

CARE TODAY PLAN

Effective January 1, 2025



GuideStone's Medicare-coordinating plans include medical and Part D benefits. Part D benefits will be managed by Express Scripts. If you are currently enrolled in a Medicare supplement plan that includes a Part D benefit or a Part D stand-alone Prescription Drug Plan (PDP), it is your responsibility to verify that you are eligible to disenroll from that plan and enroll in a new plan at this time. The Transferring Vendor shall complete the transfer of the 457(b) account for the Participant to GuideStone as follows:

MEDICAL BENEFITS			
Part A Services Hospital services per benefit period (as defined by Medicare)	Medicare pays	Plan pays	You pay ¹
Hospital stays <ul style="list-style-type: none"> • Semi-private room and board • General nursing • Other hospital services and supplies 	<ul style="list-style-type: none"> • 100% days 1–60 (after deductible) • Costs over \$419/day for days 61–90 • Costs over \$838/day for days 91–150 (lifetime reserve days) 	<ul style="list-style-type: none"> • 100% of Part A deductible • \$419/day for days 61–90 • \$838/day for days 91–150 (lifetime reserve days) • 100% after reserves are depleted • All costs after 150 days 	<ul style="list-style-type: none"> • Nothing
Blood <ul style="list-style-type: none"> • First three pints • Additional amounts 	<ul style="list-style-type: none"> • 0% • 100% 	<ul style="list-style-type: none"> • 100% • 0% 	<ul style="list-style-type: none"> • Nothing
Skilled nursing facility care	<ul style="list-style-type: none"> • 100% days 1–20 • Costs over \$209.50/day for days 21–100 	<ul style="list-style-type: none"> • Nothing for days 1–20 • \$209.50/day for days 21–100 	<ul style="list-style-type: none"> • Nothing for days 21–100 • 100% after 100 days
Hospice Care <ul style="list-style-type: none"> • Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services 	<ul style="list-style-type: none"> • All but very limited co-pay/co-insurance for outpatient drugs and inpatient respite care 	<ul style="list-style-type: none"> • Medicare co-pay/co-insurance 	<ul style="list-style-type: none"> • Nothing

¹You are responsible for 100% of any charges not covered by Medicare or that are above the Medicare-approved amount.

Part B services Medical services per calendar year (as defined by Medicare)	Medicare pays	Plan pays	You pay ¹
Preventive care² For recommended preventive care services, including an annual wellness visit)	• 100%	• Nothing	• Nothing
Medical services & supplies • Doctors' services • Inpatient and outpatient medical and surgical services/supplies • Physical and speech therapy • Diagnostic tests • Durable medical equipment and other supplies	• 80% of Medicare-approved amounts for covered services	• 100% Part B deductible • Remaining 20% of Medicare-approved amounts for covered services	• Nothing
Outpatient mental health services	• 80% of Medicare-approved amounts for covered services	• Remaining 20% of Medicare-approved amounts for covered services	• Nothing
Clinical laboratory service • Tests for diagnostic services	• 100% of Medicare-approved amounts for covered services	• Nothing	• Nothing
Part B excess charges Up to 15% above Medicare-approved amounts	• \$0	• 100%	• \$0
Parts A and B services	Medicare pays	Plan pays	You pay
Home health care • Medicare-approved services • Durable medical equipment	• 100% medically necessary skilled care services and medical supplies • 80% Medicare-approved amounts (after deductible)	• Nothing • Remaining 20% of Medicare- approved amounts for covered services.	• \$0 for home health care services • \$0 for Medicare-approved durable medical equipment
Parts A and B services	Medicare pays	Plan pays	You pay
Foreign travel emergency Medically necessary, emergency care services beginning during the first 60 days of each trip outside the USA	• \$0	• \$50,000 lifetime maximum • 80% co-insurance after \$250 overseas deductible	• 20% co-insurance after \$250 deductible

¹You are responsible for 100% of any charges not covered by Medicare or that are above the Medicare-approved amount.

²For those enrolled in Medicare Part B, Medicare pays 100% of costs for recommended preventive care services (including an annual wellness visit), per *Your Guide to Medicare Preventive Services*. You may find a copy of this guide at [medicare.gov](https://www.medicare.gov).

PRESCRIPTION BENEFITS

Initial Coverage Stage	Catastrophic Coverage Stage
<ul style="list-style-type: none"> • Member pays co-pays for generic drugs • Member pays co-pays for brand name drugs • Plan pays balance of drug costs • The total of these costs (member co-pays plus plan payment for drugs) adds up toward the Catastrophic Stage 	<ul style="list-style-type: none"> • No member cost share
Total drug spend of \$2,000	Plan resets to Initial Coverage Stage each January 1

NOTE: Per the Inflation Reduction Act, Member cost share is capped at \$35 for a one-month supply of each insulin covered by the plan. Member cost share is \$0 for Part D vaccines covered by the plan.

PRESCRIPTION DRUG CO-PAYS FOR INITIAL COVERAGE STAGE

	Quantity (Days' Supply)	31	60	90
Retail pharmacy	Tier 1: Generic	\$10	\$20	\$30
	Tier 2: Preferred	\$40	\$80	\$120
	Tier 3: Non-preferred	\$65	\$130	\$195
	Tier 4: Specialty	\$75	\$150	\$225
Mail order	Tier 1: Generic	\$8	\$16	\$24
	Tier 2: Preferred	\$30	\$60	\$90
	Tier 3: Non-preferred	\$50	\$100	\$150
	Tier 4: Specialty	\$75	\$150	\$225