



GuideStone®

WELCOME TO YOUR GUIDESTONE MEDICAL PLAN

Welcome to the GuideStone® family. We look forward to serving you!

With GuideStone, you're receiving quality, cost-effective, true medical coverage created by Christians specifically for those who serve in ministry.

Let's get started!

Transitioning into Your New Plan

You are busy with your ministry, so we've done our best to provide you with the tools you need to make a seamless transition to your new medical plan. All the forms and facts you need to enroll in, access and update your coverage are included here.

Utilizing Your Benefits

You'll also find valuable resources to guide you in utilizing your benefits. The medical plan road map in this booklet provides an at-a-glance view of your plan's benefits. Plus, you'll find insight on how to make the most of your options, along with information about some bonus benefits that might surprise you.

Finding Answers

At GuideStone, your satisfaction is our top priority. GuideStone's customer solutions specialists are just a click or call away. Highmark Blue Cross Blue Shield also has a specialized team that exclusively serves GuideStone clients. And you can contact Express Scripts anytime, 24/7/365, for answers and assistance with your prescription medication needs.

- GuideStone Customer Solutions: **1-844-INS-GUIDE** (1-844-467-4843)
- Highmark Member Services: **1-866-472-0924**
- Express Scripts Member Services: **1-800-555-3432**

“GuideStone cares about the individuals. It's not just about the bottom line or about their own product, but it really is about helping churches and the pastors and staff of those local churches from a perspective of real love and care.”

**— Terry Hurt, Executive/Worship Pastor
Great Hills Baptist Church, Austin, Texas**



MEDICAL PLAN BENEFITS



Health Choice 3000 (80/20)

Effective January 1, 2019

PLAN FEATURES		
In-Network	Deductible for an individual	\$3,000
	Deductible for a family	\$5,000
	Plan pays/individual pays (co-insurance)	80%/20%
	Maximum out-of-pocket (medical and prescription): individual/family (in-network services only)	\$6,000/\$12,000
	Primary care or retail clinic visit co-pay/specialist office visit co-pay	\$25/\$45
	Telemedicine co-pay (availability subject to state regulations)	\$0
	Wellness and preventive care (primary care/specialist)	100% no co-pay
	Hospital inpatient (including maternity)	80% after deductible
	Outpatient surgery	80% after deductible
	Emergency room services: for emergency care only	\$250 co-pay, then 80% (no deductible)
	Emergency room services: care for non-emergencies	\$250 co-pay, then 80% after deductible
	Urgent care co-pay	\$50
	Outpatient services (CT scans, MRI, diagnostic)	80% after deductible
	Chiropractic services co-pay (12 visits annually)	\$45
	Mental health/substance abuse: inpatient services	80% after deductible
Mental health/substance abuse: office and professional services co-pay	\$25	
Vision exam co-pay (one exam every 12 months)	\$25	
Out-of-Network	Deductible for an individual	\$5,000
	Deductible for a family	\$10,000
	Plan pays/individual pays (co-insurance) after deductible	50%/50%
	Annual co-insurance maximum for an individual	\$20,000 after deductible
	Annual co-insurance maximum for a family	\$20,000 after deductible
	Wellness and preventive care	Not covered
	Hospital inpatient (including maternity)	\$500 co-pay, then 50% after deductible
	Outpatient surgery	50% after deductible
	Emergency room services: for emergency care only	\$250 co-pay, then 80% (no deductible)
	Emergency room services: care for non-emergencies	\$250 co-pay, then 50% after deductible
	Mental health/substance abuse: inpatient services	\$500 co-pay, then 50% after deductible
	Mental health/substance abuse: office and professional services	50% after deductible
	Vision exam (one exam every 12 months)	50% after deductible

PRESCRIPTION DRUG PROGRAM

		Generic	
Retail	30-Day Supply	Generic	\$15 co-pay
		Preferred	\$50 co-pay
		Non-preferred	\$75 co-pay
Mail Order	90-Day Supply	Generic	\$30 co-pay
		Preferred	\$100 co-pay
		Non-preferred	\$150 co-pay
Specialty	30-Day Supply	Generic	\$50 co-pay
		Preferred	\$75 co-pay
		Non-preferred	\$100 co-pay

The participant pays the co-pay or drug cost, whichever is less.

Co-pays for diabetic supplies are \$10 retail/\$20 mail order.

