



# Care Basic Benefit Overview

## Express Scripts Medicare® (PDP) for GuideStone Financial Resources

### YOUR 2023 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 \$4,660:			
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy 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.			
	*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.			

	<p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. 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>	<p>After your total yearly drug costs reach \$4,660, you will pay the following until your yearly out-of-pocket drug costs reach \$7,400:</p> <p><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><b>Generic Drugs:</b> The same copayment as in the Initial Coverage stage for Tier 1 Generic Drugs and 25% of the plan’s cost for all other 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 \$7,400, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul style="list-style-type: none"> <li>• a \$4.15 copayment for covered generic drugs (including drugs treated as generics)</li> <li>• a \$10.35 copayment for all other covered drugs.</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/pharmacies](http://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.
- A PDF of our printed drug list for 2023 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2022.
- 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**, 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**. 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 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

### **Read the *Medicare & You 2023 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. 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.

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.

© 2022 Express Scripts. All Rights Reserved.

Express Scripts and “E” Logo are trademarks of Express Scripts Strategic Development, Inc.  
All other trademarks are the property of their respective owners.



# Care Plus Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

## YOUR 2023 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 \$4,660:</p> <table border="1" data-bbox="342 957 1474 1556"> <thead> <tr> <th data-bbox="342 957 634 1136"><b>Tier</b></th> <th data-bbox="634 957 894 1136"><b>Retail One-Month (31-day) Supply</b></th> <th data-bbox="894 957 1154 1136"><b>Retail Three-Month (90-day) Supply</b></th> <th data-bbox="1154 957 1474 1136"><b>Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="342 1136 634 1209">Tier 1: <b>Generic Drugs</b></td> <td data-bbox="634 1136 894 1209">\$10 copayment</td> <td data-bbox="894 1136 1154 1209">\$30 copayment</td> <td data-bbox="1154 1136 1474 1209">\$24 copayment</td> </tr> <tr> <td data-bbox="342 1209 634 1325">Tier 2: <b>Preferred Brand Drugs</b></td> <td data-bbox="634 1209 894 1325">\$40 copayment</td> <td data-bbox="894 1209 1154 1325">\$120 copayment</td> <td data-bbox="1154 1209 1474 1325">\$90 copayment</td> </tr> <tr> <td data-bbox="342 1325 634 1440">Tier 3: <b>Non-Preferred Drugs</b></td> <td data-bbox="634 1325 894 1440">\$65 copayment</td> <td data-bbox="894 1325 1154 1440">\$195 copayment</td> <td data-bbox="1154 1325 1474 1440">\$150 copayment</td> </tr> <tr> <td data-bbox="342 1440 634 1556">Tier 4: <b>Specialty Tier Drugs</b></td> <td data-bbox="634 1440 894 1556">\$75 copayment</td> <td data-bbox="894 1440 1154 1556">\$225 copayment</td> <td data-bbox="1154 1440 1474 1556">\$225 copayment</td> </tr> </tbody> </table> <p data-bbox="342 1577 1474 1650">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="342 1671 1474 1776">*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.</p>				<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy 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
<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy 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																					

	<p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. 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>	<p>After your total yearly drug costs reach \$4,660, you will pay the following until your yearly out-of-pocket drug costs reach \$7,400:</p> <p><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><b>Generic Drugs:</b> The same copayment as in the Initial Coverage stage for Tier 1 Generic Drugs and 25% of the plan’s cost for all other 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 \$7,400, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul style="list-style-type: none"> <li>• a \$4.15 copayment for covered generic drugs (including drugs treated as generics)</li> <li>• a \$10.35 copayment for all other covered drugs.</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/pharmacies](http://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.
- A PDF of our printed drug list for 2023 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2022.
- 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**, 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**. 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 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

### **Read the *Medicare & You 2023 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. 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.

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.

© 2022 Express Scripts. All Rights Reserved.

Express Scripts and “E” Logo are trademarks of Express Scripts Strategic Development, Inc.  
All other trademarks are the property of their respective owners.





