

How to Get the Most from
Your Health Saver Plan

Group Plans — Highmark Blue Cross Blue Shield




GuideStone[®]
Insurance Plans

Effective January 1, 2012

Do well. Do right.[®]

How to Get the Most from Your Health Saver Plan

TABLE OF CONTENTS

Help when you need it _____	2
Frequently asked questions _____	4
New to the plan? Information you need to know _____	6
<i>Preventive Care Schedule</i> _____	7

You have a busy life. Health plans can seem complicated — and the information you want may be hard to find. That’s why we’ve created this booklet. Inside you’ll find key information to use and get the most out of your health plan.

Did you know? How you use your health plan can have a direct effect on how much it’ll cost you in the future.

Help when you need it

GuideStone Financial Resources

If you have a general question about your plan or just want guidance in finding information, call us. We can answer your questions or point you in the right direction.

MyGuideStone.org

This is your personalized dashboard for all your GuideStone products and plans.

Here you can find:

- ✧ **Plan booklets and your plan’s *Summary of Benefits***, which provide information on what’s covered and how benefits are paid for your plan. (Want a printed copy? Request one from your employer’s authorized benefits representative.)
- ✧ **A summary** of your insurance coverage.
- ✧ **Links** to plan management resources, including how to find a provider or file a claim.
- ✧ **Much more!**

helpful tip

Did you know?

Through *MyGuideStone.org*, you can access Highmark and Medco for help finding a doctor or hospital, and tracking medical claims or prescription drugs. Once logged into *MyGuideStone.org*, visit the *Insurance* tab, then select the “Resources” page.



Help when you need it

Highmark Blue Cross Blue Shield® — PPO medical coverage

1-866-472-0924

Highmark is your medical claims administrator and network provider. If you have a question about a medical claim, want information on what's covered, to request a new ID card or something similar, you can call Highmark for help.

www.highmarkbcbs.com

Once you register, you can request new ID cards, track claims, compare providers, find wellness support information and much more!

Baby BluePrints® Program

1-866-918-5267

Expecting? Highmark's pregnancy support program is designed to help expectant families understand every stage of pregnancy and make more informed decisions. Once you enroll, you get support from a nurse Health Coach, a welcome packet with discount flyers, important prenatal information and vouchers for free gifts!

Medco Health Solutions — Prescription drug coverage

1-800-555-3432

Medco is your pharmacy benefits provider. If you have a question about a prescription drug claim, want information on what drugs are covered, mail order service, request a new prescription ID card or something similar, you can call Medco for help.

www.medco.com

Once you register, you can:

- ✧ Fill new or existing mail order prescriptions.
- ✧ Track your spending and how close you are to meeting your deductible.
- ✧ Price a medication and discover cheaper alternatives.
- ✧ Find generic equivalents for brand name drugs.
- ✧ Locate participating pharmacies.

Did you know?

You may **save money on your prescription drugs** two ways:

1. By asking for generics whenever appropriate;
2. By using mail order for maintenance prescriptions.

You can save hundreds a year!

helpful tip

Highmark has launched Health@Hand, a free app for your iPhone®. Find doctors and first aid tips on-the-go. Log into www.highmarkbcbs.com to learn how to download the app.

helpful tip

Medco Pharmacy has launched a free app for iPhone®, Blackberry® and Android® smartphones.

- Find lower-cost prescriptions.
- View your medications.
- Set reminders to take or refill prescriptions.
- Notify you of health risks from interactions.
- Display your virtual ID card.

To download, search "Medco" in your smartphone's app store. Log in with your medco.com user ID and password.

Frequently asked questions

Did you know?

There's a new place to learn.

GuideStone's new Learning Center is a handy online resource that brings together tools and information about a variety of topics for your family's well-being — physically and financially. Check it out at www.GuideStone.org/LearningCenter.

How does my deductible work?

How your deductible works depends on the plan in which you're currently enrolled. The Health Saver 2800 and Health Saver 3000 have an *aggregate deductible*, while the Health Saver 2600 has an *embedded deductible*. (All plans not available to all participants.)

