



GLOBAL
METHODIST CHURCH

Medical Coverage and Insurance Solutions

GuideStone Health Plans

Global Methodist Church® Clergy

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.

That's why GuideStone and Global Methodist Church have teamed up to offer best-in-class Christian health plans. We understand the health care landscape can be complicated, and we want to help make it easier! Our priority is delivering quality medical coverage designed for churches of all shapes and sizes so you can focus on fulfilling your calling.

Effective July 1, 2024

Medical Benefits		Health Choice 1000	Health Choice 5000 ¹
Annual deductibles: individual/family		\$1,000/\$2,000	\$5,000/\$10,000
Plan pays/individual pays (co-insurance)/(after deductible)		80%/20%	70%/30%
Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)		\$5,000 Individual/ \$8,250 Family	\$6,500 Individual/ \$12,700 Family
Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible)		0% no co-pay	0% no co-pay
Primary care or retail clinic visit/specialist visit		\$25/\$45 co-pay	\$25/\$45 co-pay
Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST))		\$45 co-pay	\$45 co-pay
Teladoc®		\$0 co-pay	\$0 co-pay
Urgent care		\$50 co-pay	\$50 co-pay
In-network	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	20% after deductible	30% after deductible
	Hospital inpatient (including maternity)	20% after deductible	30% after deductible
	Emergency room services (per visit)	\$250 co-pay, then 20%	\$250 co-pay, then 30%
	Mental health/substance abuse – inpatient	20% after deductible	30% after deductible
	Mental health/substance abuse – office and professional services	\$25 co-pay	\$25 co-pay
	Chiropractic services	\$45 co-pay	\$45 co-pay
	Prescription drugs program ^{2,3,4,5,6,7}	\$15 co-pay generic retail \$30 co-pay generic mail order Preferred, non-preferred and specialty drugs subject to co-pays	\$15 co-pay generic retail \$30 co-pay generic mail order Preferred, non-preferred and specialty drugs subject to co-pays
	Diabetic supplies	\$20 co-pay	\$20 co-pay
	Participating insulin ⁸	\$75 co-pay	\$75 co-pay

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

²If the cost of the prescription is less than the co-pay, the member pays the full cost of the prescription.

³Retail available as 30-day supply, mail order/preferred retail pharmacy (Walgreens or CVS) as 90-day supply and specialty as 30-day supply through mail order.

⁴Thirty-day supply of maintenance medications filled at retail 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 Affordable Care Act (ACA) preventive medications.

⁵If 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.

⁶A 90-day supply of maintenance drugs can be filled either by preferred retail pharmacy (Walgreens or CVS) or by mail order.

⁷Co-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 participant applies for co-pay assistance and will not apply toward maximum out-of-pocket (MOOP). Choosing not to enroll in co-pay assistance will result in a 30% co-insurance on applicable specialty medications.

⁸Select products used to treat diabetes, including participating insulin, may be available for a \$75 co-pay for a 90-day supply.

GuideStone Health Plans

Global Methodist Church Clergy

GuideStone’s Health Saver plans are HSA-qualified High Deductible Health Plans (HDHPs).

Global Methodist Local Church will contribute \$1,000 for employee or \$2,000 for family coverage to an HSA.

Effective July 1, 2024

Medical Benefits		Health Saver 2000 ^{1,2}	Health Saver 4000 ^{1,2}
In-network	Annual deductibles: individual/family	\$2,000/\$4,000	\$2,000/\$4,000
	Plan pays/individual pays (co-insurance) / (after deductible)	90%/10%	90%/10%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, “co-pays and co-insurance)	\$4,000/\$7,500	\$4,000/\$7,500
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible)	0% no co-pay	0% no co-pay
	Primary care or retail clinic visit/specialist visit	10% after deductible	10% after deductible
	Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/ Speech Therapy (ST))	10% after deductible	10% after deductible
	Teladoc®	0% after deductible	0% after deductible
	Urgent care (after deductible)	10% after deductible	10% after deductible
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	10% after deductible	10% after deductible
	Hospital inpatient (including maternity)	10% after deductible	10% after deductible
	Emergency room services (per visit)	\$300 co-pay, then 30% after deductible	\$300 co-pay, then 30% after deductible
	Mental health/substance abuse – inpatient	10% after deductible	10% after deductible
	Mental health/substance abuse – office and professional services	10% after deductible	10% after deductible
	Chiropractic services	10% after deductible	10% after deductible
	Prescription drugs program ³	10% after deductible	10% after deductible
	Diabetic supplies	10% co-pay (no deductible)	\$20 co-pay (no deductible)
	Participating insulin	\$75 co-pay (no deductible)	\$75 co-pay (no deductible)

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

²There is a 30-visit limit for each of the following: physical, speech and occupational therapy.

