



# 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 Enrollment form (page 5):***

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**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 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**

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#### **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 [GuideStoneInsurance.org/MedicareFAQs](https://www.GuideStoneInsurance.org/MedicareFAQs) 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

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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

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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 PPO 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  Senior Plan  Senior Plus Plan



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GuideStone®



### 3. SIGNATURE

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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:  
(877) 834-1025

# Care Basic Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources



## YOUR 2019 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Plan Premium</b>	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,820:			
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: <b>Preferred Brand Drugs</b>	\$40 copayment	\$120 copayment	\$90 copayment
	Tier 3: <b>Non-Preferred Drugs</b>	\$65 copayment	\$195 copayment	\$150 copayment
	Tier 4: <b>Specialty Tier Drugs</b>	\$75 copayment	\$225 copayment	\$225 copayment
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy <sup>SM</sup> . There is no charge for standard shipping.			
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.			
<b>Coverage Gap stage</b>	After your total yearly drug costs reach \$3,820, you will pay the following until your yearly out-of-pocket drug costs reach \$5,100:			
	<b>Brand Drugs:</b> 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)			
	<b>Generic Drugs:</b> The same copayment as in the Initial Coverage stage for Tier 1 Generic Drugs and 37% of the plan's cost for all other covered generic drugs.			
<b>Catastrophic Coverage stage</b>	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 \$5,100, you will pay <b>the greater of 5% coinsurance or:</b>			
	<ul style="list-style-type: none"> <li>• a \$3.40 copayment for covered generic drugs (including brand drugs treated as generics)</li> <li>• an \$8.50 copayment for all other covered drugs.</li> </ul>			

# Care Plus Benefit Overview



Express Scripts Medicare® (PDP) for GuideStone Financial Resources

## YOUR 2019 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Plan Premium</b>	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,820:			
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: <b>Preferred Brand Drugs</b>	\$40 copayment	\$120 copayment	\$90 copayment
	Tier 3: <b>Non-Preferred Drugs</b>	\$65 copayment	\$195 copayment	\$150 copayment
	Tier 4: <b>Specialty Tier Drugs</b>	\$75 copayment	\$225 copayment	\$225 copayment
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	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy <sup>SM</sup> . There is no charge for standard shipping.			
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.			
<b>Coverage Gap stage</b>	After your total yearly drug costs reach \$3,820, you will pay the following until your yearly out-of-pocket drug costs reach \$5,100:			
	<b>Brand Drugs:</b> 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)			
	<b>Generic Drugs:</b> The same copayment as in the Initial Coverage stage for Tier 1 Generic Drugs and 37% of the plan's cost for all other covered generic drugs.			
<b>Catastrophic Coverage stage</b>	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 \$5,100, you will pay <b>the greater of 5% coinsurance or:</b>			
	<ul style="list-style-type: none"> <li>• a \$3.40 copayment for covered generic drugs (including brand drugs treated as generics)</li> </ul>			
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# Care Today Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

## YOUR 2019 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Plan Premium</b>	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.																							
<b>Initial Coverage stage</b>	<p>You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,820:</p> <table border="1" data-bbox="350 653 1524 1073"> <thead> <tr> <th data-bbox="350 653 797 768"><b>Tier</b></th> <th data-bbox="797 653 1036 768"><b>Retail One-Month (31-day) Supply</b></th> <th data-bbox="1036 653 1274 768"><b>Retail Three-Month (90-day) Supply</b></th> <th data-bbox="1274 653 1524 768"><b>Home Delivery Three-Month (90-day) Supply</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="350 768 797 842">Tier 1: <b>Generic Drugs</b></td> <td data-bbox="797 768 1036 842">\$10 copayment</td> <td data-bbox="1036 768 1274 842">\$30 copayment</td> <td data-bbox="1274 768 1524 842">\$24 copayment</td> </tr> <tr> <td data-bbox="350 842 797 915">Tier 2: <b>Preferred Brand Drugs</b></td> <td data-bbox="797 842 1036 915">\$40 copayment</td> <td data-bbox="1036 842 1274 915">\$120 copayment</td> <td data-bbox="1274 842 1524 915">\$90 copayment</td> </tr> <tr> <td data-bbox="350 915 797 989">Tier 3: <b>Non-Preferred Drugs</b></td> <td data-bbox="797 915 1036 989">\$65 copayment</td> <td data-bbox="1036 915 1274 989">\$195 copayment</td> <td data-bbox="1274 915 1524 989">\$150 copayment</td> </tr> <tr> <td data-bbox="350 989 797 1073">Tier 4: <b>Specialty Tier Drugs</b></td> <td data-bbox="797 989 1036 1073">\$75 copayment</td> <td data-bbox="1036 989 1274 1073">\$225 copayment</td> <td data-bbox="1274 989 1524 1073">\$225 copayment</td> </tr> </tbody> </table> <p data-bbox="350 1104 1524 1178">If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p data-bbox="350 1188 1524 1304">You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy<sup>SM</sup>. There is no charge for standard shipping.</p> <p data-bbox="350 1314 1524 1423">Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>				<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Home Delivery Three-Month (90-day) Supply</b>	Tier 1: <b>Generic Drugs</b>	\$10 copayment	\$30 copayment	\$24 copayment	Tier 2: <b>Preferred Brand Drugs</b>	\$40 copayment	\$120 copayment	\$90 copayment	Tier 3: <b>Non-Preferred Drugs</b>	\$65 copayment	\$195 copayment	\$150 copayment	Tier 4: <b>Specialty Tier Drugs</b>	\$75 copayment	\$225 copayment	\$225 copayment
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<b>Coverage Gap stage</b>	<p>After your total yearly drug costs reach \$3,820, you will pay the following until your yearly out-of-pocket drug costs reach \$5,100:</p> <p data-bbox="350 1524 1524 1629"><b>Brand Drugs:</b> 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)</p> <p data-bbox="350 1650 1524 1696"><b>Generic Drugs:</b> 37% of the plan's costs for all covered generic drugs.</p>																							
<b>Catastrophic Coverage stage</b>	<p>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 \$5,100, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul data-bbox="402 1829 1524 1934" style="list-style-type: none"> <li>• a \$3.40 copayment for covered generic drugs (including brand drugs treated as generics)</li> <li>• an \$8.50 copayment for all other covered drugs.</li> </ul>																							

