

For Group Plans

CONSUMER DRIVEN PLANS

GuideStone's Health Saver plans are HSA-qualified High Deductible Health Plans (HDHPs), which are designed to be paired with a tax-advantaged HSA. The Health Saver plans provide a consumer-driven option, intended to help your employees become savvy health care consumers.

Note: If you do not intend to pair the Health Saver plan with an HSA, these may not be the right plans for your organization.

How are these plans different?

Members pay 100% of medical and prescription drug claims until they've reached the plan's deductible; then the plan pays at the co-insurance level.

Effective January 1, 2024

	Medical Benefits	Health Saver Standard ^{1,2} (Aggregate Deductible)	Health Saver ^{1,2} (Embedded Deductible)	Health Saver Plus ^{1,2} (Embedded Deductible)
	Minimum Group Plan Enrollment	50+	No minimum	5+
	Annual deductibles: individual/family	\$1,600/\$3,200	\$3,200/\$6,400	\$3,200/\$6,400
	Plan pays/individual pays (co-insurance) (after deductible)	90%/10%	80%/20%	100%/0%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$3,200/\$6,400	\$5,000/\$10,000 ³	\$5,000/\$10,000 ³
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible)	0%	0%	0%
	Primary care or retail clinic visit/specialist visit co-pay (after deductible)	10%	20%	0%
IN-NETWORK	Teladoc ⁴ (after deductible)	0%	0%	0%
	Urgent care (after deductible)	10%	20%	0%
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility (after deductible)	10%	20%	0%
	Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST)) (after deductible)	10%	20%	0%
	Hospital inpatient (including maternity) (after deductible)	10%	20%	0%
	Emergency room services (per visit) (after deductible)	After deductible, \$250 co-pay, then 10%	After deductible, \$250 co-pay, then 20%	After deductible, \$250 co-pay, then 0%
	Mental health/substance abuse – inpatient (after deductible)	10%	20%	0%
	Mental health/substance abuse – office and professional services (after deductible)	10%	20%	0%
	Chiropractic services (12 visits annually) (after deductible)	10%	20%	0%
	Prescription drugs ^{5,6,7,8,9,10} (after deductible)	10%	20%	Co-pays after deductible

	Medical Benefits	Health Saver 4000 ^{1,2}	Health Saver 4000 Plus ^{1,2}	Health Saver 5000 ²	Health Saver 6000 ^{1,2}
		(Embedded Deductible)	(Embedded Deductible)	(Embedded Deductible)	(Embedded Deductible)
IN-NETWORK	Minimum Group Plans enrollment	No minimum	5+	No minimum	No minimum
	Annual deductibles: individual/family	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000
	Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	100%/0%	100%/0%	100%/0%
	Maximum out-of-pocket (medical and prescription): individual family (in-network services only, including deductible, co-pays and co-insurance)	\$6,000/\$12,000 ³	\$6,000/\$12,000 ³	\$5,000/\$10,000 ³	\$6,000/\$12,000 ³
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible)	0%	0%	0%	0%
	Primary care or retail clinic visit/specialist visit (after deductible)	20%	0%	0%	0%
	Teladoc ⁴ (after deductible)	0%	0%	0%	0%
	Urgent care (after deductible)	20%	0%	0%	0%
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility (after deductible)	20%	0%	0%	0%
	Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT) /Speech Therapy (ST)) (after deductible)	20%	0%	0%	0%
	Hospital inpatient (including maternity) (after deductible)	20%	0%	0%	0%
	Emergency room services (per visit)	After deductible, \$250 co-pay, then 20%	After deductible, \$250 co-pay, then 0%	0% after deductible	0% after deductible
	Mental health/substance abuse – inpatient (after deductible)	20%	0%	0%	0%
	Mental health/substance abuse – office and professional services (after deductible)	20%	0%	0%	0%
	Chiropractic services (12 visits annually) (after deductible)	20%	0%	0%	0%
	Prescription drugs ^{5,6,7,8,9,10} (after deductible)	20%	Co-pays after deductible	0%	0%

¹These plans do not constitute “creditable coverage” for Massachusetts residents.

²Plan deductible must be met before co-insurance applies. The maximum out-of-pocket limit includes the deductible and co-insurance for eligible, in-network services.

³Maximum out-of-pocket for family coverage: An individual is not required to contribute more than the 2024 ACA limit of \$9,450.

⁴Members are required to pay the full consultation fee until they have met their deductible/co-insurance requirements.

⁵Retail available as 30-day supply, mail order/Walgreens/CVS as 90-day supply and specialty as 30-day supply through mail order.

⁶If 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.

⁷A 90-day supply of maintenance drugs can be filled either by Walgreens, CVS or by mail order. Prices may vary.

⁸Costs for diabetic supplies bypass the deductible and pay at the co-insurance level.

⁹Select products used to treat diabetes, including participating insulin, may be available for a \$75 co-pay for a 90-day supply. Your preferred insulin co-pay will bypass the deductible.

¹⁰The cost for certain specialty medications will be set to the maximum available manufacturer assistance after the deductible has been met. This cost will be paid by the manufacturer after the member applies for assistance and will not apply toward MOOP.