³Retail available as 30-day supply, mail order/Walgreens/CVS as 90-day supply and specialty as 30-day supply through mail order.

⁴If a preferred or non-preferred drug is purchased when a generic is available, the participant must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent.

⁵A 90-day supply of maintenance drugs can be filled either by Walgreens, CVS or by mail order. Prices may vary.

⁶Co-pays for certain specialty medications may be set to the maximum of any available manufacturer co-pay assistance. These co-pays will be paid by the manufacturer after the member applies for co-pay assistance and will not apply toward the maximum out-of-pocket.

GuideStone Health Plans

2024/2025 Rates

Plan	Coverage Tier	Church	Pastor
Health Choice 1000	Employee	\$875	\$123.77
Health Choice 1000	Employee + Spouse or Employee + Child(ren)	\$1,650	\$247.66
Health Choice 1000	Employee + Family	\$2,250	\$346.80
Health Choice 5000	Employee	\$875	\$10.51
Health Choice 5000	Employee + Spouse or Employee + Child(ren)	\$1,650	\$32.47
Health Choice 5000	Employee + Family	\$2,250	\$52.33
Health Saver 2000	Employee	\$875	\$107.23
Health Saver 2000	Employee + Spouse or Employee + Child(ren)	\$1,650	\$224.58
Health Saver 2000	Employee + Family	\$2,250	\$253.81
Health Saver 4000	Employee	\$875	-\$16.33
Health Saver 4000	Employee + Spouse or Employee + Child(ren)	\$1,650	-\$10.18
Health Saver 4000	Employee + Family	\$2,250	-\$67.45

For negative amounts, the pastor's share is zero and the amount listed is first credited towards any dental or vision premiums if the pastor elects these. Any remaining amounts will otherwise be deposited into the pastor's HSA.

The rates set forth above have been determined by Global Methodist Church. They have not been determined nor reviewed by GuideStone and are being provided solely at the request of Global Methodist Church for ease of reference. If any conflicts should occur between this information in this rate chart and the actual rate deducted, or should you have any questions or concerns about the rates provided, please contact Global Methodist Church.

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.

- [Quantum Health](#) is your personal team of nurses, benefit experts and claims specialist who will do whatever it takes to support your unique health care needs.
- [Teladoc](#) (telemedicine provider) means that you have access to U.S. board-certified doctors all day, every day – even on holidays. Your Teladoc services include [General Medical](#), [Dermatology](#) and [Mental Health](#).
- [SmartShopper](#)® allows you to earn cash rewards of up to \$1,000 and reduce your out-of-pocket health care costs by shopping for health care procedures with SmartShopper.
- And much more!

Visit [GuideStone.org/WellnessTools](https://www.guidestone.org/WellnessTools) to learn more.

Additional Benefits

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

- [BCBS Global](#)® [Core](#) – Members traveling outside the United States have access to doctors and hospitals in more than 200 countries and territories around the world.
- [Blue365](#)® – This member discount program can help you save on products and services that are not part of your health coverage.
- [Experian IdentityWorks](#)SM – Highmark® BCBS® provides Experian IdentityWorks to help members who are victims of identity theft.

Visit [GuideStone.org/AdditionalBenefits](https://www.guidestone.org/AdditionalBenefits) to learn more.

