

Senior 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.

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 \$1,676 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"> 50% of Part A deductible (for every benefit period) \$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"> \$838 (50% of the Part A deductible)²
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"> Nothing 	<ul style="list-style-type: none"> 100% \$0
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"> Not a covered benefit 	<ul style="list-style-type: none"> \$209.50/day for days 21–100 100% after 100 days
Hospice care 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"> Nothing 	<ul style="list-style-type: none"> Co-pay/co-insurance for outpatient drugs and inpatient respite care

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

² You must pay 50% of the Part A deductible for every benefit period, which begins when you are admitted and ends when you have not received hospital or skilled nursing facility treatment for 60 days in a row.

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)	<ul style="list-style-type: none"> • 100% 	<ul style="list-style-type: none"> • Nothing 	<ul style="list-style-type: none"> • Nothing
Medical services & supplies <ul style="list-style-type: none"> • Doctors' services • Inpatient and outpatient medical and surgical services/supplies • Physical and speech therapy • Diagnostic tests • Durable medical equipment and other supplies 	<ul style="list-style-type: none"> • 80% of Medicare-approved amounts for covered services 	<ul style="list-style-type: none"> • Not a covered benefit 	<ul style="list-style-type: none"> • \$257 (Part B deductible)³ • Remaining 20% of Medicare-approved amounts for covered services
Outpatient mental health services	<ul style="list-style-type: none"> • 80% of Medicare-approved amounts for covered services 	<ul style="list-style-type: none"> • Not a covered benefit 	<ul style="list-style-type: none"> • Remaining 20% of Medicare-approved amounts for covered services
Clinical laboratory service Tests for diagnostic services	<ul style="list-style-type: none"> • 100% of Medicare-approved amounts for covered services 	<ul style="list-style-type: none"> • Not a covered benefit 	<ul style="list-style-type: none"> • Costs above Medicare-approved amounts or services not covered by Medicare
Part B excess charges Up to 15% above Medicare-approved amounts	<ul style="list-style-type: none"> • \$0 	<ul style="list-style-type: none"> • Not a covered benefit 	<ul style="list-style-type: none"> • 100% of Part B charges
Parts A and B services	Medicare pays	Plan pays	You pay
Home health care <ul style="list-style-type: none"> • Medicare-approved services • Durable medical equipment 	<ul style="list-style-type: none"> • 100% medically necessary skilled care services and medical supplies • 80% Medicare-approved amounts (after deductible) 	<ul style="list-style-type: none"> • Not a covered benefit • Not a covered benefit 	<ul style="list-style-type: none"> • \$0 for home health care services • Remaining 20% of Medicare-approved durable medical equipment
Benefits not covered by Medicare	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	<ul style="list-style-type: none"> • \$0 	<ul style="list-style-type: none"> • Not a covered benefit 	<ul style="list-style-type: none"> • 100%

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

² For 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.

³ You pay the Part B deductible once a year.

PRESCRIPTION BENEFITS

<p>Initial Coverage Stage</p> <ul style="list-style-type: none"> Member pays co-pays for covered generic drugs. Member pays either 25% of drug costs for preferred drugs or 40% of drug costs for non-preferred drugs. Plan pays balance of drug costs. 	<p>Catastrophic Coverage Stage</p> <ul style="list-style-type: none"> Plan pays the balance of drug costs for the duration of plan year.
<p>Total drug spend of \$2,000</p>	<p>Plan resets to Initial Coverage Stage each January 1</p>

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	25%	25%	25%
	Tier 3: Non-preferred	40%	40%	40%
	Tier 4: Specialty	25%	25%	25%
Mail Order	Tier 1: Generic	\$8	\$16	\$24
	Tier 2: Preferred	25%	25%	25%
	Tier 3: Non-preferred	40%	40%	40%
	Tier 4: Specialty	25%	25%	25%