

For Group Plans

PROTECTION PLANS

GuideStone's protection plans give you options so you can have quality, more budget-friendly health coverage. Protection plans include 100 percent coverage for certain wellness benefits. As our lowest-cost plans, they can be the right choice for healthy individuals.

Effective January 1, 2024

	Medical Benefits	Value Health 3000 EPO ^{1,3}	Value Health 5000 EPO ^{1,3}	Value Health 5000 ^{1,3}	Secure Health 3000 ^{1,2}
IN-NETWORK	Minimum Group Plan Enrollment	No minimum	No minimum	No minimum	2-14
	Annual deductibles: individual/family	\$3,000/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$3,000 per person
	Plan pays/individual pays (co-insurance) (after deductible)	70%/30%	70%/30%	70%/30%	70%/30%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$6,000/\$12,000	\$7,900/\$15,800	\$7,900/\$15,800	\$6,500/\$13,000
	Wellness and preventive care visit (in-network, per Preventive Schedule) (no deductible)	0%	0%	0%	0%
	Primary care or retail clinic	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay ⁴
	Specialist office visit	\$70 co-pay	\$70 co-pay	\$70 co-pay	30% after deductible
	Teladoc	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
	Urgent care (after deductible)	\$120 co-pay	\$120 co-pay	\$120 co-pay	30% after deductible
	Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST))	\$70 co-pay	\$70 co-pay	\$70 co-pay	30% after deductible
	Hospital inpatient (including maternity)	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	Emergency room services (per visit)	\$300 co-pay, then 30% (no deductible)	\$300 co-pay, then 30% (no deductible)	\$300 co-pay, then 30% after deductible	30% after deductible
	Mental health/substance abuse – inpatient	30% after deductible	30% after deductible	30% after deductible	Not covered
	Mental health/substance abuse – office and professional services	\$0 co-pay	\$0 co-pay	\$0 co-pay	Not covered
	Chiropractic services (12 visits annually)	Not covered	Not covered	Not covered	Not covered
	Prescription drugs program	\$15 co-pay generic retail ⁵ \$30 co-pay generic mail order ⁵ Preferred, non preferred and specialty drugs subject to deductible and co-pays/co-insurance ^{5,6,7}	\$15 co-pay generic retail ⁵ \$30 co-pay generic mail order ⁵ Preferred, non preferred and specialty drugs subject to deductible and co-pays/co-insurance ^{5,6,7}	\$15 co-pay generic retail ⁵ \$30 co-pay generic mail order ⁵ Preferred, non preferred and specialty drugs subject to deductible and co-pays/co-insurance ^{5,6,7}	\$0 co-pay ACA-mandated preventive drugs only (No coverage for non-ACA-mandated drugs)
	Diabetic supplies	\$20 co-pay (no deductible)	\$20 co-pay (no deductible)	\$20 co-pay (no deductible)	Not covered
	Participating insulin	\$75 co-pay (no deductible)	\$75 co-pay (no deductible)	\$75 co-pay (no deductible)	Not covered

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

²This plan does not constitute "creditable coverage" under Medicare Part D for active participants age 65 and older. Participants in this plan could incur late enrollment penalties from Medicare.

³The maximum out-of-pocket limit includes the deductible and co-insurance for eligible, in-network services.

⁴There is a 20-visit limit for each of the following: physical, speech and occupational therapy.

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 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.

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

⁸Co-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.

Exclusive Provider Organizations (EPO) Plans

EPO plans are managed care plans where services are covered only if you go to doctors, specialists or hospitals in the plan's network (except in an emergency).

Value Health Plans

How is Value Health different from other plans?

Co-pays for doctor visits: Primary care/retail clinic visits have \$0 co-pay, specialist \$70 co-pay and at an urgent care facility for \$120 co-pay.

Prescription drug benefits: Generic retail prescriptions are available for \$15 and generic mail order is available for \$30. For prescriptions other than generic, members must meet the combined medical and prescription deductible; they then pay a co-pay or co-insurance.

No coverage for chiropractic or vision services: Members are responsible for paying the full cost for these services.

Secure Health™ 3000

Like all of GuideStone's plans, Secure Health 3000 gives you access to the Blue Cross Blue Shield nationwide network of providers. Plus, Secure Health's benefit structure focuses on preventive care while offering protection from catastrophic claims – which keeps costs low and maintains the financial integrity of the plan.

Secure Health 3000 may be best for:

- People who primarily see their doctor for preventive care
- Families looking for protection from the full cost of a catastrophic claim
- Individuals who need a lower-cost option but are unwilling to accept the risks of a medical sharing plan arrangement
- Christians who want a plan that reflects their biblical values

Review the [Secure Health 3000 Product Guide for Group Plans](#) before enrolling to ensure this alternative plan meets your needs.