Maintenance drugs filled at retail, other than Walgreens, will incur a \$10 penalty after the second retail fill. The \$10 penalty does not accumulate toward the deductible or the maximum out-of-pocket limit. This penalty does not apply to ACA preventive medications.

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

Note: This plan does not constitute "creditable coverage" for Massachusetts residents.



Glossary of Terms

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

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

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

Deductible (family) — This is the amount a family is required to pay before benefits begin for services not covered by co-pays. Once this amount is met, the plan will consider all family members to have met their deductibles. One individual cannot contribute more than the individual deductible amount. This is an embedded deductible.

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

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

Generic — A bioequivalent to the brand-name drug made available to the public after the patent has expired on the brand-name drug. The generic version usually results in a less expensive drug.

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

Mail order — Mail order is a service that allows you to refill recurring prescriptions (90-day supply) through an online pharmacy. You receive your prescriptions by mail.

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

Network provider — A doctor, hospital or other health care facility that has entered into a contract to provide medical services or supplies at agreed-upon rates to you or your covered dependents under the plan.

Non-preferred drugs — A list of prescribed medications that are not on the plan's formulary.

Preferred drugs — Also known as formulary drugs, this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control your plan's costs.

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

Retail pharmacy benefits — This refers to filling your prescriptions at a participating network pharmacy. This approach is best for short-term prescriptions (up to 30-day). You could save money on co-pays by filling recurring prescriptions via mail order (see above).

Specialist — Any physician not considered a primary care physician.

Specialty drug — Specific prescriptions used to treat complex, chronic or special health conditions.

Telemedicine — The use of telephone and/or live video technology in order to provide medical care.

Urgent care — Treatment at an urgent care facility for the onset of symptoms that require prompt medical attention.

Vision exam — Covers one annual eye exam per covered family member, which may include an eye health examination, dilation and/or refraction. Coverage does not include glasses or contact lenses (unless there has been a cataract extraction), eye surgery or retinal telescreening. See the *Preventive Care Schedule* for additional vision screening coverage for children when performed by a pediatrician or primary care physician as part of an annual well-child visit.

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

This information only highlights the depth of coverage and benefits you can receive when you protect yourself with GuideStone®. There are limitations and exclusions that apply. This is a general overview of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.

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

A ROAD MAP TO YOUR GUIDESTONE MEDICAL COVERAGE

Your GuideStone medical plan is more robust and better than ever. Here's a road map to guide you in maximizing your benefits journey.



STOP 1: Highmark BCBS

GuideStone works with Highmark Blue Cross Blue Shield to provide you access to one of the nation's largest network of providers.

Set up your profile on [HighmarkBCBS.com](https://www.HighmarkBCBS.com) so you can:

- Search for an in-network doctor
- Access your ID card
- Review benefits and manage claims



STOP 2: Express Scripts

Your prescription drug coverage is provided by Express Scripts, the pharmacy provider that millions trust for safety, care and convenience.

Set up a profile at [Express-Scripts.com](https://www.Express-Scripts.com) so you can:

- Submit prescriptions
- Manage refills
- Access the Express Scripts app



STOP 3: Member Resources

Everything you need to understand your medical benefits can be found at [GuideStone.org/MemberResources](https://www.GuideStone.org/MemberResources).

- Locate provider contact information
- Review ID card information
- Learn how to file a claim



STOP 4: Help Center

Have a question?

Visit [Help.Guidestone.org](https://www.help.guidestone.org) to find answers regarding:

- Prescriptions
- Benefits
- Claims



STOP 5: Preventive Care

An ounce of prevention saves you cash and keeps you healthy.

Visit [GuideStone.org/PreventiveCare](https://www.guidestone.org/preventive-care) to download the *Preventive Care Schedule*. Here are some of your covered benefits:

- Your annual checkup
- Preventive mammograms and well-woman screenings
- Some cancer, diabetes and blood pressure screenings



STOP 6: Health Care Tools

GuideStone's Health Care Tools page is the place to learn more about your benefits.

Visit [GuideStone.org/HealthCareTools](https://www.guidestone.org/health-care-tools) to:

- Use MyCare Navigator™
- Access Teladoc® (telemedicine provider)
- Earn cash with SmartShopper™



STOP 7: Additional Benefits

Your GuideStone medical plan is rich with extras you don't want to miss.

