insurance level.

No coverage for glasses, contacts or other eyewear is provided.

You must use a BCBS in-network optical provider (optometrist or ophthalmologist) to receive this benefit.



For additional information on your vision benefit, download the [handout](#).



Dental Plans

Premier, Choice and Cigna Dental Care DHMO Plans

Plan Comparison

Dental Plan Benefits	Premier Dental Care	Choice Dental Care	Cigna Dental Care DHMO
Providers	May use any dentist or save money by using in-network providers	May use any dentist or save money by using in-network providers	Benefits available exclusively from Cigna DHMO network dentists – No out-of-network benefits
Deductible (per person, per year)	\$50	\$50	No deductible
Annual maximum benefit (applies to all classes)	\$1,500	\$1,200	No annual maximum benefit
Preventive services	0%	10%	\$5 office visit co-pay, plus applicable fee (if any) ¹
Basic services	20%	30%	\$5 office visit co-pay, plus applicable fee ¹
Major services	50%	50%	\$5 office visit co-pay, plus applicable fee ¹
Orthodontic maximum	50% with a lifetime maximum benefit of \$1,000	50% with a lifetime maximum benefit of \$1,000	\$5 office visit co-pay, plus applicable fee ¹ (24-month limitation)

¹Fees are based on the [Cigna Dental Care DHMO Patient Charge Schedule \(WI-V9\)](#).

Dental products are administered by Cigna Health and Life Insurance Company through GuideStone Financial Resources' benefits program.

Choosing a Dental Provider

Premier and Choice Dental Care Plans

In-network (Cigna Dental participating dentist)

VS

Out-of-network

- Receive the deepest discounts
- No balance billing
- Provider files claims

- No discounts — you are charged the maximum reimbursable amount
- Lower maximum annual benefit.
(Premier \$1,200 and Choice \$1,000)
- Provider may balance bill
- Member is responsible for filing claims



To find a provider, go to [my.Cigna.com](https://my.cigna.com) or call 1-800-CIGNA24.

Choosing a Dental Provider

Cigna Dental Care DHMO Plan

- Choose a Cigna DHMO-participating primary dentist or facility in the Cigna Dental Care Access Plus Network.
- Use the Cigna DHMO-participating primary dentists and specialists to receive benefits. **No benefits are available from non-Cigna DHMO dentists.**
- Charges for services are based on a fee schedule.
- For an electronic version of the *Cigna Dental Care DHMO Patient Charge Schedule*, visit [GuideStone.org/DHMOSchedule](https://www.GuideStone.org/DHMOSchedule)



To find a provider, go to [my.Cigna.com](https://my.cigna.com) or
call 1-800-CIGNA24.

Cigna Healthy Rewards® Program

Healthy Rewards is included with all dental plans.

To access your benefits:

1. Mention Healthy Rewards when making appointments.
2. Provide Cigna ID card at time of service or purchase.

For more information:

1. Log into [my.Cigna.com](https://my.cigna.com).
2. Look for “Discount Programs — Healthy Rewards” under the “Review My Coverage” tab.

Dental products are administered by Cigna Health and Life Insurance Company through GuideStone Financial Resources’ benefits program.



For additional information on Cigna Health Rewards, download the [handout](#).

Cigna Oral Health Integration Program (OHIP)

Enhanced benefits, including additional evaluations and preventive treatments, may be available for members who are pregnant or have been diagnosed with one of the following health issues:

- cardiovascular disease
- diabetes
- stroke
- head and neck cancer radiation
- organ transplants
- chronic kidney disease

Complete the [Cigna Dental OHIP Registration Form](#) to enroll in the program.

Dental products are administered by Cigna Health and Life Insurance Company through GuideStone Financial Resources' benefits program.



For additional information on Cigna OHIP, download the [handout](#).



The image features a dark green background with a white diagonal line running from the top-left towards the bottom-right. A vertical yellow line is positioned on the left side of the frame. The text "Vision Plans" is written in white, bold, sans-serif font, centered vertically relative to the white diagonal line.