Aggregate deductible

Also known as a "combined" deductible, aggregate deductibles affect participants with one or more dependents on the Health Saver 2800 or Health Saver 3000 plan.

- ✘ An "aggregate" deductible means that you and your dependents must meet the plan's **family deductible** before any claims will be paid.
- ✘ The family deductible may be met by one individual or by the combined claims of multiple family members.
- ✘ Once you've met the family deductible, the plan pays eligible claims at your plan's coinsurance level (80% for the Health Saver 2800 and 100% for the Health Saver 3000).
- ✘ In-network preventive care services are not subject to the deductible and are covered at 100%. See the *Preventive Care Schedule* on pg. 7 for more information.
- ✘ Once you meet your deductible and annual out-of-pocket maximum, your plan pays 100% of eligible healthcare expenses.

Embedded deductible

This means that no one family member is responsible for more than the individual deductible on the Health Saver 2600 plan. Once a family member meets the individual deductible, GuideStone pays 100% of eligible charges for that family member for the remainder of the calendar year. Other family members must continue to pay toward the remaining family deductible until it is met.

Does my plan have copays?

No. Because your plan is a federally-qualified High Deductible Health Plan (HDHP), you do not have copays. Until your deductible is met, you will pay the full cost of the medical services and prescription drugs. Once your deductible is met, you will pay applicable coinsurance until you reach your annual out-of-pocket maximum.

It's important to note that because you're on the plan, you'll pay the negotiated discounted cost for medical services and prescription drugs received from network providers.

Where can I get more information about Health Savings Accounts (HSAs)?

The Health Saver plans are federally-qualified High Deductible Health Plans (HDHPs). That means that participants in those plans may be eligible to open a Health Savings Account. For more information on opening an HSA, contact BNY Mellon Investment Servicing (US) Inc. to request an enrollment packet (1-877-245-0116). You may also enroll in a Highmark BlueAccount HSA online at www.highmarkbcbs.com. Just log in and look under the *Your Spending* tab.

How do I know how my claims were paid?

Explanations of Benefits (EOBs) are sent electronically to you after you receive treatment and file a claim. They explain how benefits were paid under your health plan.

helpful tip

Maximize your benefits!

Always present your prescription drug or medical ID cards to a provider, even if you're paying the full cost of the service or prescription. Why? Because your coverage includes **provider and prescription drug discounts** that can substantially reduce the amount you'll have to pay! Don't miss out on the savings!

What if I need medical attention while I'm traveling?

You're covered by a nationwide network — which means that within the U.S., you search for providers just like you would at home. If you need to be hospitalized, call the number on the back of your medical ID card (1-866-472-0924) for pre-certification or preauthorization (in the U.S. or overseas).

Did you know that your plan also includes international coverage? Outside of the U.S., you have access to doctors and hospitals in more than 170 countries and territories around the world through the BlueCard Worldwide® Program. Always call **1-800-810-BLUE** (1-800-810-2583) or visit www.bcbs.com/bluecardworldwide for claims instructions or to search for participating providers.

I've filed a claim, and now I've been contacted by a company called Healthcare Recoveries, asking for details about the claim. Should I contact them?

Yes. Healthcare Recoveries is a legitimate, third-party organization that is contacting you on behalf of Highmark Blue Cross Blue Shield. Their job is to help determine whether your medical insurance or another party — worker's compensation, automobile insurance, a different insurance plan, etc. — should cover the claims resulting from an accident or injury. The goal is to ensure that claims are paid by the appropriate party — helping to keep things moving along and costs contained.

What kind of wellness benefits are covered on my health plan?

Wellness benefits, such as preventive care screenings, annual physicals and immunizations, are included in your GuideStone medical plan. These benefits are based on Highmark's *Preventive Care Schedule*. Eligible in-network wellness services are covered at 100% and **are not subject to the deductible**. There is no annual maximum benefit. Wellness services received from providers outside the PPO network are not covered. See the *Preventive Care Schedule* on pg. 7 for an overview.

You also have access to Blue365® Healthy Deals. Through Blue365, you can save money on gym memberships, healthy eating options, fitness gear and other resources to help your family live healthier. For more information, log into www.highmarkbcbs.com, then select the *Your Coverage* tab and go to "Member Discounts."