Visit [GuideStone.org/AdditionalBenefits](https://www.guidestone.org/additional-benefits) to discover how to:

- Access overseas coverage using BCBS Global® Core
- Get discounts for products and services using Blue365®
- Minimize damage from identify theft with AllClear ID

MEDICAL COVERAGE

For medical coverage you can count on, call Highmark at **1-866-472-0924** or visit *HighmarkBCBS.com*.



Highmark BCBS Mobile Site

Type *HighmarkBCBS.com* into your mobile browser. Log into the Highmark BCBS mobile site with your ID number to access valuable health information.

- View member ID cards.
- Fax ID card information directly to providers.
- Find doctors, hospitals, imaging centers, etc.
- View medical claims.

WHAT IF I HAVEN'T RECEIVED MY ID CARD?

If you need to visit the doctor before receiving your ID card, reference the **plan information below**.

PLAN INFORMATION

GS Group Number for GuideStone health plans — **COM363**
GS Group Number for Medicare-coordinating Plans — **OB363**
Member Number — Your Social Security number
Benefit Questions — 1-866-472-0924

ORDERING A NEW ID CARD

Employees are encouraged to **call Highmark directly** to request replacement ID cards, or print them online at *HighmarkBCBS.com*.



PRESCRIPTION COVERAGE



EXPRESS SCRIPTS®

WHAT IF I HAVEN'T RECEIVED MY ID CARD?

If you need to visit the pharmacy before you receive your ID card, reference the plan information and give it to your provider.

PLAN INFORMATION

GS Group Number for GuideStone health plans — **ABSBC01**
GS Group Number for Medicare-coordinating Plans — **ABSBC02**
Member Services — 1-800-555-3432
Rx Bin for GuideStone health plans except Secure Health (No PCN number required) — **610014**
Rx Bin for Secure Health — **003858/PCN A4**

To refill a prescription, view benefits or find in-network pharmacies,

call **1-800-555-3432** or visit *Express-Scripts.com*.



ORDERING A NEW ID CARD

Employees are encouraged to **call Express Scripts directly** to request replacement ID cards, or print them online at *Express-Scripts.com*.



EXPRESS SCRIPTS MOBILE APP

Search for Express Scripts in your app store. Log in and register with your ID number to manage your medications anytime, anywhere.



FIND A DOCTOR

Highmark Blue Cross Blue Shield's plans contract with health care providers nationwide to deliver quality care at reduced prices. **Finding an in-network doctor who meets your needs has never been easier.**



STEP 1:

Visit HighmarkBCBS.com/find-a-doctor.



STEP 2:

Choose "BCBS PPO" from the "Pick a plan" drop-down box.



STEP 3:

Follow the prompts to choose your search criteria on the "Find a Doctor" page. You can conduct a geographic search to find providers in a certain area or search by name, specialty or condition.



STEP 4:

Follow the prompts to review the provider's credentials, obtain their contact information and check to see if they are accepting new patients.



STEP 5:

Access information like hours available using the "Show All Filters" button.

You may also locate participating doctors and hospitals by calling GuideStone's dedicated Highmark team of experts at 1-866-472-0924.

WHERE TO GO FOR CARE

How to Make the Smart Choice When Choosing Medical Care

You need medical care, but where should you go? Your GuideStone® medical coverage provides five basic options. See which one is right for you.



**Telemedicine
(Teladoc®)**



**Primary Care
Physician**



Urgent Care



**Hospital-based
ER**



**Freestanding
ER***

<p>Some Common Conditions</p>	Cold and flu	Regular health screenings	Sprains and strains	Persistent chest pain	Sudden, severe headache
	Bronchitis	Regular health checkups	Sports injuries	Difficulty speaking, altered mental status	Fever in a newborn baby
	Allergies	Fever without a rash	Cuts that require stitches	Sudden or unexplained loss of consciousness	Severe pain
<p>Why Visit</p>	The convenient choice	The in-office choice	The urgent and after-hours choice	The emergency choice	The emergency choice
<p>Cost</p>	\$	\$\$	\$\$\$	\$\$\$\$\$	\$\$\$\$\$
<p>Hours</p>	24/7/365	Weekdays only (typically)	8 a.m.–9 p.m. every day (typically)	24/7/365	24/7/365
<p>Wait Time</p>	15-minute call-back time	By appointment only	Varies depending on demand. On-line check-in may be an option.	Could wait hours before seeing a doctor	Generally shorter wait times than a hospital-based emergency room

*Freestanding emergency rooms generally do not accept patients delivered via ambulance. Remember, if you are facing a life-threatening situation, always go to the hospital-based emergency room first.