# Senior Plan Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

## YOUR 2019 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Plan Premium</b>	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.			
<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,820:			
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	\$10 copayment	\$30 copayment	\$24 copayment
	Tier 2: <b>Preferred Brand Drugs</b>	25% coinsurance	25% coinsurance	25% coinsurance
	Tier 3: <b>Non-Preferred Drugs</b>	40% coinsurance	40% coinsurance	40% coinsurance
	<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy<sup>SM</sup>. There is no charge for standard shipping.</p> <p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>			
<b>Coverage Gap stage</b>	After your total yearly drug costs reach \$3,820, you will generally pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$5,100.			
<b>Catastrophic Coverage stage</b>	<p>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 \$5,100, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul style="list-style-type: none"> <li>• a \$3.40 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage</li> <li>• an \$8.50 copayment for all other covered drugs.</li> </ul>			

# Senior Plus Benefit Overview



Express Scripts Medicare® (PDP) for GuideStone Financial Resources

## YOUR 2019 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Plan Premium</b>	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact GuideStone Customer Service.																							
<b>Initial Coverage stage</b>	<p>You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,820:</p> <table border="1" data-bbox="358 684 1529 1094"> <thead> <tr> <th data-bbox="358 684 797 793">Tier</th> <th data-bbox="797 684 1036 793">Retail One-Month (31-day) Supply</th> <th data-bbox="1036 684 1274 793">Retail Three-Month (90-day) Supply</th> <th data-bbox="1274 684 1529 793">Home Delivery Three-Month (90-day) Supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="358 831 797 867">Tier 1: <b>Generic Drugs</b></td> <td data-bbox="797 831 1036 867">\$10 copayment</td> <td data-bbox="1036 831 1274 867">\$30 copayment</td> <td data-bbox="1274 831 1529 867">\$24 copayment</td> </tr> <tr> <td data-bbox="358 905 797 940">Tier 2: <b>Preferred Brand Drugs</b></td> <td data-bbox="797 905 1036 940">\$40 copayment</td> <td data-bbox="1036 905 1274 940">\$120 copayment</td> <td data-bbox="1274 905 1529 940">\$90 copayment</td> </tr> <tr> <td data-bbox="358 978 797 1014">Tier 3: <b>Non-Preferred Drugs</b></td> <td data-bbox="797 978 1036 1014">\$65 copayment</td> <td data-bbox="1036 978 1274 1014">\$195 copayment</td> <td data-bbox="1274 978 1529 1014">\$150 copayment</td> </tr> <tr> <td data-bbox="358 1052 797 1087">Tier 4: <b>Specialty Tier Drugs</b></td> <td data-bbox="797 1052 1036 1087">\$75 copayment</td> <td data-bbox="1036 1052 1274 1087">\$225 copayment</td> <td data-bbox="1274 1052 1529 1087">\$225 copayment</td> </tr> </tbody> </table> <p data-bbox="358 1163 1529 1234">If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p data-bbox="358 1251 1529 1360">You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy<sup>SM</sup>. There is no charge for standard shipping.</p> <p data-bbox="358 1377 1529 1482">Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>				Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Home Delivery Three-Month (90-day) Supply	Tier 1: <b>Generic Drugs</b>	\$10 copayment	\$30 copayment	\$24 copayment	Tier 2: <b>Preferred Brand Drugs</b>	\$40 copayment	\$120 copayment	\$90 copayment	Tier 3: <b>Non-Preferred Drugs</b>	\$65 copayment	\$195 copayment	\$150 copayment	Tier 4: <b>Specialty Tier Drugs</b>	\$75 copayment	\$225 copayment	\$225 copayment
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<b>Coverage Gap stage</b>	After your total yearly drug costs reach \$3,820, 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 \$5,100.																							
<b>Catastrophic Coverage stage</b>	<p>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 \$5,100, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul data-bbox="402 1734 1529 1915" style="list-style-type: none"> <li>• a \$3.40 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage</li> <li>• an \$8.50 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.</li> </ul>																							

## **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**, click "Prescriptions" then "Find a pharmacy."
- 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 1, 2018, you can access your plan's 2019 list of covered drugs by visiting our website at **express-scripts.com**, clicking "Benefits" then "Medicare resources."
- 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 Non-Preferred Drug cost-share 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**, 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**. 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 your income is more than \$85,000 for individuals and married individuals filing separately or \$170,000 for married individuals filing jointly, you'll have to pay an extra amount directly to the government for your Medicare Part D coverage. 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* 2019 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](http://express-scripts.com)**.

This information is not a complete description of benefits. Contact Express Scripts Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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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5005 LBJ Freeway, Ste. 2200, Dallas, TX 75244-6152  
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