I need a mammogram or colonoscopy. How will it be covered?

Your first mammogram/colonoscopy of the year will be considered preventive care. If you choose an in-network doctor, your mammogram/colonoscopy will be covered at 100% with no deductible. All subsequent mammograms/colonoscopies within the year will be considered diagnostic and will be subject to your health plan's deductible and coinsurance.

How can I find doctors and healthcare facilities participating in the PPO network?

You can call **1-866-472-0924** or visit www.highmarkbcbs.com to use Highmark's "Find Providers" tool. Be sure to select "BCBS PPO" as your health plan. Or you can use your Health@Hand app on your iPhone® to search for doctors.

helpful tip

We're committed to wellness.

To control healthcare costs, start by living a healthy life now. Through our wellness website, GuideStone.org/Wellness, you have free access to a variety of wellness tools and information to help support a healthy lifestyle.

Frequently asked questions *Continued*

I need to add my newborn or adopted child to my health plan. When do I need to do this?

As soon as possible. To make sure your claims are properly processed and the child is added to your health plan, you need to add the dependent child **within 60 days** of the child's birth, adoption or placement for adoption. Contact your employer's authorized benefit representative to add your newborn or adopted child.

Do I have a vision benefit?

Yes. Your PPO medical plan now includes a vision benefit. You may now receive an annual eye exam for each participant, including an eye health examination, dilation and refraction. This will fall under the deductible and coinsurance provision of your plan and must be performed by an in-network provider. Out-of-network care will be covered at the out-of-network deductible and coinsurance level.

How can I find a vision provider?

To find an eligible vision provider, visit www.highmarkbcbs.com and search for an ophthalmologist or optometrist through the "Find a doctor, hospital or other network provider" tool. Do not use the "find a network vision provider" tool — this will yield incorrect results under this benefit.

New to the plan? Information you need to know:

ID cards

When you enroll in a new GuideStone medical plan, you'll receive two types of ID cards:

1. **Medical ID card from Highmark BCBS:** The member and each dependent will receive their own medical ID card with their name and the primary member's name.
2. **Prescription Benefit ID card from Medco:** The member and each dependent will receive their own prescription drug ID card, but all cards will only list the primary member's name. The dependent(s) will not be listed.

Be sure to provide these new cards to your providers and pharmacy.

Prior Authorization

In general, Prior Authorization affects a small percentage of drugs. If you are currently taking medication for which you've already received Prior Authorization, you may call Medco to discuss how changing plans may impact your Prior Authorization.

The goal of Prior Authorization is to make sure each patient receives the appropriate medication at the right time. If your doctor prescribes a drug that requires Prior Authorization, a Medco pharmacist will discuss the prescription with your physician and determine coverage.

Pre-existing conditions

Have you sent your Certificate of Creditable Coverage to GuideStone? A Certificate of Creditable Coverage is a document sent to you from your prior carrier that provides evidence that you had previous medical coverage. If we do not receive a copy of the certificate or if there is a break of 63 days or more between your prior coverage and your GuideStone coverage, you or your dependents age 19 and older may be subject to a 12-month pre-existing condition limitation if pre-existing conditions exist.

Did you know?

Using network providers **saves you money** two ways:

1. Provider discounts of up to 50% reduce the amount you – and the plan – have to pay;
2. You have a higher level of benefits using network providers.

The plan pays for preventive care only when given by a network provider. For in-network preventive care, use your Highmark Blue Cross Blue Shield ID card.

