

Health Saver 2800

Effective January 1, 2010

This chart provides a summary of the benefits and prescription drug program for the Health Saver 2800, a qualified high deductible health plan eligible for use with a Health Savings Account. **See the reverse side for a glossary of terms used.**

PLAN FEATURES		
In-network	Deductible for employee-only coverage	\$2,800 ¹
	Deductible for employee + dependent(s) coverage (aggregate)	\$5,600 ¹
	Plan pays / individual pays (coinsurance)	80% / 20% ²
	Annual coinsurance maximum for employee-only coverage	\$3,000 after deductible
	Annual coinsurance maximum for employee + dependent(s) coverage	\$6,000 after deductible
	Primary care physician office visit / Specialist office visit	80% after deductible
	Wellness and preventive care (primary care / specialist)	100% (no deductible)
	Hospital inpatient including maternity (per admission)	80% after deductible
	Outpatient surgery (per occurrence)	80% after deductible
	Emergency room (per visit)	80% after deductible
	Outpatient services (CT scans; MRI; diagnostic)	80% after deductible
	Chiropractic services (20 visits annually)	80% after deductible
	Mental health and substance abuse: inpatient / intensive outpatient services	80% after deductible
Mental health / substance abuse: office and professional services copay	80% after deductible	
Out-of-network	Deductible for employee-only coverage	\$5,600 ¹
	Deductible for employee + dependent(s) coverage (aggregate)	\$11,200 ¹
	Plan pays / individual pays (coinsurance)	50% / 50% ²
	Annual coinsurance maximum for employee-only coverage	\$10,000
	Annual coinsurance maximum for employee + dependent(s) coverage	\$12,000
	Wellness and preventive care	Not covered
	Hospital inpatient including maternity (per admission)	50% after deductible
	Outpatient surgery (per occurrence)	50% after deductible
	Emergency room: for emergencies only, as determined by Highmark	80% after deductible
	Non-emergency use of emergency room	50% after deductible
Mental health and substance abuse: all services	50% after deductible	

PRESCRIPTION DRUG PROGRAM		
	Individual / family ¹	\$2,800 / \$5,600
Retail (30-day supply)	Generic	80% after deductible
	Preferred	80% after deductible ³
	Non-preferred	80% after deductible ³
Mail Order (90-day supply)	Generic	80% after deductible
	Preferred	80% after deductible ³
	Non-preferred	80% after deductible ³
	Specialty drug	80% after deductible

¹Your deductible is met by both medical and prescription drug expenses.

²Plan deductible must be met before benefits are paid.

³If a preferred or non-preferred drug is purchased when a generic is available, the cost difference between the preferred/non-preferred drug and its generic equivalent will not apply to the participant's deductible or out-of-pocket expenses. After the deductible is met, the participant must pay the cost difference between the preferred/non-preferred drug and its generic equivalent if available.



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Glossary of terms

Coinsurance — The percentage of eligible claims you pay after you meet your deductible.

Coinsurance maximum — The most you will have to pay in a year in coinsurance for covered benefits after you meet your deductible.

Deductible — The up-front, out-of-pocket expense. Participants must meet their deductible with eligible charges before claims will be paid according to plan benefits.

Deductible for employee + dependent(s) coverage — This applies to an employee who has dependents included on their coverage. You and your dependents are responsible to pay for medical and prescription drug claim costs up to the plan's family deductible amount before GuideStone begins paying claims for anyone in the family. The family deductible may be met by one individual or by multiple family members' combined claims. This is known as an "aggregate" or combined deductible.

Deductible for employee-only coverage — This applies only to an employee who has no dependents included on their coverage. You are responsible to pay for medical and prescription drug claim costs up to the plan's individual deductible amount before GuideStone begins paying claims.

Generic — A term used for prescription drugs identified by their chemical name. A bioequivalent to the brand-name drug made available to the public after the patent has expired on the brand-name drug. The generic version usually results in a less expensive drug.

Mail order — When you need a prescription drug on an ongoing basis, you can mail your prescription to the Medco by Mail™ service to receive prescriptions for up to a 90-day supply of medication.

Health Savings Account (HSA) — an account that can be used to pay current medical expenses as well as to provide for future qualified medical expenses on a tax-advantaged basis. Contributions, earnings and distributions are exempt from federal income and Social Security (FICA) taxes when used to pay for qualified medical expenses.

In-network — Health care services received from a provider in a network.

Network provider — A doctor, hospital or other health care facility that has entered into a contract to provide medical services or supplies at agreed upon rates to you or your covered dependents under the plan.

Non-preferred drugs — A list of commonly prescribed medications that are not on the plan's formulary list.

Preferred drugs — Also known as formulary drugs; this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control your plan's costs.

Retail pharmacy benefits — When you need a prescription on a short-term basis, you can fill your prescription at a local participating network pharmacy to receive prescriptions for up to a 30-day supply.

Specialist — Any physician not considered a primary care physician.

Wellness and preventive care — Covered services are based on a preventive health schedule which includes preventive services for children and adults based on recommendations from the U.S. Preventive Service Task Force, the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics.

This information only highlights the depth of coverage and benefits you can receive when you protect yourself with GuideStone. There are limitations and exclusions that apply. This is a general summary of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.