Vision Plans

Vision Plans

Plan Comparison



Benefits	Advanced Vision Plan	Standard Plus Vision Plan	Standard Vision Plan
Exams			
WellVision® exam co-pay	\$10	\$10	\$10
Contact lens exam (fitting and evaluation)	Up to \$60	Up to \$60	Up to \$60
Frames			
Prescription glasses co-pay	\$20	\$25	\$25
VSP Network Doctors and VisionWorks®	\$175 allowance; plus 20% off any amount above the allowance	\$150 allowance; plus 20% off any amount above the allowance	\$150 allowance; plus 20% off any amount above the allowance
Contacts			
Elective contact lenses (prescription contact lenses, in lieu of glasses)	\$175 allowance	\$150 allowance	\$150 allowance
Necessary contact lenses (medically necessary prescription contact lenses, in lieu of glasses)	Covered in full after co-pay	Covered in full after co-pay	Covered in full after co-pay
Frequency			
Exam	Every twelve months	Every twelve months	Every twelve months
Lenses	Every twelve months	Every twelve months	Every twelve months
Frames	Every twelve months	Every twelve months	Every twenty-four months

Vision Plans

Lens Enhancements



Lens Enhancements	Single Vision	Multifocal
Anti-glare coating (standard)	\$41	\$41
Scratch-resistant coating	\$17	\$17
Impact-resistant lenses for children	Covered in full	Covered in full
Impact-resistant lenses for adults	\$35	\$35
Standard progressives	N/A	Covered in full
Premium and custom progressives	N/A	\$95 - \$175
Solid tints/dyes	\$15	\$15
Photochromic lenses	\$75	\$75
UV protection	\$10	\$10

For additional plan details, view the [Advanced Vision Plan Benefit Summary](#), [Standard Plus Vision Plan](#) and the [Standard Vision Plan Benefit Summary](#) at GuideStone.org/PlanDocuments.

These vision products are administered by Vision Service Plan Insurance Company through GuideStone Financial Resources' benefits program.

Vision Plans **Additional Information**

[Create a VSP Account](#)

01

[Find an in-network eye care](#)

02

[What to expect at your eye exam](#)

03

[Learn more about VSP Premier Edge](#)

04

Exercise Your Options

Save When You Use In-network Providers

Visit [VSP.com/Eye-Doctor](https://www.vsp.com/Eye-Doctor) to find one near you.

VSP Premier Edge™

- VSP Premier Edge locations can maximize your benefits, including both **private practice doctors** and more than 700 **Visionworks® retail locations** nationwide
- Largest network of independent doctors
- 24-hour access to emergency care

Retail Chains

In addition to Visionworks, your employees have access to retail chains, including:

- Costco Optical
- Walmart
- Pearl Vision
- SVS Vision
- Myeyedr.

Eyeconic

You can shop the latest designer glasses and name-brand contacts online at [eyeconic.com](https://www.eyeconic.com)® with your VSP benefits.

eyeconic
a vsp vision company

VSP Exclusive Member Extras

Eyewear and eye care Special Offers are available at all VSP® network doctor locations! Download the interactive flyer and click on any offers shown to find out more details.

Here are a few of the Member Extras:

Up to
40% Off
Lens Enhancements

Upgrade your lenses and save up to 40% off lens enhancements such as anti-glare coatings and light-reactive lenses.^{2,3}



Save 20% on additional pairs of Nike glasses and sunglasses.

eyeconic
a vsp vision company

Savings on Eyeconic® when you shop online for glasses, sunglasses, and contacts with your VSP benefits.



For additional information on VSP Exclusive Member Extras, download the **handout.**

VSP Exclusive Member Extras

Save Up to 60% on Brand-name Hearing Aids with TruHearing

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

Here's how it works:

- **Contact TruHearing.** Call 877.396.7194. You and your family members must mention VSP.
- **Schedule exam.** TruHearing will answer your questions and schedule a hearing exam with a local provider.
- **Attend appointment.** The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.



For additional information on TruHearing, download the **handout**.



Term Life Plans

Employee Term Life Plan Employer-Paid Coverage

\$50,000

Employee
Volume

There is a benefit reduction
of 35% at age 65.

Spouse and Child Term Life Plans

Employer-Paid Coverage

\$15,000

Spouse Term
Life Coverage
Amount

\$10,000

Child Term Life
Coverage Amount
per Child

Employee Optional Term Life Plan

Employee-Paid Voluntary Coverage

Additional term life coverage (Optional Life) is also available without evidence of good health in flat amounts from \$10,000 to \$50,000.*

\$750,000

Maximum
Coverage

A flat amount of \$100,000 and one to eight times annual salary are also available with evidence of good health.