# Care Today Benefit Overview

Express Scripts Medicare® (PDP) for GuideStone Financial Resources

## YOUR 2023 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 \$4,660:</p> <table border="1" data-bbox="342 957 1474 1556"> <thead> <tr> <th data-bbox="342 957 634 1041"><b>Tier</b></th> <th data-bbox="634 957 894 1062"><b>Retail One-Month (31-day) Supply</b></th> <th data-bbox="894 957 1154 1062"><b>Retail Three-Month (90-day) Supply</b></th> <th data-bbox="1154 957 1474 1125"><b>Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="342 1136 634 1209">Tier 1: <b>Generic Drugs</b></td> <td data-bbox="634 1136 894 1209">\$10 copayment</td> <td data-bbox="894 1136 1154 1209">\$30 copayment</td> <td data-bbox="1154 1136 1474 1209">\$24 copayment</td> </tr> <tr> <td data-bbox="342 1209 634 1325">Tier 2: <b>Preferred Brand Drugs</b></td> <td data-bbox="634 1209 894 1325">\$40 copayment</td> <td data-bbox="894 1209 1154 1325">\$120 copayment</td> <td data-bbox="1154 1209 1474 1325">\$90 copayment</td> </tr> <tr> <td data-bbox="342 1325 634 1440">Tier 3: <b>Non-Preferred Drugs</b></td> <td data-bbox="634 1325 894 1440">\$65 copayment</td> <td data-bbox="894 1325 1154 1440">\$195 copayment</td> <td data-bbox="1154 1325 1474 1440">\$150 copayment</td> </tr> <tr> <td data-bbox="342 1440 634 1556">Tier 4: <b>Specialty Tier Drugs</b></td> <td data-bbox="634 1440 894 1556">\$75 copayment</td> <td data-bbox="894 1440 1154 1556">\$225 copayment</td> <td data-bbox="1154 1440 1474 1556">\$225 copayment</td> </tr> </tbody> </table> <p data-bbox="342 1577 1474 1650">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="342 1671 1474 1776">*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.</p>				<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy 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
<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy 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																					

	<p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. 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>	<p>After your total yearly drug costs reach \$4,660, you will pay the following until your yearly out-of-pocket drug costs reach \$7,400:</p> <p><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><b>Generic Drugs:</b> 25% 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 \$7,400, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul style="list-style-type: none"> <li>• a \$4.15 copayment for covered generic drugs (including drugs treated as generics)</li> <li>• a \$10.35 copayment for all other covered drugs.</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/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.
- A PDF of our printed drug list for 2023 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2022.
- 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**, 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**. 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 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

### **Read the *Medicare & You 2023 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. 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.

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.

© 2022 Express Scripts. All Rights Reserved.

Express Scripts and “E” Logo are trademarks of Express Scripts Strategic Development, Inc.  
All other trademarks are the property of their respective owners.

