

GROUP PLANS

Medicare-coordinating Plans Packet

If you need assistance, please contact your Group Plans support team.

How to Enroll in a GuideStone Medicare-coordinating Health Plan

GuideStone's Medicare-coordinating plans help eligible retirees minimize out-of-pocket health care expenses by coordinating benefits with Original Medicare (Parts A and B) coverage.

The instructions below will assist in completing the required forms.

Medicare-coordinating Plans - Retiree Enrollment form (page 5):

Section 1. Employer information — Must be completed by an employer-authorized representative.

Section 2. Applicant information — Provide personal information and select the appropriate plan.

Section 3. Sign and return form.

- The *Medicare-coordinating Plans - Retiree Enrollment* form must be received by GuideStone® no later than the 20th of the month prior to your desired plan effective date.
- The effective date of coordinating coverage cannot be prior to your Medicare effective date.

Medicare FAQs

What is Medicare Part A?

Part A is hospital insurance and covers inpatient care in hospitals and skilled nursing facilities as well as hospice care. It also provides coverage for some home health care services. You must have Part A to coordinate with GuideStone's Medicare-coordinating plans.

What is Medicare Part B?

Medicare Part B helps cover medically necessary services like doctors' services, outpatient care, home health and other medical services. Part B also covers some preventive services. You must have Part B to coordinate with GuideStone's Medicare-coordinating plans that include Part B benefits. You may delay enrollment in Part B if Medicare will be secondary because of Large Group Health Plan (LGHP) coverage.

When should I sign up for Medicare Part A and Part B?

You have three opportunities to enroll in Medicare Part A and Part B.

1. Generally, your first opportunity to enroll in Part A and Part B comes during the 7-month period that begins three months prior to your 65th birthday.
2. You can sign up during the general enrollment period, which is January 1–March 31 each year.
3. You also have an 8-month Special Enrollment Period that starts the month after you retire, or the group health insurance provided by your employer ends, whichever occurs first.

Note: Other Special Enrollment Period rules may apply. Failure to enroll at one of these preapproved times may result in a penalty.

What is Medicare Part D and do I need to purchase it separately?

Medicare-approved prescription benefits are known as Medicare Part D. Prescription drug benefits are included in all of GuideStone's Medicare-coordinating plans, which are administered by Express Scripts. They meet or, in some cases, exceed the minimum standard established for Part D coverage. **That means you will not need to purchase an additional policy to provide prescription drug coverage.**

Visit Help.GuideStone.org to learn more about Medicare.

Medicare-coordinating Plans – Retiree Enrollment (Group Plans)

GuideStone's Medicare-coordinating plans for retirees include hospital, medical and Part D prescription benefits. Express Scripts will manage the Part D benefits. If you are enrolled in a Medicare supplement plan that includes a Part D benefit or a Part D stand-alone prescription drug plan, you are responsible for verifying that you are eligible to withdraw from that plan and enroll in a new plan.

1. EMPLOYER INFORMATION

Employer name: _____

GuideStone account number: _____ Employer Tax ID Number: _____

Physical address: _____

City: _____ State: _____ ZIP Code: _____

Telephone number: (_____) _____

As the employer, we agree to maintain eligibility for the Medicare-coordinating plans by contributing at least 50% of the plan cost for each retiree who enrolls in a Senior, Senior Plus or Care Today plan.

Employer authorized representative signature: _____ **Date:** ____/____/____

2. APPLICANT INFORMATION

Applicant name*: _____ Birth date: ____/____/____

Applicant represents employee or dependent applying for coverage.

Social Security number: _____ Medicare claim number*: _____

*As it appears on your Medicare card.

Part A effective date: ____/____/____ Part B effective date: ____/____/____

Home address: _____ Home telephone: (_____) _____

City: _____ State: _____ ZIP Code: _____

Email: _____

If applicant is a dependent, please provide:

Employee name: _____ Social Security number: _____

You may enroll in a GuideStone Medicare-coordinating plan if you are:

- Enrolled or were previously enrolled in an employer-sponsored GuideStone medical plan
- Eligible or will become eligible for Original Medicare (Parts A & B) within three months
- Retired or planning to retire in less than three months (provide your retirement date below)
- The spouse of an eligible Medicare-coordinating plan enrollee

What is/was your retirement date? ____/____/____

Requested effective date for Medicare-coordinating plan: ____/____/____ (must be the first day of the month following the application submission)

You may not apply more than three months prior to becoming eligible for Medicare coverage. The effective date of coverage cannot be prior to your Medicare effective date.

Select a medical plan option (may only select employer-offered plan):

(If more than one participant on your coverage is Medicare-primary, enrollment will be in the same plan.)

Care Basic Plan Care Plus Plan Care Today Plan Senior Plan Senior Plus Plan



Continued on other side

GuideStone®



3. SIGNATURE

By joining this Medicare prescription drug plan, I acknowledge that Express Scripts will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Express Scripts will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes, which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be denied enrollment and/or be withdrawn from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf per the law of the state in which I reside) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

Applicant signature: _____ Date: ____/____/____

Authorized representative signature: _____

Relationship: _____

Important: This form must be received by GuideStone no later than the 20th of the month prior to your desired plan effective date.

Return this form to: GuideStone
Insurance Services — Group Plans
5005 LBJ Freeway, Ste. 2200
Dallas, TX 75244-6152

Or, fax to GuideStone at:
1-877-834-1025

Care Basic Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

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Care Plus Benefit Overview

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Senior Plan Benefit Overview

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Coverage Gap stage	After your total yearly drug costs reach \$4,130, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$6,550.
Catastrophic Coverage stage	After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$6,550, you will pay the greater of 5% coinsurance or: <ul data-bbox="402 449 1446 617" style="list-style-type: none">• a \$3.70 copayment for covered generic drugs (including drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage• a \$9.20 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more details.

