

Protection Plans for Personal Plans

Effective January 1, 2019



This chart provides an overview of the benefits and prescription drug program for the Value Health 5000 and Secure Health 3000. GuideStone's protection plans offer you quality, more budget-friendly health coverage.

IN-NETWORK MEDICAL BENEFITS	VALUE HEALTH 5000 ¹	SECURE HEALTH 3000 ^{1,2}
Annual deductibles: individual/family	\$5,000/\$10,000	\$3,000 per person
Plan pays/individual pays (co-insurance) (after deductible)	70%/30%	70%/30%
Maximum out-of-pocket (medical and prescription): individual/family (in-network services only, including deductible, co-pays and co-insurance)	\$7,900/\$15,800	\$6,500/\$13,000
Wellness and preventive care (in-network, per <i>Preventive Care Schedule</i>) (no deductible)	100%	100%
Primary care or retail clinic	\$0 co-pay ^{7,8}	\$0 co-pay ^{4,5}
Specialist office visit	\$70 co-pay for visits 1–3 then 70% co-insurance after deductible ^{7,8}	70% after deductible ^{4,5}
Telemedicine ³	\$0 co-pay	\$0 co-pay
Urgent care	\$120 co-pay for visits 1–3 then 70% co-insurance after deductible ^{7,8}	70% after deductible ^{4,6}
Outpatient surgery and outpatient services (CT scan, MRI, diagnostic)	70% after deductible ^{7,8}	70% after deductible ⁵
Hospital inpatient (including maternity)	70% after deductible ^{7,8}	70% after deductible
Emergency room services (per visit)	\$300 co-pay, then 70% after deductible	70% after deductible ⁹
Emergency room services – care for non-emergencies	\$300 co-pay, then 70% after deductible	70% after deductible ⁹
Mental health/substance abuse (inpatient)	70% after deductible	Not covered
Mental health/substance abuse (office and professional services)	\$0 co-pay	Not covered
Chiropractic services	Not covered	Not covered
Prescription drug program	\$15 co-pay generic retail ⁹ \$30 co-pay generic mail order ⁹ Preferred, non-preferred and specialty drugs subject to deductible and co-pays ^{3,10}	\$0 co-pay ACA-mandated preventive drugs only

OUT-OF-NETWORK MEDICAL BENEFITS	VALUE HEALTH 5000 ¹	SECURE HEALTH 3000 ^{1,2}
Annual deductibles: individual/family	\$10,000/\$20,000	Not covered
Plan pays/individual pays (co-insurance) (after deductible)	50%/50%	Not covered
Annual co-insurance maximum: individual/family (after deductible)	No limit	Not covered
Wellness and preventive care (in-network, per <i>Preventive Care Schedule</i>) (no deductible)	Not covered	Not covered
Primary care or retail clinic/specialist visit	50%	Not covered
Urgent care	50%	Not covered
Outpatient surgery and outpatient services (CT scan, MRI, diagnostic)	50%	Not covered
Hospital inpatient (including maternity)	\$500 co-pay, then 50% after deductible	Not covered
Emergency room services (per visit)	\$300 co-pay, then 70% after deductible	70% after in-network deductible ⁸
Emergency room services – care for non-emergencies	\$300 co-pay, then 50% after deductible	Not covered
Mental health/substance abuse (inpatient)	\$500 co-pay, then 50% after deductible	Not covered
Mental health/substance abuse (office and professional services)	50%	Not covered
Chiropractic services	Not covered	Not covered

¹ These plans do not constitute "creditable coverage" for Massachusetts residents.

² This plan does not constitute "creditable coverage" under Medicare Part D for active participants age 65 and older. Participants in this plan could incur late enrollment penalties from Medicare.

³ Teladoc operates subject to state regulation.

⁴ Labs and imaging are subject to deductible and co-insurance.

⁵ Prior authorization (PA) required for non-emergency advanced imaging procedures (e.g., MRI, CT, PET) performed at outpatient setting.