Well-child visits (birth – age 18)	Preventive schedule
<ul style="list-style-type: none"> Wellness exam Visual screening Hearing screening 	<ul style="list-style-type: none"> Standard incremental infant check ups for the first 12 months; every 12 months ages 1-18 Every 12 months ages 3-5; then at ages 6, 8, 10, 12 and 15 Every 12 months ages 4-6; then at ages 8, 10, 12 and 15
Immunizations: Includes standard childhood immunizations	At scheduled ages for each childhood immunization
Adult (age 19+)	Preventive schedule
Physical examination	Every 12 months
Pelvic and breast examination	Every 12 months
Pap test	Every 12 months
Mammogram	Every 12 months after age 39
Prostate cancer screening	Every 12 months
Urinalysis, venipuncture and CBC	Every 12 months
Lipid panel	Every 12 months
Glucose testing (for high-risk patients)	Every 3 years after age 45
Bone mineral density screening	Every 2 years if high risk for osteoporosis
Colorectal cancer screening <ul style="list-style-type: none"> Fecal occult blood test Screening with flexible sigmoidoscopy or double contrast barium enema Colonoscopy 	As directed by a physician <ul style="list-style-type: none"> Every 12 months after age 50 Every 5 years after age 50 Every 10 years after age 50 (or as recommended by your doctor if high risk)
Immunizations: Includes expanded age ranges for some immunizations	Expanded adult immunizations for at-risk patients
Maternity	
<p>You should expect to receive the following screenings and procedures:</p> <ul style="list-style-type: none"> Hematocrit and/or Hemoglobin (Anemia) Urine Culture & Sensitivity (C & S) Rh typing during your first visit Rh antibody testing for Rh-negative women Hepatitis B <p>In addition, your doctor may discuss breast feeding during weeks 28 through 36 and/or post-delivery, tobacco use and behavioral counseling to reduce alcohol use.</p>	

Note: This schedule, based on recommendations from the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, the American Cancer Society January 2008 Colorectal Cancer Screening guidelines and items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), is a reference tool for planning your family's preventive care. Your specific needs may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at an increased risk for a condition. If you have questions about your coverage, please call the toll-free Member Service Number on your identification card.

Prevention of Obesity

Obesity places individuals at risk for a number of chronic and debilitating diseases. Highmark is working with physicians, policymakers, The Children's Health Fund and representatives from the private sector to address the childhood obesity crisis and to create solutions to obesity-related problems. As part of Highmark's "Prevention of Obesity" initiative, the following benefits are part of our Preventive Schedule. For in-network services for the prevention of obesity, use your Highmark BCBS ID card.

Schedule for children	Preventive schedule
Children with a body mass index (BMI) in the 95th percentile are eligible for:	<ul style="list-style-type: none"> • Four additional annual preventive office visits specifically for obesity • Four annual nutritional counseling visits specifically for obesity • One set of recommended laboratory studies
Children with a BMI in the 85th percentile are eligible for:	<ul style="list-style-type: none"> • One additional annual preventive office visit specifically for obesity and blood pressure measurement
Schedule for adults (age 19+)	Preventive schedule
Adults with a BMI over 30 are eligible for:	<ul style="list-style-type: none"> • Two additional annual preventive office visits specifically for obesity and blood pressure measurement • Two annual nutritional counseling visits specifically for obesity • One set of recommended laboratory studies

Preventive Medications

The plan pays for preventive care only when given by a network provider. To determine if a specific medication is covered under the wellness benefit, call Medco at 1-800-555-3432. For over-the-counter medications purchased with a prescription from an in-network pharmacy, use your Medco ID card.

Medication	Coverage
Aspirin	Coverage to persons ages 45 years through 79 years
Fluoride	Coverage to persons through the age of five years old
Folic acid	Coverage to females through the age of 50 years old
Iron	Coverage to persons less than one year of age
Smoking cessation	Coverage to persons age 18 years and older

This general summary is not a complete list of the preventive health schedule provided under your plan. To determine if a specific procedure is covered under the wellness benefit, call Highmark Blue Cross Blue Shield® at 1-866-472-0924.

HIPAA Privacy Notice

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), a Privacy Notice with details of our use and disclosure of your rights regarding your medical information is available to you through our website. You can also request a printed copy by calling us or emailing us at Insurance@GuideStone.org.

This information only highlights the depth of coverage and benefits you can receive when you protect yourself with GuideStone. Limitations and exclusions apply. This material is a general summary of the plans. The official plan documents and contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan. In the event of a conflict with the description in this material, the terms of the official plan documents and contracts will control. GuideStone Financial Resources of the Southern Baptist Convention reserves the right to change or cancel these programs at any time. This material does not imply an employment contract or guarantee of benefits. Medical underwriting could be required.