



Care Basic Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: Preferred Brand Drugs	\$40 copayment	\$120 copayment	\$90 copayment
	Tier 3: Non-Preferred Drugs	\$65 copayment	\$195 copayment	\$150 copayment
	Tier 4: Specialty Tier Drugs	\$75 copayment	\$225 copayment	\$225 copayment
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.			

	<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>
<p>Coverage Gap stage</p>	<p>After your total yearly drug costs reach \$5,030, you will pay the following until your yearly out-of-pocket drug costs reach \$8,000.</p> <p>Brand Drugs: 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)</p> <p>Generic Drugs: The same copayment as in the Initial Coverage stage for Tier 1 Generic Drugs and 25% of the plan's cost for all other covered generic drugs.</p>
<p>Catastrophic Coverage stage</p>	<p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</p> <p>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</p>



Care Plus Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: Preferred Brand Drugs	\$40 copayment	\$120 copayment	\$90 copayment
	Tier 3: Non-Preferred Drugs	\$65 copayment	\$195 copayment	\$150 copayment
	Tier 4: Specialty Tier Drugs	\$75 copayment	\$225 copayment	\$225 copayment
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.			

	<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>
<p>Coverage Gap stage</p>	<p>After your total yearly drug costs reach \$5,030, you will pay the following until your yearly out-of-pocket drug costs reach \$8,000.</p> <p>Brand Drugs: 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)</p> <p>Generic Drugs: The same copayment as in the Initial Coverage stage for Tier 1 Generic Drugs and 25% of the plan's cost for all other covered generic drugs.</p>
<p>Catastrophic Coverage stage</p>	<p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</p> <p>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</p>



Care Today Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: Preferred Brand Drugs	\$40 copayment	\$120 copayment	\$90 copayment
	Tier 3: Non-Preferred Drugs	\$65 copayment	\$195 copayment	\$150 copayment
	Tier 4: Specialty Tier Drugs	\$75 copayment	\$225 copayment	\$225 copayment
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.			

	<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>
Coverage Gap stage	<p>After your total yearly drug costs reach \$5,030, you will pay the following until your yearly out-of-pocket drug costs reach \$8,000.</p> <p>Brand Drugs: 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)</p> <p>Generic Drugs: 25% of the plan's costs for all covered generic drugs.</p>
Catastrophic Coverage stage	<p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</p> <p>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</p>



Care Today Essential Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: Preferred Brand Drugs	\$40 copayment	\$120 copayment	\$90 copayment
	Tier 3: Non-Preferred Drugs	\$65 copayment	\$195 copayment	\$150 copayment
	Tier 4: Specialty Tier Drugs	\$75 copayment	\$225 copayment	\$225 copayment
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.			

	<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>
Coverage Gap stage	<p>After your total yearly drug costs reach \$5,030, you will pay the following until your yearly out-of-pocket drug costs reach \$8,000.</p> <p>Brand Drugs: 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)</p> <p>Generic Drugs: 25% of the plan's costs for all covered generic drugs.</p>
Catastrophic Coverage stage	<p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</p> <p>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</p>



Care Today Value Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: Preferred Brand Drugs	25% coinsurance	25% coinsurance	25% coinsurance
	Tier 3: Non-Preferred Drugs	40% coinsurance	40% coinsurance	40% coinsurance
	Tier 4: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.			

	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.
Coverage Gap stage	After your total yearly drug costs reach \$5,030, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$8,000.
Catastrophic Coverage stage	If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.