*Guaranteed issue is offered only during initial 31-day eligibility period.

Spouse Term Life Plan

Employee-Paid Voluntary Coverage

\$250,000

Maximum
Coverage

Maximum coverage available is up to 50% of employee's coverage up to \$250,000.

50%

of employee's
coverage

Total basic and optional life is available up to 50% of employee's coverage.

Optional life is available with underwriting.

Term Life Plans **Additional Benefits**

Life planning
financial and
legal resources

01

Accelerated
benefit
option

02

Portability
and
conversion of
coverage

03

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Accident Plans

Accidental Death and Dismemberment (AD&D) Employer–Paid Coverage

\$50,000

AD&D
Coverage

There is a benefit reduction
of 35% at age 65.

- Participation in the Employee Term Life Plan is required.
- Coverage is for employees only.
- Pays you or your beneficiary if you die or suffer a specified loss (eyesight, hand, foot, hearing or speech) in an accident.

Supplemental AD&D

Employee-Paid Voluntary Coverage Option

2.5¢

per \$1,000 of coverage

\$500,000

Maximum Coverage

Coverage is available in increments of \$25,000 up to a \$500,000 maximum.

50%

of employee's coverage

Coverage for a spouse is available at 50% of the employee's coverage.

- Underwriting is not required.
- Benefits are paid to you or your beneficiary if you die or suffer a specified loss (eyesight, hand, foot, speech or hearing) in an accident.
- There is a benefit reduction of 35% at age 65 for Employee Supplemental AD&D.

ACCIDENT PLANS Additional Benefits

**Benefits
resulting from a
dismembering
injury within 365
days of the
initial accident**

01

**Additional
benefit for use of
seat belts and
airbags**

02

**Additional lump
sum for a
qualified child of
deceased
employee for full-
time, post-
secondary
education**

03



Important Reminders

Term Life and Accident Plans

- ✓ Keep your beneficiaries current.
- ✓ Review your coverage amounts regularly.
- ✓ Discuss planning with family members.

Did you know? 37% of Americans say their household would face financial hardship within six months should the wage earner die unexpectedly – 21% would struggle financially within a month.¹

¹ [Consumer Interest and Need for Life Insurance Remain Elevated; 2022 Insurance Barometer Study, LIMRA and Life Happens](#)



Disability Plan

Premier Long-Term Disability Employer-Paid Coverage

Plan Benefits ¹	
Elimination period	90 days
Benefit percentage	Up to 60% of monthly earnings
Maximum monthly benefit	\$15,000 per month
Minimum monthly benefit	Greater of 10% of gross disability payment or \$100
Definition of disability	Three years' own occupation
Social Security integration	Self

¹Long-term disability plans are not available to members working in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

Disability Plan Additional Benefits

**Survivor
benefits**

01

**Rehabilitation
and Return-to-
Work Program**

02

**assist
america[®]
(long-term
disability only)**

03

**Unum Employee
Assistance
Program –
Work/Life Balance
(long-term
disability only)**

04



Key Date

All employees must select a plan option by this date.

If you have any questions regarding enrollment changes or your employee benefits, please notify your benefits administrator.

Before You Receive Your ID Cards

After the effective date of coverage, if you need to see a doctor or fill a prescription but haven't received your ID cards, you can view your cards online. Please see your enrollment packets for details.

Watch the mail for your one ID card for medical and pharmacy purposes.

Order a medical and pharmacy card replacement or additional cards at [GuideStoneHealth.org](https://www.GuideStoneHealth.org).

Dental plan cards are only available virtually at [My.Cigna.com](https://www.MyCigna.com).

Vision plan cards are only available virtually at [VSP.com](https://www.VSP.com).



For more information on ID cards, please visit [GuideStone.org/IDCards](https://www.GuideStone.org/IDCards).

This information only highlights the depth of coverage and benefits you can receive when you protect yourself with GuideStone. Limitations and exclusions apply. This material is a general summary of the plans. The official plan documents and contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan. In the event of a conflict with the description in this material, the terms of the official plan documents and contracts will control its operation.

GuideStone reserves the right to change or cancel these programs at any time. This material does not imply an employment contract or guarantee of benefits. Medical underwriting could be required.

GuideStone Insurance Products and Services

Health | Dental | Vision | Life | Disability | Accident

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