⁶ Prior authorization (PA) for advanced imaging does not apply in inpatient observation, ER, UC or surgical centers.

⁷ Prior authorization (PA) required for physical, speech and occupational therapy and outpatient imaging.

⁸ There is a 20-visit limit for each of the following: physical, speech and occupational therapy.

⁹ Retail available as 30-day supply, mail order as 90-day supply and specialty as 30-day supply through mail order.

¹⁰ If a non-generic drug is purchased when a generic is available, the participant must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the maximum out-of-pocket limit.

Protection Plans for Personal Plans

Please visit [GuideStone.org/ProtectionPlansIndividual](https://www.guidestone.org/ProtectionPlansIndividual) to explore your protection plans options.

Value Health 5000

The Value Health 5000 offers scaled-down benefits in exchange for a lower monthly cost. This plan includes full preventive care benefits at 100% per the [Preventive Care Schedule](#) while giving you the opportunity to participate in the cost of routine doctor visits, prescription drugs and other health care services.

For additional information, review:

[Value Health 5000 Overview](#)

[Value Health 5000 Summary of Benefits and Coverage](#)

Secure Health 3000

GuideStone's newest and lowest-cost plan, Secure Health 3000, can be the right choice for healthy individuals and families looking for a more budget-minded plan that comes with the security of true medical coverage.

To achieve this balance, Secure Health 3000 has a unique benefit structure that allows you to pay significantly less than you would for a comprehensive plan.

As part of this unique benefit structure, certain items have been excluded from this plan. Some of those exclusions are out-of-network coverage, prescription drug coverage, mental health and substance abuse coverage, and chiropractic care. To find a full list of exclusions, please see the [Secure Health 3000 Plan Document](#).

For additional information, review:

[Secure Health 3000 Overview](#)

[Secure Health 3000 Summary of Benefits and Coverage](#)

[Secure Health 3000 Product Guide for Personal Plans](#)

Glossary of Terms

Co-insurance — The percentage of eligible claims you pay after you meet your deductible.

Co-insurance maximum, out-of-network — The most you will have to pay in a year in out-of-network co-insurance for covered benefits after you meet your out-of-network deductible.

Co-pay — The fixed, up-front dollar amount you pay for certain covered expenses. Office visit co-pay amounts do not apply toward your in-network or out-of-network deductible or your out-of-network co-insurance maximum.

Deductible — This is the amount required to pay before benefits begin for services not covered by co-pays. Once this amount is met, the plan will begin paying claims at the co-insurance level.

Emergency care — Medical services from the Emergency department of a hospital to evaluate a medical condition that, in the absence of immediate medical attention, would place the health of the individual in serious jeopardy, cause serious impairment to bodily functions or cause serious and permanent dysfunction to any bodily organ or part.

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

Maximum out-of-pocket — The maximum out-of-pocket limit includes the deductible, co-pays and co-insurance for eligible, in-network services. After the individual or family amount has been satisfied, the health plan covers all eligible, in-network health care expenses, including co-pays, for the rest of the plan year.

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.

Primary care/retail clinic co-pay — The amount you pay for an office visit to a network retail clinic or primary care physician such as a pediatrician, general practitioner, family practitioner, internist or gynecologist.

Specialist — Any physician not considered a primary care physician.

Wellness and preventive care — Refers to the services listed on the [Preventive Care Schedule](#), which are covered at 100%, not subject to the deductible. The [Preventive Care Schedule](#) is based on services required under the Affordable Care Act of 2010 (ACA), as amended.

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 overview 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.

Note: A corresponding [Summary of Benefits and Coverage](#) was created to help consumers more easily understand their insurance benefits and compare plans. To view and download the [Summary of Benefits and Coverage](#) documents for all GuideStone medical plans available to you, visit [GuideStone.org/Summaries](https://www.guidestone.org/Summaries). You may also request printed copies by calling **1-844-INS-GUIDE** (1-844-467-4843) Monday through Friday, between 7 a.m. and 6 p.m. CST.