

GuideStone Health Plans

Global Methodist Church² Clergy

GuideStone® believes when the Body of Christ is healthy, it's free to transform the world – and we want to help guide and equip your ministry and its people to do just that.

That's why GuideStone and Global Methodist Church have teamed up to offer best-in-class Christian health plans. We understand the health care landscape can be complicated, and we want to help make it easier! Our priority is delivering quality medical coverage designed for churches of all shapes and sizes so you can focus on fulfilling your calling.

Effective July 1, 2024

Medical Benefits	Health Choice 1000	Health Choice 5000 ¹
Annual deductibles: individual/family	\$1,000/\$2,000	\$5,000/\$10,000
Plan pays/individual pays (co-insurance)/(after deductible)	80%/20%	70%/30%
Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$5,000 Individual/\$8,250 Family	\$6,500 Individual/\$12,700 Family
Wellness and preventive care visit (in-network, per <i>Preventive Literature</i>) (no deductible)	0% no co-pay	0% no co-pay
Primary care or retail clinic visit/specialist visit	\$25/\$45 co-pay	\$25/\$45 co-pay
Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST))	\$45 co-pay	\$45 co-pay
Teladoc®	\$0 co-pay	\$0 co-pay
Urgent care	\$50 co-pay	\$50 co-pay
Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	20% after deductible	30% after deductible
Hospital inpatient (including maternity)	20% after deductible	30% after deductible
Emergency room services (per visit)	\$250 co-pay, then 20%	\$250 co-pay, then 30%
Mental health/substance abuse – inpatient	20% after deductible	30% after deductible
Mental health/substance abuse – office and professional services	\$25 co-pay	\$25 co-pay
Chiropractic services	\$45 co-pay	\$45 co-pay
Prescription drugs program ^{2,3,4,5,6,7}	\$15 co-pay generic retail	\$15 co-pay generic retail
	\$30 co-pay generic mail order	\$30 co-pay generic mail order
	Preferred, non-preferred and specialty drugs subject to co-pays	Preferred, non-preferred and specialty drugs subject to co-pays
Diabetic supplies	\$20 co-pay	\$20 co-pay
Participating insulin ⁸	\$75 co-pay	\$75 co-pay

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

²If the cost of the prescription is less than the co-pay, the member pays the full cost of the prescription.

³Retail available as 30-day supply, mail order/preferred retail pharmacy (Walgreens[®] or CVS) as 90-day supply and specialty as 30-day supply through mail order.

⁴Thirty-day supply of maintenance medications filled at retail will incur a \$10 penalty after the second retail fill. The \$10 penalty does not accumulate toward the deductible or the maximum out-of-pocket limit. This penalty does not apply to Affordable Care Act (ACA) preventive medications.

⁵If 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.

⁶A 90-day supply of maintenance drugs can be filled either by preferred retail pharmacy (Walgreens or CVS) or by mail order.

⁷Co-pays for certain specialty medications will be set to the maximum available manufacturer co-pay assistance. These co-pays will be paid by the manufacturer after the participant applies for co-pay assistance and will not apply toward maximum out-of-pocket (MOOP). Choosing not to enroll in co-pay assistance will result in a 30% coinsurance on applicable specialty medications.

⁸Select products used to treat diabetes, including participating insulin, may be available for a \$75 co-pay for a 90-day supply.

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GuideStone's Health Saver plans are HSA-qualified High Deductible Health Plans (HDHPs). Global Methodist Church will contribute \$1,000 for employee or \$2,000 for employee and spouse or employee and child(ren) or family coverage to an HSA.

Effective July 1, 2024

	Health Saver 2000 ²	Health Saver 4000 ^{1,2}
Medical Benefits		
Annual deductibles: individual/family	\$2,000/\$4,000 (aggregate)	\$4,000/\$8,000 (embedded)
Plan pays/individual pays (co-insurance) / (after deductible)	90%/10%	80%/20%
Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$4,000/\$7,500	\$6,000/\$12,000
Wellness and preventive care visit (in-network, per Prescription Assistance) (no deductible)	0% (no deductible)	0% (no deductible)
Primary care or retail clinic visit/specialist visit	10% after deductible	20% after deductible
Outpatient rehabilitation and habilitation services (Physical Therapy (PT)/Occupational Therapy (OT)/ Speech Therapy (ST))	10% after deductible	20% after deductible
Teladoc ³	0% after deductible	0% after deductible
Urgent care (after deductible)	10% after deductible	20% after deductible
Outpatient services (CT scan, MRI, diagnostic) and outpatient surgery facility	10% after deductible	20% after deductible
Hospital inpatient (including maternity)	10% after deductible	20% after deductible
Emergency room services (per visit)	\$250 co-pay, then 10% after deductible	\$250 co-pay, then 20% after deductible
Mental health/substance abuse – inpatient	10% after deductible	20% after deductible
Mental health/substance abuse – office and professional services	10% after deductible	20% after deductible
Chiropractic services	10% after deductible	20% after deductible
Prescription drugs program ^{4,5,6,9}	10% after deductible	20% after deductible
Diabetic supplies ⁷	10% (no deductible)	\$20 (no deductible)
Participating insulin ⁸	\$75 co-pay (no deductible)	\$75 co-pay (no deductible)

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.