Urgent Care or Freestanding Emergency Room? How to Know the Difference

Distinguishing between an urgent care facility and a freestanding emergency room can be tricky. It's important to know where you are being treated, because freestanding emergency room treatment can cost thousands more than the same treatment at an urgent care clinic.

Look for the following clues to distinguish the difference. Freestanding emergency rooms:

- Include the word “emergency” in the facility name
- Are never attached to a hospital
- Are usually located in more affluent neighborhoods
- Offer more complex treatment options than urgent care
- Do not accept Medicare and Medicaid patients
- Charge much higher prices than urgent care facilities

Be Prepared to Access the Right Care

While we all hope never to need emergency, urgent or after-hours care, it is wise to be prepared by:

Registering with [Teladoc.com/GuideStone](https://www.teladoc.com/GuideStone) now so you can easily access care when you are ill.

Familiarizing yourself with the location of your nearest urgent care clinics.

Learning which hospital emergency rooms are part of your network by visiting [HighmarkBCBS.com](https://www.highmarkbcbs.com).

It is also important to be familiar with your insurance provider's options for treatment. GuideStone participants can review the options for seeking treatment and benefit levels in your plan booklet available at [GuideStone.org/PlanBooklets](https://www.GuideStone.org/PlanBooklets).



AN OUNCE OF PREVENTION SAVES YOU CASH AND KEEPS YOU HEALTHY

Preventive care helps you stay healthy by checking for health problems early when they are easier to manage. Your GuideStone medical coverage offers a wide array of preventive care services with no out-of-pocket costs to you!

All you have to do is follow your plan's *Preventive Care Schedule* to receive services such as:

- Annual checkups for adults
- Cancer, diabetes and blood pressure screenings
- Mammograms and well-woman screenings
- Immunizations for children and adults
- Prenatal and fetal screenings
- Routine checkups for infants, children and teens
- Developmental screenings for toddlers
- Special preventive services for at-risk individuals

Find out what's covered in your plan's *Preventive Care Schedule* by visiting [GuideStone.org/PreventiveCare](https://www.guidestone.org/preventivecare).

PLAN YOUR CARE AND SAVE YOUR CASH

Your GuideStone health plan includes a robust schedule of preventive care services. **Here's a simple five-step plan for accessing them.**

FOCUS ON THE *PREVENTIVE CARE SCHEDULE*

1

- ✧ Download your *Preventive Care Schedule* by visiting [GuideStone.org/PreventiveSchedule](https://www.guidestone.org/PreventiveSchedule).
- ✧ Review the services available to you based on your age and gender.

STAY IN YOUR NETWORK

2

- ✧ Access provider information at [HighmarkBCBS.com](https://www.highmarkbcbs.com).
- ✧ Follow the "Find a Doctor" tab to find in-network health care providers in your neighborhood.

SCHEDULE AN APPOINTMENT

3

- ✧ Tell the provider you are coming in for preventive services.
- ✧ Bring a copy of your *Preventive Care Schedule* with you.

PLAN FOR FOLLOW-UP

4

- ✧ Schedule follow-up appointments if necessary.
- ✧ Understand that any treatment administered in subsequent appointments will be subject to your standard coverage rules, not the *Preventive Care Schedule*.

MONITOR YOUR *EXPLANATION OF BENEFITS (EOB) STATEMENTS*

5

- ✧ Review your statements when they arrive.
- ✧ If there are any issues, work with your provider or contact Highmark to assure the procedures were submitted with the accurate information.



GuideStone®

Health Care Tools and Additional Benefits Available in Your GuideStone Medical Plan

GuideStone's health plans include a rich array of tools to help members maximize your coverage dollars and additional benefits designed to enrich your life. Here's an overview of the extras included in your plans.



Health Care Tools

Staying healthy is easier than ever — you just need the right tools! Learn what's available in your GuideStone® medical plan.



Visit [GuideStone.org/HealthCareTools](https://www.GuideStone.org/HealthCareTools).

Save on Health Care

In-network provider search — Highmark's expansive nationwide provider network offers you access to your preferred doctors and provider discounts of 50% or more.

Teladoc® (telemedicine provider) — Our alliance with Teladoc means you will have access to U.S. board-certified doctors and pediatricians all day, every day — even holidays.

