

## GuideStone PPO Medical Plan Options

Prepared for: Reliant Mission

Network: Blue Cross Blue Shield

Effective January 1, 2022

In-network Medical Benefits	Health Saver 2000	Health Saver 3000	Health Saver 5000
<b>Annual deductibles</b> <i>Individual / Family</i>	\$2,000 / \$4,000 (aggregate) <sup>1</sup>	\$3,000 / \$6,000 (aggregate) <sup>1</sup>	\$5,000 / \$10,000 (aggregate) <sup>1</sup>
<b>Medical &amp; Prescription out of pocket maximum</b> <i>Individual / Family (includes deductible)</i>	\$4,000 / \$8,000 (aggregate)	\$5,000 / \$10,000 (aggregate) <sup>2</sup>	\$5,000 / \$10,000 (aggregate) <sup>2</sup>
<b>Plan pays</b> <i>(coinsurance)</i>	90% after deductible	90% after deductible	100% after deductible
<b>Primary care / Specialty office visit</b>	You pay 10% after deductible	You pay 10% after deductible	\$0 after deductible
<b>Teladoc</b>	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible
<b>Vision Exam</b> <i>(annual refractive exam)</i>	You pay 10% after deductible	You pay 10% after deductible	You pay 0% after deductible
<b>Wellness visit</b> <i>(per Preventive Care Schedule)</i>	100% no deductible	100% no deductible	100% no deductible
<b>Hospital inpatient (including Maternity)</b> <i>(after deductible)</i>	90%	90%	100%
<b>Emergency room services</b> <i>(deductible does not apply unless otherwise noted)</i>	90% after \$250 copay and deductible	90% after \$250 copay and deductible	100% after deductible
<b>Urgent Care</b>	You pay 10% after deductible	You pay 10% after deductible	You pay 0% after deductible
<b>Outpatient surgery facility</b> <i>(after deductible)</i>	90%	90%	100%
<b>Outpatient services (CT scan; MRI; Diagnostic)</b> <i>(after deductible)</i>	90%	90%	100%
<b>Chiropractic services (12 visits annually)</b>	You pay 10% after deductible	You pay 10% after deductible	You pay 0% after deductible
<b>Mental health / Substance abuse</b>			
• <b>Inpatient services</b> <i>(after deductible)</i>	90%	90%	100%
• <b>Office and professional services</b>	You pay 10% after deductible	You pay 10% after deductible	You pay 0% after deductible
<b>Lifetime maximum benefit</b>	Unlimited	Unlimited	Unlimited

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

<sup>2</sup> In 2022, for family coverage, one individual cannot be responsible for more than \$8,700.

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Prescription Drug Benefits		Health Saver 2000	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 drug	You pay 10% after deductible	You pay 10% after deductible	\$0 after deductible
	Preferred drug <sup>1</sup>	You pay 10% after deductible	You pay 10% after deductible	\$0 after deductible
	Non-preferred drug <sup>1</sup>	You pay 10% after deductible	You pay 10% after deductible	\$0 after deductible
Mail Order (90-day supply)	Individual deductible / Family deductible	In-network deductible applies	In-network deductible applies	In-network deductible applies
	Generic drug	You pay 10% after deductible	You pay 10% after deductible	\$0 after deductible
	Preferred drug <sup>1</sup>	You pay 10% after deductible	You pay 10% after deductible	\$0 after deductible
	Non-preferred drug <sup>1</sup>	You pay 10% after deductible	You pay 10% after deductible	\$0 after deductible
Specialty (30-day supply)	Individual deductible / Family deductible	In-network deductible applies	In-network deductible applies	In-network deductible applies
	Generic drug	You pay 10% after deductible	You pay 10% after deductible	\$0 after deductible
	Preferred drug <sup>1</sup>	You pay 10% after deductible	You pay 10% after deductible	\$0 after deductible
	Non-preferred drug <sup>1</sup>	You pay 10% after deductible	You pay 10% after deductible	\$0 after deductible

<sup>1</sup> If a preferred or non-preferred drug is purchased when a generic is available, you must pay the generic copayment plus the difference between the cost of the preferred/non-preferred drug and the cost of

Out-of-Network Medical Benefits	Health Saver 2000	Health Saver 3000	Health Saver 5000
Annual deductibles Individual / Family	\$8,000 / \$16,000 (aggregate)	\$6,000 / \$12,000 (aggregate)	\$15,000 / \$30,000 (aggregate)
Co-insurance and deductible out of pocket limit Individual / Family (includes deductible)	\$28,000 / \$46,000 (aggregate)	\$22,000 / \$42,000 (aggregate)	\$25,000 / \$50,000 (aggregate)
Plan pays (coinsurance) (after deductible, unless otherwise noted)	50%	60%	70%
Primary care / Specialist office visit (includes annual vision exam)	50%	60%	70%
Wellness visits	Not covered	Not covered	Not covered
Hospital inpatient (including Maternity)	50% after \$500 copay	60% after \$500 copay	70% after \$500 copay
Emergency room services [as determined by Highmark] • For emergency care only (deductible does not apply unless otherwise noted) • Other than for emergency care	90% after \$250 copay and in-network deductible 50% after \$250 copay	90% after \$250 copay and in-network deductible 60% after \$250 copay	100% after in-network deductible 70% after \$250 copay
Outpatient surgery facility	50%	60%	70%
Outpatient services (CT scan; MRI; Diagnostic)	50%	60%	70%
Chiropractic services (12 visits annually)	50%	60%	70%
Mental health / Substance abuse • Inpatient services • Office and professional services	50% after \$500 copay 50%	60% after \$500 copay 60%	70% after \$500 copay 70%
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited

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*The GuideStone plans effective in 2022 comply with ACA regulations applicable to self-funded church plans for 2022.*