³Members are required to pay the full consultation fee until they have met their deductible/co-insurance requirements.

⁴Retail available as 30-day supply, mail order/preferred Retail Pharmacy (Walgreens or CVS) as 90-day supply and specialty as 30-day supply through mail order.

⁵If 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.

⁶A 90-day supply of maintenance drugs can be filled either by referred retail pharmacy (Walgreens or CVS) or by mail order. Prices may vary.

⁷Costs for diabetic supplies bypass the deductible and pay at the co-insurance level.

⁸Select 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.

⁹The 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. Choosing not to enroll in co-pay assistance will result in a 30% coinsurance on applicable specialty medications after your deductible has been met.

This guide provides an overview of the Global Methodist Church Benefits Program and should not be considered complete. If any conflicts exist between the information in this guide and the actual contracts for benefits or benefit programs/policies, the benefit contract/policies will rule. Please note that Global Methodist Church reserves the right to change or terminate any benefits at any time with or without notice.

GuideStone Health Plans

2024/2025 Rates

Plan	Coverage Tier	Church	Pastor
Health Choice 1000	Employee	\$875	\$123.77
Health Choice 1000	Employee + Spouse or Employee + Child(ren)	\$1,650	\$247.66
Health Choice 1000	Employee + Family	\$2,250	\$408.55
Health Choice 5000	Employee	\$875	\$10.51
Health Choice 5000	Employee + Spouse or Employee + Child(ren)	\$1,650	\$32.47
Health Choice 5000	Employee + Family	\$2,250	\$52.33
Health Saver 2000	Employee	\$875	\$107.23
Health Saver 2000	Employee + Spouse or Employee + Child(ren)	\$1,650	\$224.58
Health Saver 2000	Employee + Family	\$2,250	\$253.81
Health Saver 4000	Employee	\$875	-\$16.33
Health Saver 4000	Employee + Spouse or Employee + Child(ren)	\$1,650	-\$10.18
Health Saver 4000	Employee + Family	\$2,250	-\$67.45

For negative amounts, the pastor's share is zero and the amount listed is deposited in the pastor's Health Savings Account (HSA) or credited toward dental/vision and only goes toward HSA if the clergy member does not elect a dental or vision plan.

The rates set forth above have been determined by Global Methodist Church. They have not been determined nor reviewed by GuideStone and are being provided solely at the request of Global Methodist Church for ease of reference. If any conflicts should occur between this information in this rate chart and the actual rate deducted, or should you have any questions or concerns about the rates provided, please contact Global Methodist Church.

Wellness Tools and Programs

Staying healthy is easier than ever – you just need the right tools! Learn what's available in your GuideStone medical plan.

- [Quantum Health](#) is your personal team of nurses, benefit experts and claims specialist who will do whatever it takes to support your unique health care needs.
- [Teladoc](#) (telemedicine provider) means that you have access to U.S. board-certified doctors, including pediatricians, all day, every day – even holidays at no cost.
- [SmartShopper](#)[®] allows you to earn cash rewards of up to \$1,000 and reduce your out-of-pocket health care costs by shopping for health care procedures with SmartShopper.
- And much more!

Visit [GuideStone.org/WellnessTools](https://www.guidestone.org/wellness-tools) to learn more.

Additional Benefits

Your GuideStone health plan protects more than your health. It also provides for your entire well-being with these additional benefits.

- [BCBS Global[®] Care](#) – Members traveling outside the United States have access to doctors and hospitals in more than 200 countries and territories around the world.
- [Blue365[®]](#) – This member discount program can help you save on products and services that are not part of your health coverage.
- [Experian IdentityWorks[®]](#) – Highmark[®] BCBS[®] provides Experian IdentityWorks to help members who are victims of identity theft.

Visit [GuideStone.org/Benefits/Benefits](https://www.guidestone.org/benefits/benefits) to learn more.

Review the [Summary of Benefits and Coverage](#) or the [Benefit Handbook](#) for additional information.