SmartShopper™ — Earn cash rewards of up to \$500 and reduce your out-of-pocket health care costs by shopping for health care procedures with Vitals SmartShopper. Access Vitals via your [Highmark Blue Cross Blue Shield login](#).

Care Cost Estimator — Members can comparison shop for more than 1,600 common health care services, including office visits. There are also options to plan for care choices and manage budgets. Log into your [Highmark Blue Cross Blue Shield account](#) for details.

Manage Your Health Condition

Well360 Connect — Well360 Connect gives you the most comprehensive set of tools and resources and highest-level care management, wellness and Member Service solutions to lead your healthiest possible life.

- **Member Service:** Call 1-866-472-0924 for enhanced, high-touch Member Service support and to reach licensed health care professionals for any questions and guidance.
- **Disease management programs:** Receive one-on-one nurse support for asthma, diabetes, heart disease and other chronic conditions.
- **Surgical decision support:** Get access to expert feedback when facing surgery. A nurse case manager will reach out to help you make the right decision for you.
- **Complex case management:** Stay organized and on top of your treatment plan with help from a case manager when you have a critical health condition.
- **Best doctors:** Get a second opinion from an expert physician.

GuideStone's diabetes programs — See all the options included in your medical plan to help you prevent, manage and reverse diabetes.

MyCare Navigator™ — This dedicated health advocate can help you find the right doctor, schedule appointments, share medical records and obtain a second opinion.

Blue Distinction® Centers — Choosing a high-quality hospital can lower your chance for complications and shorten your stay. Blue Distinction is a designation awarded by the Blue Cross and Blue Shield Association to hospitals proven to deliver superior results for complicated, costly procedures.

Baby Blueprints® — This free program for expectant members and their families provides online in-depth educational information on all aspects of pregnancy. Members also have access to a nurse health coach for individual support.

- **Maternity benefits:** Learn about special health benefits designed to keep you healthy during your pregnancy and subsequent birth of your child.
- **Nurse midwives:** You have the option of working with a nurse midwife during your child's birth.

Take Charge of Your Health

Sharecare (including RealAge® Test) — The Sharecare app is a personalized health and wellness platform that empowers you with information to help you stay healthy and meet your wellness goals. Sharecare's RealAge Test helps you understand your body's true condition compared to your calendar age. You'll also discover ways to improve your health and add healthy time to your life.

Blues on Call™ — Call 1-888-BLUE-428 to get expert answers to your health and medical questions with this 24/7 nurse line.

Wellness coaching — Sign up for one-on-one phone support with a wellness coach. Plus, you'll get the added benefit of a wellness coach who contacts you when you need help to make lifestyle changes.

Smoking cessation — Your health coach can guide you through the hurdles of quitting with convenient programs that give you the information, strategies and support you need to quit at your own pace.

Time to Sleep Well — Sleep is the secret to a longer, happier life. Learn how to fall asleep quickly and reap the benefits of being well-rested.

Additional Benefits

Your GuideStone medical plan protects more than your health. It also provides for your entire well-being with these additional benefits.

 Visit [GuideStone.org/AdditionalBenefits](https://www.guidestone.org/AdditionalBenefits).

BCBS Global® Core — (1-800-810-BLUE (2583)) Members traveling outside the United States have access to doctors and hospitals in more than 200 countries and territories around the world. Download the [BCBS Global Core app](#) or go to [BCBSGlobalCore.com](https://www.BCBSGlobalCore.com) to help you find doctors, translate medical terms and access emergency care information when you're outside the United States.

Blue365® — This member discount program can help you save on products and services that are not part of your medical coverage. To browse all the deals, go to [Blue365Deals.com](https://www.Blue365Deals.com).

AllClear ID — (1-855-229-0079) Highmark BCBS provides AllClear ID to help members who are victims of identity theft. If you are enrolled in a Highmark BCBS health plan, you're automatically enrolled in AllClear ID. For extra peace of mind, enroll in the AllClear ID credit monitoring service. Participants enrolled in credit monitoring are required to renew their enrollment annually at [Highmark.AllClearID.com](https://www.Highmark.AllClearID.com).

Vision benefit — For individuals on most of GuideStone's comprehensive plans, your vision benefit covers one annual eye exam per covered family member. The coverage does not include the cost for glasses or contact lenses. You must use an in-network provider to receive this benefit. The vision benefit is not available for GuideStone's Value Health 5000, Secure Health 3000 or the Kentucky Baptist Convention's Health Choice 3000K.

