



# HEALTH PLANS MADE SIMPLE

When looking for a health plan that meets your ministry needs, you will face a multitude of plan details, terms and numbers, and it's often hard to keep them straight. At GuideStone®, our goal is to equip you with the information you need to make the best decisions for your ministry.

## Health Plan 500\*

PLAN FEATURES	
<b>Deductible</b> for Individual	\$500
<b>Deductible for a family</b>	\$1,000
Teladoc® co-pay	\$0
<b>Maximum out-of-pocket</b> (medical and prescription)	\$4,750/\$7,500
Outpatient Surgery	20% After deductible
Urgent <b>co-pay</b>	\$50
Plan pays/individual pays ( <b>co-insurance</b> )	80%/20%
Wellness & <b>Preventive Care</b>	100% No Co-Pay

**Deductible:** The amount you pay out-of-pocket for a covered health care service before the co-insurance takes effect. The lower the deductible, the faster you get covered at the co-insurance level.

**Maximum Out-Of-Pocket (MOOP):** The absolute maximum you will pay under a plan, including your deductible, co-pays and prescription costs. Once you reach this limit, the plan pays 100% of claims.

**Family Deductible:** The amount your family needs to pay out-of-pocket for a covered health care service before co-insurance takes effect for the whole family. This amount needs to be met by a combination of two or more people on the plan.

**Co-Pay:** The fixed amount you pay for certain in-network expenses like a primary care visit and urgent care.

**Preventive Care:** This includes routine procedures such as check-ups, screenings and immunizations. Here, with the Health Plan 500, preventive care is covered at 100%.

**Co-Insurance:** The split cost between what you and the plan pay for eligible claim expenses. Here, the plan pays 80% of the claim, and you pay 20%.

**Preferred Provider Organization (PPO) Plan:** A type of health plan that contracts with medical providers – such as hospitals and doctors – to create a network of participating providers. You pay less if you use providers that belong to the plan's network; however, you can use doctors, hospitals and providers outside of the network at an additional cost.

**Exclusive Provider Organization (EPO) Plan:** A managed care plan where services are covered only if you go to doctors, specialists or hospitals in the plan's network (except in an emergency).

**High Deductible Health Plan (HDHP):** A plan with a higher deductible than a traditional insurance plan because it is designed to be used with a Health Savings Account (HSA), allowing you to pay for certain medical expenses with tax-advantaged dollars.

GuideStone is here to help equip you and your ministry for Christ-centered well-being. We know that can be a complex task, but our team is always here to guide you through these discussions.



Visit [GuideStone.org/HealthPlans](https://www.guidestone.org/HealthPlans) or give us a call at **1-844-INS-GUIDE (1-844-467-4843)**, Monday through Friday, from 7 a.m. to 6 p.m. CT.



\*Health Plan 500 is a fictional plan for illustrative purposes.