Senior Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.																			
Initial Coverage stage	<p>You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:</p> <table border="1" data-bbox="342 919 1481 1402"> <thead> <tr> <th data-bbox="342 919 643 1024">Tier</th> <th data-bbox="643 919 902 1024">Retail One-Month (31-day) Supply</th> <th data-bbox="902 919 1162 1024">Retail Three-Month (90-day) Supply</th> <th data-bbox="1162 919 1481 1024">Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="342 1094 643 1167">Tier 1: Generic Drugs</td> <td data-bbox="643 1094 902 1167">\$10 copayment</td> <td data-bbox="902 1094 1162 1167">\$30 copayment</td> <td data-bbox="1162 1094 1481 1167">\$24 copayment</td> </tr> <tr> <td data-bbox="342 1178 643 1283">Tier 2: Preferred Brand Drugs</td> <td data-bbox="643 1178 902 1283">25% coinsurance</td> <td data-bbox="902 1178 1162 1283">25% coinsurance</td> <td data-bbox="1162 1178 1481 1283">25% coinsurance</td> </tr> <tr> <td data-bbox="342 1293 643 1402">Tier 3: Non-Preferred Drugs</td> <td data-bbox="643 1293 902 1402">40% coinsurance</td> <td data-bbox="902 1293 1162 1402">40% coinsurance</td> <td data-bbox="1162 1293 1481 1402">40% coinsurance</td> </tr> </tbody> </table> <p data-bbox="342 1430 1481 1503">If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p data-bbox="342 1524 1481 1629">*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.</p> <p data-bbox="342 1650 1481 1755">You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.</p>				Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$24 copayment	Tier 2: Preferred Brand Drugs	25% coinsurance	25% coinsurance	25% coinsurance	Tier 3: Non-Preferred Drugs	40% coinsurance	40% coinsurance	40% coinsurance
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	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.
Coverage Gap stage	After your total yearly drug costs reach \$5,030, you will generally pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$8,000.
Catastrophic Coverage stage	If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.



Senior Plus Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

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Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:			
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	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.
Coverage Gap stage	After your total yearly drug costs reach \$5,030, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$8,000.
Catastrophic Coverage stage	If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost sharing or billing when less than a one-month supply is dispensed.

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 generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact Express Scripts Medicare 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, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, are a U.S. citizen or are lawfully present in the United States, and are eligible for benefits from GuideStone.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **[express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies)**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- A PDF of our printed drug list for 2024 will be available by logging into **[express-scripts.com/documents](https://www.express-scripts.com/documents)** beginning on October 15, 2023.
- Most adult Part D vaccines are covered at no cost to you.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare 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 cost-sharing amount set by your plan 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.
- You will receive an invoice for your combined medical and prescription drug coverage from GuideStone Financial Resources.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, **[express-scripts.com](https://www.express-scripts.com)**, or by contacting Express Scripts Medicare Customer Service at the phone numbers on the back of this document.

For an explanation of your plan's rules, contact Express Scripts Medicare Customer Service at the numbers on the back of this document or review the *Evidence of Coverage* (EOC) by visiting our website, **[express-scripts.com/documents](https://www.express-scripts.com/documents)**. You can request a copy of the EOC by calling Express Scripts Medicare Customer Service.

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

In addition to providing coverage of Medicare Part D drugs, this plan provides coverage for Medicare Part B medications, as well as for some 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 call Customer Service for additional information about specific drug coverage and your cost-sharing amount.

Will my income affect my cost for Medicare Part D coverage?

Some people may pay an extra amount called the Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA) 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. If you have any questions about this extra amount, contact Social Security at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

Read the *Medicare & You* 2024 handbook.

The *Medicare & You* handbook has a summary of Original Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. You can get a copy at the Medicare website (<https://www.medicare.gov>) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

Express Scripts Medicare Customer Service

1.866.544.2976

24 hours a day, 7 days a week

We have free language interpreter services available for non-English speakers.

TTY: 1.800.716.3231

You can also visit us on the Web at **[express-scripts.com](https://www.express-scripts.com)**.

This information is not a complete description of benefits. Call Express Scripts Medicare at the numbers above for more information.

Important Message About What You Pay for Insulin – You won’t pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

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

For questions about premiums, enrollment and eligibility, please contact GuideStone Customer Service at **1.844.INS.GUIDE** (1.844.467.4843). Hours of operation are Monday through Friday, 7:00 a.m. to 6:00 p.m., Central Time.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.

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