

## Compare your medical plan options

Prepared for: Reliant Mission

Network: Blue Cross Blue Shield

Effective January 1, 2018

Medical Benefits <sup>3</sup>		Health Saver 1500	Health Saver 3000 <sup>2</sup>	Health Saver 5000 <sup>2</sup>
In-network	Annual deductibles: <i>Individual / family</i>	\$1,500 / \$3,000 (aggregate) <sup>1</sup>	\$3,000 / \$6,000 (aggregate) <sup>1</sup>	\$5,000 / \$10,000 (aggregate) <sup>1</sup>
	Medical & prescription out-of-pocket maximum: <i>Individual / family (includes deductible)</i>	\$3,000 / \$6,000 (aggregate)	\$6,000 / \$12,000 (aggregate) <sup>4</sup>	\$5,000 / \$10,000 (aggregate) <sup>4</sup>
	Plan pays ( <i>co-insurance</i> ) <i>(after deductible)</i>	90% after deductible	90% after deductible	100% after deductible
	Primary care or retail clinic office visit	90% after deductible	90% after deductible	100% after deductible
	Specialist office visit	90% after deductible	90% after deductible	100% after deductible
	Teladoc <sup>5</sup>	90% after deductible	90% after deductible	100% after deductible
	Vision exam ( <i>annual refractive exam</i> )	90% after deductible	90% after deductible	100% after deductible
	Wellness visit <i>(per Preventive Care Schedule)</i>	100% no deductible	100% no deductible	100% no deductible
	Hospital inpatient (including maternity)	90% after deductible	After deductible, \$250 co-pay, then 90%	100% after deductible
	Emergency room services	90% after deductible	After deductible, \$250 co-pay, then 90%	100% after deductible
	Non-emergency submission to the emergency room (viewed as hospital inpatient/outpatient charge)	90% after deductible	After deductible, \$250 co-pay, then 90%	100% after deductible
	Urgent care	90% after deductible	90% after deductible	100% after deductible
	Outpatient services (CT scan; MRI; diagnostic) and Outpatient surgical facility	90% after deductible	90% after deductible	100% after deductible
	Chiropractic services (12 visits annually)	90% after deductible	90% after deductible	100% after deductible
	Mental health/substance abuse			
• Inpatient / Intensive outpatient services	90% after deductible	After deductible, \$250 co-pay, then 90%	100% after deductible	
• Office and professional services	90% after deductible	90% after deductible	100% after deductible	
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	

<sup>1</sup>Deductible is met by both medical and prescription drug expenses.

<sup>2</sup>These plans do not constitute "creditable coverage" for Massachusetts residents.

<sup>3</sup>Percentages reflect the amounts paid by the plan. Dollar amounts reflect participant costs for co-pays and/or deductibles.

<sup>4</sup>For family coverage, one individual cannot be responsible for more than the 2018 ACA limit of \$7,350.

<sup>5</sup>Teladoc operates subject to state regulation and may not be available in certain states.

## Prescription drug benefits

Prescription Benefits <sup>2,3</sup>		Health Saver 1500	Health Saver 3000	Health Saver 5000
Retail (30-day supply)	Individual deductible / family deductible	In-network deductible applies	In-network deductible applies	In-network deductible applies
	Generic <sup>4</sup>	90% after deductible	90% after deductible	100% after deductible
	Preferred drug <sup>1,4</sup>	90% after deductible	90% after deductible	100% after deductible
	Non-preferred drug <sup>1,4</sup>	90% after deductible	90% after deductible	100% after deductible
Mail Order (90-day supply)	Individual deductible / family deductible	In-network deductible applies	In-network deductible applies	In-network deductible applies
	Generic	90% after deductible	90% after deductible	100% after deductible
	Preferred drug <sup>1</sup>	90% after deductible	90% after deductible	100% after deductible
	Non-preferred drug <sup>1</sup>	90% after deductible	90% after deductible	100% after deductible
Specialty (30-day supply)	Individual deductible / family deductible	In-network deductible applies	In-network deductible applies	In-network deductible applies
	Generic	90% after deductible	90% after deductible	100% after deductible
	Preferred drug <sup>1</sup>	90% after deductible	90% after deductible	100% after deductible
	Non-preferred drug <sup>1</sup>	90% after deductible	90% after deductible	100% after deductible

<sup>1</sup>If a non-generic drug is purchased when a generic drug is available, the participant must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent.

<sup>2</sup>If the cost of the prescription is less than the co-pay, the participant will pay the full cost of the prescription.

<sup>3</sup>Percentages reflect the amounts paid by the plan. Dollar amounts reflect participant costs for co-pays and/or deductibles

<sup>4</sup>Maintenance drugs filled at retail will incur a \$10 penalty after the second retail fill. This penalty does not apply to ACA preventive medications  
The above penalties (footnotes 1 & 4) do not accumulate toward the Deductible or the Maximum Out-of-Pocket limit.

## Out-of-network benefits

	Medical Benefits	Health Saver 1500	Health Saver 3000	Health Saver 5000
Out-of-network	Annual deductibles: Individual / family	\$10,000 / \$20,000 (aggregate)	\$6,000 / \$12,000 (aggregate)	\$15,000 / \$30,000 (aggregate)
	Annual co-insurance maximums: Individual / family (after deductible)	\$5,000 / \$10,000 (aggregate)	\$16,000 / \$30,000 (aggregate)	\$10,000 / \$20,000 (aggregate)
	Plan pays (co-insurance) (after deductible)	60% after deductible	60% after deductible	70% after deductible
	Primary care / specialist office visit (includes annual refractive exam)	60% after deductible	60% after deductible	70% after deductible
	Wellness visits (you pay 100%)	Not covered	Not covered	Not covered
	Hospital inpatient (including maternity) & outpatient surgery facility	60% after deductible	After deductible, \$500 co-pay, then 60%	After deductible, \$500 co-pay, then 70%
	Emergency room services	90% after in-network deductible	After in-network deductible, \$250 co-pay, then 90%	100% after in-network deductible
	Non-emergency submission to the emergency room (viewed as hospital inpatient/outpatient charge)	60% after deductible	After deductible, \$250 co-pay, then 60%	After deductible, \$250 co-pay, then 70%
	Outpatient services (CT scan; MRI; diagnostic)	60% after deductible	60% after deductible	70% after deductible
	Chiropractic services - (12 visits annually)	60% after deductible	60% after deductible	70% after deductible
	Mental health/substance abuse <ul style="list-style-type: none"> <li>• Inpatient / Intensive outpatient services</li> <li>• Office and professional services</li> </ul>	60% after deductible	After deductible, \$500 co-pay, then 60%	After deductible, \$500 co-pay, then 70%
	Lifetime maximum benefit	Unlimited	Unlimited	Unlimited

The GuideStone plans effective in 2018 comply with ACA regulations applicable to self-funded church plans for 2018.