# Senior Plan Benefit Overview

## Express Scripts Medicare® (PDP) for GuideStone Financial Resources

### YOUR 2023 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 \$4,660:</p> <table border="1" data-bbox="342 945 1481 1428"> <thead> <tr> <th data-bbox="342 945 617 1008"><b>Tier</b></th> <th data-bbox="617 945 876 1008"><b>Retail One-Month (31-day) Supply</b></th> <th data-bbox="876 945 1136 1008"><b>Retail Three-Month (90-day) Supply</b></th> <th data-bbox="1136 945 1481 1008"><b>Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="342 1134 617 1197">Tier 1: <b>Generic Drugs</b></td> <td data-bbox="617 1134 876 1197">\$10 copayment</td> <td data-bbox="876 1134 1136 1197">\$30 copayment</td> <td data-bbox="1136 1134 1481 1197">\$24 copayment</td> </tr> <tr> <td data-bbox="342 1197 617 1302">Tier 2: <b>Preferred Brand Drugs</b></td> <td data-bbox="617 1197 876 1302">25% coinsurance</td> <td data-bbox="876 1197 1136 1302">25% coinsurance</td> <td data-bbox="1136 1197 1481 1302">25% coinsurance</td> </tr> <tr> <td data-bbox="342 1302 617 1428">Tier 3: <b>Non-Preferred Drugs</b></td> <td data-bbox="617 1302 876 1428">40% coinsurance</td> <td data-bbox="876 1302 1136 1428">40% coinsurance</td> <td data-bbox="1136 1302 1481 1428">40% coinsurance</td> </tr> </tbody> </table> <p data-bbox="342 1491 1481 1575">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="342 1596 1481 1701">*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.</p>				<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy 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
<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy 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>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. 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 \$4,660, you will generally pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$7,400.
<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 \$7,400, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul style="list-style-type: none"> <li>• a \$4.15 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</li> <li>• a \$10.35 copayment for all other covered drugs.</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/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.

- A PDF of our printed drug list for 2023 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2022.
- 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 an 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**, 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**. 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 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

#### **Read the *Medicare & You* 2023 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. 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.

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.

© 2022 Express Scripts. All Rights Reserved.

Express Scripts and “E” Logo are trademarks of Express Scripts Strategic Development, Inc.  
All other trademarks are the property of their respective owners.



# Senior Plus Benefit Overview

## Express Scripts Medicare® (PDP) for GuideStone Financial Resources

### YOUR 2023 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 \$4,660:</p> <table border="1" data-bbox="342 957 1469 1556"> <thead> <tr> <th data-bbox="342 957 634 1041"><b>Tier</b></th> <th data-bbox="634 957 911 1062"><b>Retail One-Month (31-day) Supply</b></th> <th data-bbox="911 957 1187 1062"><b>Retail Three-Month (90-day) Supply</b></th> <th data-bbox="1187 957 1469 1125"><b>Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="342 1136 634 1209">Tier 1: <b>Generic Drugs</b></td> <td data-bbox="634 1136 911 1209">\$10 copayment</td> <td data-bbox="911 1136 1187 1209">\$30 copayment</td> <td data-bbox="1187 1136 1469 1209">\$24 copayment</td> </tr> <tr> <td data-bbox="342 1209 634 1325">Tier 2: <b>Preferred Brand Drugs</b></td> <td data-bbox="634 1209 911 1325">\$40 copayment</td> <td data-bbox="911 1209 1187 1325">\$120 copayment</td> <td data-bbox="1187 1209 1469 1325">\$90 copayment</td> </tr> <tr> <td data-bbox="342 1325 634 1440">Tier 3: <b>Non-Preferred Drugs</b></td> <td data-bbox="634 1325 911 1440">\$65 copayment</td> <td data-bbox="911 1325 1187 1440">\$195 copayment</td> <td data-bbox="1187 1325 1469 1440">\$150 copayment</td> </tr> <tr> <td data-bbox="342 1440 634 1556">Tier 4: <b>Specialty Tier Drugs</b></td> <td data-bbox="634 1440 911 1556">\$75 copayment</td> <td data-bbox="911 1440 1187 1556">\$225 copayment</td> <td data-bbox="1187 1440 1469 1556">\$225 copayment</td> </tr> </tbody> </table> <p data-bbox="342 1577 1469 1650">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="342 1671 1469 1776">*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.</p>				<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy 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
<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy 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																					

	<p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. 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 \$4,660, 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 \$7,400.
<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 \$7,400, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul style="list-style-type: none"> <li>• a \$4.15 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</li> <li>• a \$10.35 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/pharmacies](http://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.
- A PDF of our printed drug list for 2023 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2022.
- 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 an 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**, 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**. 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 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

### **Read the *Medicare & You 2023 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. 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.

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.

© 2022 Express Scripts. All Rights Reserved.

Express Scripts and “E” Logo are trademarks of Express Scripts Strategic Development, Inc.  
All other trademarks are the property of their respective owners.