IMPORTANT PLAN INFORMATION

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, are a U.S. citizen or are lawfully present in the United States, and are eligible for benefits from GuideStone.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **[express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies)**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- Beginning October 15, 2020, you can access your plan's 2021 list of covered drugs by visiting our website at **[express-scripts.com/documents](https://www.express-scripts.com/documents)**.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- If you request a formulary exception for a drug and Express Scripts Medicare approves the exception, you will pay the cost-sharing amount set by your plan for that drug.
- You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.
- You will receive an invoice for your combined medical and prescription drug coverage from GuideStone Financial Resources.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, **[express-scripts.com](https://www.express-scripts.com)**, or by contacting Express Scripts Medicare Customer Service at the phone numbers on the back of this document.

For an explanation of your plan's rules, contact Express Scripts Medicare Customer Service at the numbers on the back of this document or review the *Evidence of Coverage* (EOC) by visiting our website, [express-scripts.com/documents](https://www.express-scripts.com/documents). You can request a copy of the EOC by calling Express Scripts Medicare Customer Service.

Does my plan cover Medicare Part B or non-Part D drugs?

In addition to providing coverage of Medicare Part D drugs, this plan provides coverage for Medicare Part B medications, as well as for some other non-Part D medications that are not normally covered by a Medicare prescription drug plan. The amounts paid for these medications will not count toward your total drug costs or total out-of-pocket expenses. Please call Customer Service for additional information about specific drug coverage and your cost-sharing amount.

Will my income affect my cost for Medicare Part D coverage?

Some people may pay an extra amount called the Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA) because of their yearly income. If you have to pay an extra amount, Social Security – *not your Medicare plan* – will send a letter telling you what the extra amount will be and how to pay it. If you have any questions about this extra amount, contact Social Security at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

Read the *Medicare & You* 2021 handbook.

The *Medicare & You* handbook has a summary of Original Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. You can get a copy at the Medicare website (<https://www.medicare.gov>) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

Express Scripts Medicare Customer Service

1.866.544.2976

24 hours a day, 7 days a week

We have free language interpreter services available for non-English speakers.

TTY: 1.800.716.3231

You can also visit us on the Web at **express-scripts.com**.

This information is not a complete description of benefits. Call Express Scripts Medicare at the numbers above for more information.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

Other pharmacies are available in our network.

For questions about premiums, enrollment and eligibility, please contact GuideStone Customer Service at **1-844-INS-GUIDE** (1-844-467-4843). Hours of operation are Monday through Friday, 7:00 a.m. to 6:00 p.m., Central Time.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.

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Facts about your Medicare Part D Prescription Drug Coverage

Express Scripts Medicare® (PDP) for GuideStone is "offered by Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York (for members located in New York State only).", which contracts with the Federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and/or B coverage in order to qualify for this plan. You must inform your former employer of any other prescription drug coverage you may have.

Enrollment Requirements

You can only be in one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare prescription drug plan, a Medicare Advantage Plan with prescription drug coverage or an individual Medicare Advantage Plan, your enrollment in Express Scripts Medicare will end that coverage.

You must live within the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands or American Samoa, and be a U.S. citizen or lawfully present in the United States to participate in this plan. It is your responsibility to inform your former employer of any address changes.

Generally, Medicare limits when you can make changes to your coverage. You can join a new Medicare prescription drug plan only during the Annual Enrollment Period (October 15 to December 7), unless you qualify for certain special circumstances. Your former employer may have an annual enrollment period that differs from the Medicare time frame.

If you leave this plan and don't get other creditable prescription drug coverage (coverage that is at least as good as Medicare's coverage) for 63 or more days, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

If you decide not to participate in this coverage, you can contact Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week, for assistance with selecting another Part D plan. TTY users should call 1.877.486.2048.

Plan Rules and Limitations

Express Scripts Medicare has formed a network of pharmacies. You may get your drugs at network retail pharmacies or a network home delivery pharmacy. Network pharmacies must generally be used except in cases of an emergency.

As a Medicare beneficiary, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. For more information about these processes, call Express Scripts Medicare Customer Service at the number on the back of your member ID card or review the *Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at express-scripts.com or you may call Customer Service to request a copy.

The Centers for Medicare & Medicaid Services must approve Express Scripts' plan each year. You can continue to get Medicare coverage as a member of this plan only as long as both Express Scripts and your former employer choose to continue to offer this plan, and CMS renews its approval of the Express Scripts plan.

Extra Help Program

Medicare beneficiaries with low or limited income and resources may be able to get Extra Help to pay for prescription drug premiums and costs, as well as get help with other Medicare costs. To see if you qualify for Extra Help, call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

Annual Income and Extra Part D Amount

Some people may have to pay an extra amount for this coverage because of their yearly income. If you have to pay an extra amount, the Social Security Administration – not your Medicare plan – will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

Release of Information

By joining this Medicare prescription drug plan, you acknowledge that Express Scripts Medicare will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations and that the information on the enclosed enrollment form is correct to the best of your knowledge. If you intentionally provide false information as part of your enrollment, you may be disenrolled from the plan.

This information is not a complete description of benefits. For more information about this plan, contact Express Scripts Medicare Customer Service at 1.866.544.2976, 24 hours a day, 7 days a week. TTY users should call 1.800.716.3231.

Other pharmacies are available in our network.

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