

# Compare Your Medical Plan Options

Effective January 1, 2009

MEDICAL BENEFITS		Health Choice 5000	Health Choice 3000	Health Choice 2000	Health Choice 1000	Health Choice 500	Health Today	Health Legacy 200
IN-NETWORK	Annual deductibles: individual/family	\$5,000 / \$10,000	\$3,000 / \$5,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$500 / \$1,000	\$0 / \$0	\$200 / \$400
	Plan pays [after deductible]	70%	70%	80%	80%	80%	80%	90%
	Annual out-of-pocket maximums: individual/family [after deductible]	\$7,000 / \$7,000	\$5,000 / \$5,000	\$5,000 / \$5,000	\$4,000 / \$4,000	\$3,000 / \$3,000	\$4,000 / \$4,000	\$2,000 / \$4,000
	Primary care / specialist visit	\$25 / \$45	\$25 / \$45	\$25 / \$45	\$25 / \$35	\$25 / \$35	\$20 / \$30	\$20 / \$30
	Wellness benefit copay [per preventive care schedule]	\$25 / \$45	\$25 / \$45	\$25 / \$45	\$25 / \$35	\$25 / \$35	\$20 / \$30	\$20 / \$30
	Hospital inpatient [including maternity] & outpatient surgery facility [after deductible]	70%	70%	80%	80%	80%	80% after \$100 copay	90%
	Emergency room services [deductible does not apply]	70% after \$100 copay	70% after \$100 copay	80% after \$100 copay	80% after \$100 copay	80% after \$100 copay	80% after \$100 copay	90% after \$100 copay
	Outpatient services [CT scan; MRI; diagnostic] [after deductible]	70%	70%	80%	80%	80%	80%	90%
	Chiropractic services [20 visits annually]	\$45	\$45	\$45	\$35	\$35	\$30	\$30
	Mental health / substance abuse <ul style="list-style-type: none"> <li>Inpatient [30 days per year/80 days lifetime] [after deductible]</li> <li>Outpatient [50 visits per year/150 visits lifetime] [after deductible]</li> </ul>	70%	70%	80%	80%	80%	80% after \$100 copay	90%
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	

PRESCRIPTION DRUG BENEFITS		Health Choice 5000	Health Choice 3000	Health Choice 2000	Health Choice 1000	Health Choice 500	Health Today	Health Legacy 200
RETAIL 30-DAY SUPPLY	Individual deductible / family deductible <sup>1</sup>	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$50 / \$100	\$50 / \$100	NA / NA	NA / NA
	Generic copay	\$15	\$15	\$15	\$15	\$15	\$15	\$15
	Preferred drug copay <sup>2</sup>	\$35	\$35	\$35	\$35	\$35	\$35	\$35
	Non-preferred drug copay <sup>2</sup>	\$50	\$50	\$50	\$50	\$50	\$50	\$50

HOME DELIVERY* 90-DAY SUPPLY	Individual deductible / family deductible <sup>1</sup>	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$50 / \$100	\$50 / \$100	NA / NA	NA / NA
	Generic copay	\$35	\$35	\$35	\$35	\$35	\$35	\$35
	Preferred drug copay <sup>2</sup>	\$90	\$90	\$90	\$90	\$90	\$90	\$90
	Non-preferred drug copay <sup>2</sup>	\$125	\$125	\$125	\$125	\$125	\$125	\$125

<sup>1</sup> The individual and family prescription drug deductible is combined for Retail and Home Delivery.

<sup>2</sup> If a preferred or non-preferred drug is purchased when a generic is available, you must pay the generic copayment and the difference between the drug cost of the preferred/non-preferred drug and the drug cost of its generic equivalent.

\*Specialty drug — Eligible through speciality drug mail order program. \$50 copay for up to a 30-day supply.

MEDICAL BENEFITS		Health Choice 5000	Health Choice 3000	Health Choice 2000	Health Choice 1000	Health Choice 500	Health Today	Health Legacy 200	
OUT-OF-NETWORK	Annual deductibles: individual/family	\$10,000 / \$20,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$500 / \$1,000	\$400 / \$800	
	Plan pays [after deductible]	50%	50%	50%	50%	60%	50%	70%	
	Annual out-of-pocket maximums: individual/family [after deductible]	\$15,000 / \$15,000	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000	\$6,000 / \$10,000
	Primary care / specialist visit	50%	50%	50%	50%	60%	50%	70%	
	Wellness benefit [you pay 100%]	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
	Hospital inpatient [including maternity] & outpatient surgery facility [after deductible]	50%	50%	50%	50%	60%	50%	70% after \$250 copay	
	Emergency room services [deductible does not apply]	50%	50%	50%	50%	60%	50%	70% after \$250 copay	
	Outpatient services [CT scan; MRI; diagnostic] [after deductible]	50%	50%	50%	50%	60%	50%	70% after \$250 copay	
	Chiropractic services [20 visits annually]	50%	50%	50%	50%	60%	50%	70%	
	Mental health / substance abuse								
	<ul style="list-style-type: none"> <li>Inpatient [30 days per year/80 days lifetime] [after deductible]</li> <li>Outpatient [50 visits per year/150 visits lifetime] [after deductible]</li> </ul>	50%	50%	50%	50%	60%	50% / 50%	70% after \$250 copay	
	Visits 1–50 50%	Visits 1–50 50%	Visits 1–50 50%	Visits 1–50 50%	Visits 1–10 60% Visits 11–50 50%	Visits 1–50 50%	Visits 1–10 70% Visits 11–50 50%		
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited		



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