DENTAL PLANS

Effective July 1, 2024

Monthly Rates	Premier Dental Care Plan ¹	Choice Dental Care Plan ¹	Cigna Dental Care DHMO Plan
Employee	\$39.93	\$29.51	\$22.80
Employee + Spouse	\$79.86	\$59.02	\$38.53
Employee + Child(ren)	\$99.83	\$73.78	\$53.81
Employee + Family	\$139.76	\$103.29	\$63.38

Dental Plan Comparison Chart	Premier Dental Care Plan ¹	Choice Dental Care Plan ¹	Cigna Dental Care DHMO Plan
Providers	May use any provider or save with network providers	May use any provider or save with network providers	May use only providers in the network
Deductible (per person per year) ²	\$50	\$50	No deductible
Annual maximum benefit (per person)	\$1,500	\$1,200	No annual maximum
Preventive services	0%	10%	\$5 office visit co-pay + applicable fee (if any) ³
Basic restorative care	20%	30%	\$5 office visit co-pay + applicable fee (if any) ³
Major restorative care	50%	50%	\$5 office visit co-pay + applicable fee (if any) ³
Orthodontia	50% with a lifetime maximum benefit of \$1,000	50% with a lifetime maximum benefit of \$1,000	\$5 office visit co-pay + applicable fee (if any) ³

¹Coverage percentages based on reasonable and customary charges.

²Deductibles apply to basic and major services for the Premier Dental Care and Choice Dental Care plans.

³The Cigna DHMO is not available in the following states: AK, ME, MT, NH, NM, ND, SD, VT and WY.

HELPFUL PLAN TIPS:

Premier and Choice Dental Care Plans

- The Premier Dental Care Plan and the Choice Dental Care Plan both allow you to use any provider and receive benefits. However, the plans also allow you to take advantage of cost savings through Cigna’s Dental PPO network.
- An annual maximum in-network benefit is either \$1,500 (Premier) or \$1,200 (Choice). The out-of-network annual maximum benefit is either \$1,200 (Premier) or \$1,000 (Choice). Once the plan has paid the annual maximum for the year, you will be responsible for 100 percent of the costs for your dental care for the rest of that year. This maximum benefit is for each family member covered by the plan

Cigna Dental Care DHMO Plan

- With the Cigna Dental Care DHMO Plan (not available in all areas), you must select a primary care provider or dental office in the Cigna Dental Care Access Plus network to receive benefits.
- One of every five dentists is in both the Cigna DPPO and Cigna Dental Care Plus networks. There are more than 31,000 dentists in 40+ states and growing. It has a lower monthly premium with predictable costs based on the Patient Charge Schedule.

To find a PPO or HMO dental network provider in your area, visit [Cigna.com](https://www.cigna.com) or call **1-800-CIGNA24**.

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

VISION PLANS

Everyone needs vision care. Enroll in a GuideStone® vision plan to get personalized vision care for you and your family. You will have access to the VSP Choice Network which includes independent doctors and retail chains such as Visionworks®, Pearle Vision®, Walmart®, Costco® and more.

Effective July 1, 2024

Monthly Rates	Advanced Vision Plan	Standard Plus Vision Plan	Standard Vision Plan
Employee	\$12.22	\$11.11	\$9.62
Employee + Spouse	\$21.50	\$19.46	\$16.44
Employee + Child(ren)	\$22.81	\$20.61	\$17.42
Employee + Family	\$34.69	\$31.29	\$26.14

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

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 Benefit Summary](#) and the [Standard Vision Plan Benefit Summary](#) at [GuideStone.org/PlanDocuments](https://www.guidestone.org/PlanDocuments).

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

Global Methodist Church

Term Life and Accident Plans



Effective July 1, 2024

Employee Term Life and Accidental Death & Dismemberment (AD&D)	
Employer Paid	
Term Life Coverage Amount	\$50,000*
AD&D Coverage Amount	\$50,000*

Employee Optional Term Life	
Employee Paid	
Coverage Amount	Guaranteed issue is available in flat amounts from \$10,000 to \$50,000 during initial 31-day eligibility period. A flat amount of \$100,000 or one to eight times annual salary are also available with Evidence of Good Health Application .
Coverage Maximum	Lesser of eight times salary or \$750,000*
See Monthly Optional Term Life rates below.	

Spouse Term Life	
Employer Paid – No Evidence of Good Health is required.	
Coverage Amount	\$15,000

Spouse Optional Term Life	
Employee Paid	
Coverage Amount	May select up to 50% of the employee's total life coverage. Must be in a \$5,000 increment.
See Monthly Optional Term Life rates below.	
Evidence of Good Health Application is required.	

