

Care Plus Plan

Care Plus Plan Medical Benefits

Effective January 1, 2012

Medical Plans			
Part A services (as defined by Medicare)	Medicare pays	Care Plus 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 \$1,156 deductible) Costs over \$289/day for days 61-90 Costs over \$578/day for days 91-150 (lifetime reserve days) 	<ul style="list-style-type: none"> 50% of Part A deductible (for every benefit period)² \$289/day for days 61-90 \$578/day for days 91-150 (lifetime reserve days); 100% after reserves are depleted all costs after 150 days 	<p>\$578 (50% of the Part A deductible²)</p>
Skilled nursing facility care	<ul style="list-style-type: none"> 100% days 1-20 Costs over \$144.50/day for days 21-100 	Not a covered benefit	<ul style="list-style-type: none"> \$144.50/day for days 21-100 100% after 100 days
Part B services (as defined by Medicare)	Medicare pays	Care Plus plan pays	You pay ¹
Preventive care* (for recommended preventive care services, including an annual wellness visit)	100%	Nothing	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 services 	80% of Medicare-approved amounts for covered services	Remaining 20% of Medicare-approved amounts for covered services	\$140 (Part B deductible) ³
Outpatient mental health services	55% of Medicare-approved amounts for covered services	Remaining 45% of Medicare-approved amounts for covered services	Deductible applies
Diagnostic clinical laboratory service	100% of Medicare-approved amount for covered services	Nothing (Medicare covers at 100%)	Costs above Medicare-approved amounts or services not covered by Medicare

*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 www.medicare.gov.

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

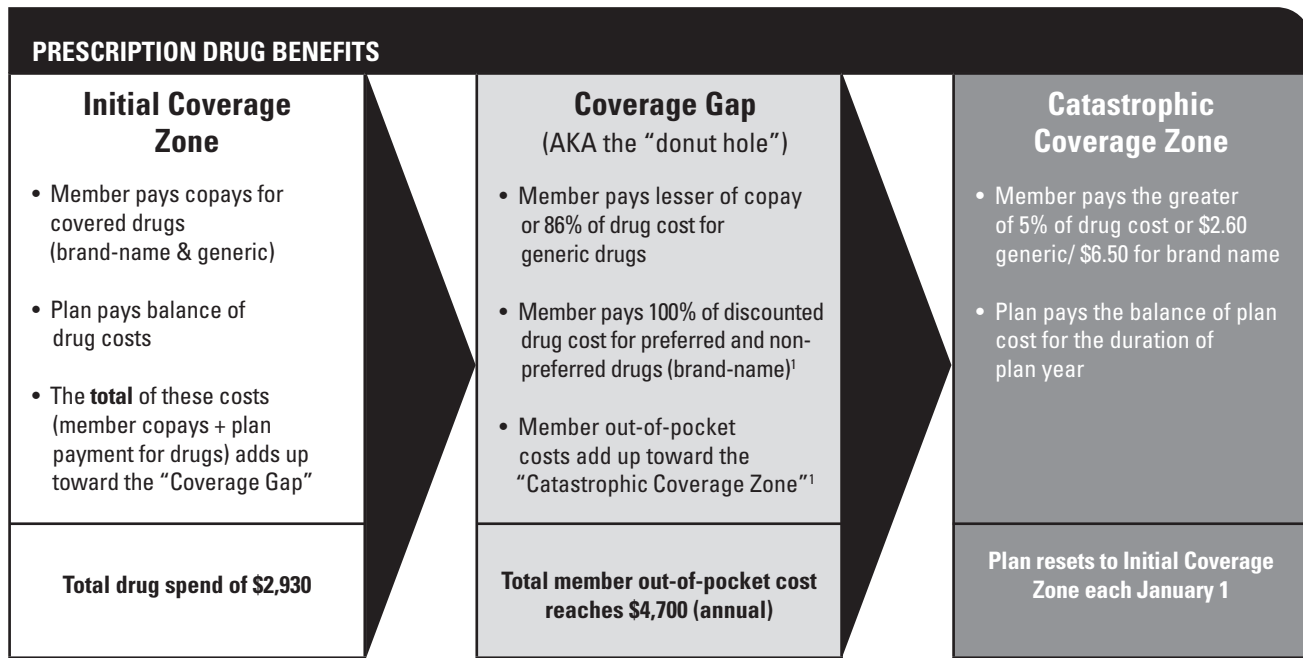
² You must pay 50% of the Part A deductible for every benefit period, which begins when you are admitted and ends when you have not received hospital or skilled nursing facility treatment for 60 days in a row.

³ You pay the Part B deductible once a year.


GuideStone[®]
 Insurance Plans

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Care Plus Plan Prescription Benefits



¹ Members will actually pay 50% of brand drug cost after a discount from the pharmaceutical manufacturer. The discounted amount will be charged at the pharmacy. The full retail cost of the drugs will still apply to getting out of the donut hole even though 50% was paid for by the pharmaceutical manufacturers.

PRESCRIPTION DRUG COPAYS:					
		Quantity (Days' supply)	31	60	90
Retail Pharmacy	Generic ¹		\$8	\$16	\$24
	Preferred		\$35	\$70	\$105
	Non-Preferred		\$60	\$120	\$180
	Specialty Drug		\$50	\$100	\$150
Mail Order	Generic ¹		\$6	\$11	\$16
	Preferred		\$24	\$45	\$70
	Non-Preferred		\$40	\$80	\$120
	Specialty Drug		\$50	\$100	\$150

¹ Generic drug copays apply in both the Initial Coverage Zone and the Coverage Gap.