Sign up for Health Wire Today to
Receive Messages, Reminders and Cost-saving Tips

[START NOW](#)


GuideStone®



You've got **Teladoc.**
24/7 access to doctors
by phone or video



You already have Teladoc as part of your benefits. Our U.S. board-certified doctors can diagnose, treat, and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more.

Set up your account, it's easy!

1



Create account

Use your phone, the app, or our website to create an account and quickly complete your medical history.

2



Request a visit

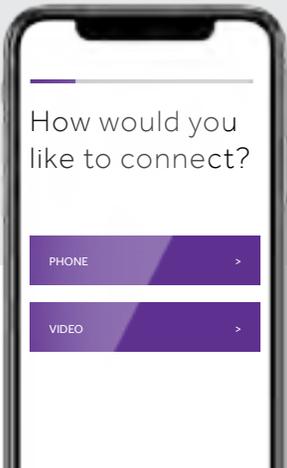
Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

3



Feel better

Your doctor will diagnose your symptoms and even prescribe medicine, if needed.



Download the app and talk to a doctor for free

[Teladoc.com/guidestone](https://teladoc.com/guidestone) 1-800-TELADOC (835-2362)



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DENTAL PLAN BENEFITS



2019 Dental Benefits	Premier Dental Care Plan¹
Providers	May use any provider or save with network providers
Deductible (per person, per year)	\$50 ²
Annual maximum benefit	\$1,500
Type I: Preventive services	100%
Routine oral examination (two/calendar year)	100%
Routine dental cleanings (two/calendar year)	100%
Bitewing X-rays (once every 12 months)	100%
Fluoride treatments for children under age 14 (one treatment per 12 months)	100%
Type II: Basic services (restorative dentistry)	80%
Panoramic X-ray (once every 60 months)	80%
New fillings or replacement fillings (once every 24 months per filling)	80%
Simple extractions	80%
Type III: Major services (crowns & major restoration)	50%
Endodontic treatment (root canal)	50%
Dentures	50%
Crowns	50%
Dental surgical implant coverage	50%
Type IV: Orthodontic maximum	50% with a maximum benefit of \$1,000
Waiting periods	6 to 24 months for certain services
2019 Monthly Rates	
Employee	\$39.12
Employee + Spouse	\$78.23
Employee + Child(ren)	\$97.79
Employee + Family	\$136.91

¹ Coverage percentages based on reasonable and customary charges; patients may be responsible for charges above that amount.

² Deductibles apply to basic and major services for the Premier and Choice Dental Care plans.

GuideStone gives you dental plans to **smile about!**

myCigna.com

Everything you need to know about accessing and managing your dental benefits is just a click away.

[myCigna.com](https://mycigna.com)

Find a Dentist

Use providers in the Cigna Dental PPO network (Premier Dental Care and Choice Dental Care) to receive services at a discounted rate.

[myCigna.com](https://mycigna.com)

Cigna Healthy Rewards

Access discounts on health and wellness products and programs.

[myCigna.com](https://mycigna.com) | 1-800-Cigna24

Oral Health Integration Program[®]

These enhanced benefits are available to pregnant women and those diagnosed with certain health conditions.

GuideStone.org/AdditionalBenefits
1-800-Cigna24

Dental Plan Schedules

See what's included in your dental plan benefits.