Monthly Optional Term Life Rates	
Age	Rate per \$1,000
24 & Under	\$0.04
25 - 29	\$0.05
30-34	\$0.06
35-39	\$0.10
40-44	\$0.15
45-49	\$0.25
50-54	\$0.43
55-59	\$0.65
60-64	\$1.03
65+	\$2.25

*Employee Term Life, Employee Optional Term Life, Employee AD&D, and Employee Supplemental AD&D benefit amounts reduce at age 65 for active employees to 65% of current amount but will not reduce below \$20,000 of coverage.

Child Life

Employer Paid

Coverage Amount	\$10,000 per child
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Guaranteed issue is available at initial eligibility; coverage continues to age 26. Application after initial eligibility requires [Evidence of Good Health Application](#).

Employee Supplemental AD&D

Employee Paid

Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident

Available Coverage Amounts	\$25,000 increments up to a maximum of \$500,000*
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Rate: \$0.025 per \$1,000 per month

Participation in the Employee Term Life Plan is not required. Evidence of Good Health is not required for accident plans.

Spouse Supplemental AD&D

Employee Paid

Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident

Spouse can be covered at 50% of the employee's supplemental AD&D coverage.

Rate: \$0.025 per \$1,000 per month

Participation in the Employee Term Life Plan is not required. Evidence of Good Health is not required for accident plans.

The above amounts of coverage are not available for Term life and accident coverage to participants 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.

*Employee Term Life, Employee Optional Term Life, Employee AD&D, and Employee Supplemental AD&D benefit amounts reduce at age 65 for active employees to 65% of current amount but will not reduce below \$20,000 of coverage.

ADDITIONAL BENEFITS

Life Planning Financial & Legal Resources

Financial, legal and grief support in the event of a death or diagnosis of a terminal illness.

Accelerated Benefits

Allows terminally ill participants with a life expectancy of 12 months or less to receive up to 75 percent of the death benefit (\$250,000 maximum) prior to death.

Portability or Conversion of Coverage

Employees and their dependents can continue coverage if employment is terminated, or they otherwise lose eligibility.

Add Children Without Underwriting

No underwriting is required to add a dependent child within 60 days of the child's birth, adoption, or placement for adoption.

Additional AD&D Benefits

AD&D plan pays additional death benefits if you die traveling more than 100 miles from home while properly wearing a seatbelt or when protected by an airbag. The plan also pays an additional education benefit to each of your qualified, college-age dependents if you die.

Global Methodist Church

DISABILITY PLAN

Effective July 1, 2024

	Long-Term Disability Plan ¹	Premier
IN-NETWORK	Elimination period	90 days
	Benefit percentage	Up to 60% of monthly earnings
	Maximum monthly benefit	\$15,000 per month
	Definition of disability	3 years own occupation
	Social Security integration	Self
	Self-reported mental/nervous limitation	24 months
	Rehabilitation & Return to Work Program	Included
	Maximum benefit period	ADEA II

For more information regarding the Age Discrimination Employment Act (ADEA), please visit our [Disability FAQs](#).

¹Long-term disability plans are not available to participants 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.

Maximum Benefit Period

This is the length of time benefits are paid while the employee is disabled and depends on employee's age at the time disability begins.

	Age At Disability	Maximum Period of Payment
ADEA II	Less than 60	Greater of age 65 or 5 years
	60 to 64	5 years
	65 to 69	Greater of age 70 or 1 year
	70 and over	1 year

Additional Benefits

These valuable programs are included at no additional cost with your disability plan.

Assist America®

24-hour network of emergency medical and legal resources offering worldwide emergency assistance to active employees and their families who are traveling.

Survivor Benefits

If you die after receiving benefits for 180 or more consecutive days, your survivor receives a lump sum payment of three times your last month's gross disability benefit.

Rehabilitation and Return to Work Program

To encourage individuals to return to work as soon as they become physically able, individuals receive an additional benefit for participation in a rehabilitation program.

Unum Work/Life Balance

Through Unum's work/life balance services, employees will have access to live, one-on-one support, along with resources to help with family, health, life, money, work and legal issues. (Benefit available only for long-term disability.)