GuideStone.org/ProductDocuments

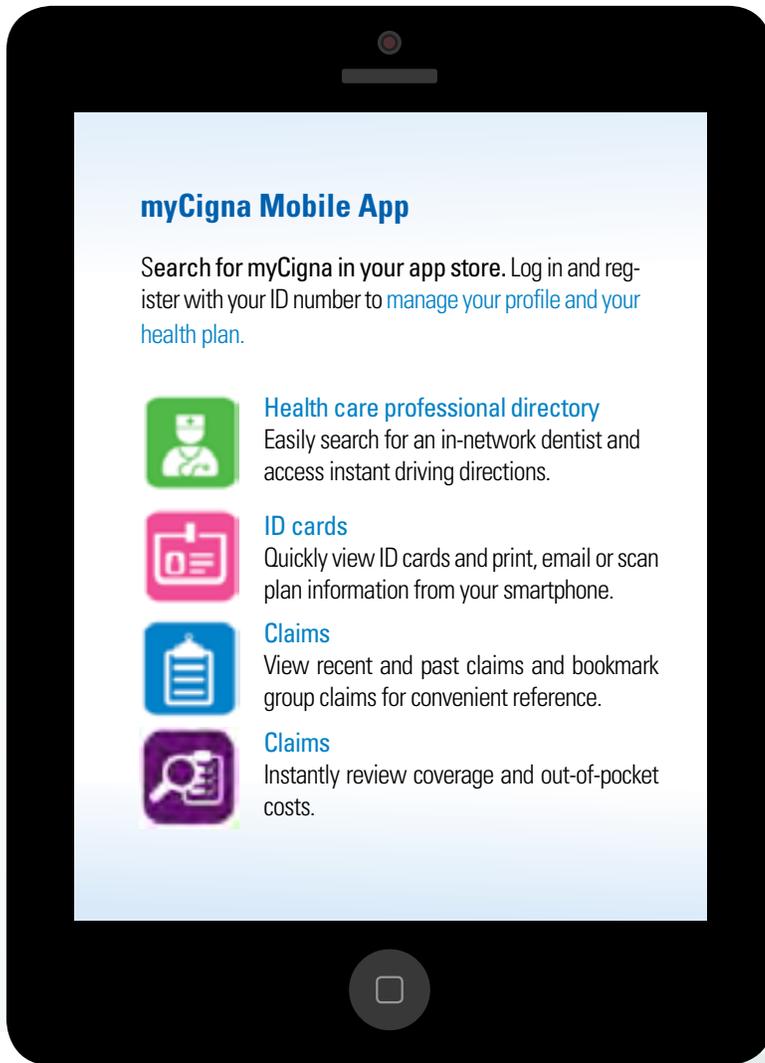
Dental FAQs

Here's where you can find answers to all your dental plan questions.

GuideStone.org/DentalFAQs

Explore all your additional dental benefits at:

[**GuideStone.org/AdditionalBenefits.**](https://GuideStone.org/AdditionalBenefits)



DENTAL COVERAGE

To find a dentist near you,
or view dental health
plans, call **1-800-244-6224**
or visit *myCigna.com*.

WHAT IF I HAVEN'T RECEIVED MY ID CARD?

If you need to visit a dentist before receiving your ID card, reference the **plan information below**.

PLAN INFORMATION

GuideStone Group Number — **3172000**

GuideStone HMO Group Number — **10112922**

Subscriber ID — Your Social Security number

Benefit Questions — **1-800-CIGNA24** (1-800-244-6224)



ORDERING A NEW ID CARD

Employees are encouraged to **call Cigna directly** at **1-800-244-6224** to request replacement ID cards, or print them online at *Cigna.com*.



Do well. Do right.®



TERM LIFE AND ACCIDENT PLAN BENEFITS



EMPLOYEE TERM LIFE PLAN	
Coverage amounts	\$50,000.
Age Reduction	At age 65, reduces to 65% of current amount but not to reduce below \$20,000 of coverage.
Accelerated death benefit	50% of coverage amount.

SPOUSE TERM LIFE PLAN	
Coverage amounts	\$10,000.

CHILD TERM LIFE PLAN	
Coverage amount & limitations	\$10,000. Coverage begins at live birth and may continue up to age 26.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)	
Benefit	Pays you or your beneficiary if you die or suffer a specified loss [eyesight, hand, foot, speech, or hearing] in an accident.
Coverage amount	Equals Employee Group Life Plan amount

EMPLOYEE SUPPLEMENTAL AD&D	
Benefit	Pays you or your beneficiary if you die or suffer a specified loss [eyesight, hand, foot, speech, or hearing] in an accident.
Employee coverage amount	\$25,000 increments up to a maximum of \$500,000

SPOUSE SUPPLEMENTAL AD&D	
Spouse coverage amount	50% of employee coverage amount

OPTIONAL EMPLOYEE TERM LIFE PLAN	
Coverage	Available for employees who want additional coverage above their base Employee Term Life Plan. Optional Term Life coverage is available with underwriting in multiples of one to eight times the salary. The combined maximum for Employee Term Life and Optional Life is the lesser of \$750,000 or eight times salary. The combined accelerated death benefit for Employee Term Life and Optional Life is 50% of the total coverage amount, but not to exceed \$250,000.

OPTIONAL SPOUSE TERM LIFE PLAN	
Coverage	Spouse Optional Term Life coverage is available in \$5,000 increments (with underwriting). The combined maximum for Spouse Term Life and Optional Life is \$250,000, not to exceed half of the combined Employee Term and Optional Life amount.

Coverage is not available to participants working in the following locations: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan, or Yemen.

Employee or Spouse Optional Term Life Rates

Monthly rates per \$1,000 coverage

AGE	RATE
19 & under	\$0.02
20 - 24	\$0.03
25 - 29	\$0.04
30 - 34	\$0.05
35 - 39	\$0.08
40 - 44	\$0.12
45 - 49	\$0.20
50 - 54	\$0.35
55 - 59	\$0.53
60 - 64	\$0.83
65 - 69	\$1.46
70 - 74	\$2.51
75 - 79	\$4.26
80 - 84	\$7.05
85+	\$10.74

Child Term Life (monthly rate per \$10,000 coverage)

All ages	75¢ per family per month, regardless of number of children covered
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GuideStone gives you the help to deal with the challenges and triumphs of tomorrow.

Life Planning

When a loved one is terminally ill, or passes away, you may need help with the personal, financial and legal decisions that need to be made.

[GuideStone.org/LifePlanning](https://www.guidestone.org/LifePlanning)

Assist America

A 24-hour network of emergency medical and legal resources offering worldwide emergency assistance to active employees and their families who are traveling.

[GuideStone.org/AssistAmerica](https://www.guidestone.org/AssistAmerica)

Accelerated Death Benefit

Allows terminally ill participants with a life expectancy of 12 months or less to receive up to 50% of the death benefit prior to death.

[GuideStone.org/TermLifeFAQs](https://www.guidestone.org/TermLifeFAQs)

Portability and Conversion

You and your dependents can continue coverage by converting to a policy directly through Unum if you leave your employer or otherwise lose eligibility.

[GuideStone.org/TermLifeFAQs](https://www.guidestone.org/TermLifeFAQs)

Education Benefit

For qualified dependents, your GuideStone AD&D coverage includes an additional education benefit of 6% of the full amount of the AD&D benefit, up to \$6,000 a year for up to four years.

[GuideStone.org/TermLifeFAQs](https://www.guidestone.org/TermLifeFAQs)

Designate a Beneficiary

Choosing a primary and secondary beneficiary assures that your benefits are inherited according to your wishes. Be sure to update your beneficiary designations if your circumstances change.

[GuideStone.org/InsBeneficiary](https://www.guidestone.org/InsBeneficiary)

Explore all your additional term life benefits at:

[GuideStone.org/AdditionalBenefits](https://www.guidestone.org/AdditionalBenefits)

DISABILITY PLAN BENEFITS



LONG-TERM DISABILITY PLANS	Premier
Elimination period	90 days
Benefit percentage	Up to 60% of monthly earnings
Minimum monthly benefit	Greater of 10% of gross disability payment or \$100
Maximum monthly benefit	\$15,000 per month
Definition of disability	3 years own occupation
Maximum benefit period	ADEA II
Social Security integration	Self
Self reported mental/nervous limitation	24 months
Rehabilitation & Return to Work Assistance	Included
Can coordinate with:	Premier short-term disability plan

Long-term disability coverage is not available to participants working in these locations: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan, or Yemen.

Long-term disability plans: ADEA schedules

		Age at disability	Maximum period of payment
ADEA II		Less than 60	To age 65
		60 - 64	5 years
		65 - 69	Greater of age 70 or 1 year
		70 and over	1 year

Maximum benefit period (ADEA I & ADEA II):

The length of time the benefit will continue if the insured becomes disabled after age 60. The maximum benefit period depends on employee's age at the time disability begins. These schedules comply with Age Discrimination Employment Act (ADEA) guidelines.

GuideStone gives you valuable programs at **no additional cost with your disability plans.**

Survivor Benefits

If you die after receiving disability benefits for 180 or more consecutive days, your survivor will receive a lump sum payment of three times your last month's gross disability benefit.

Rehabilitation and Return to Work Program

Individuals receive an additional benefit for participating in a rehabilitation program.

Unum Employee Assistance Program

Life's stresses aren't a game. That's why GuideStone has teamed up with our long-term disability benefits provider, Unum, to offer a free employee assistance program.

[GuideStone.org/WorkLifeBalance](https://www.guidestone.org/WorkLifeBalance)

Explore all your additional disability benefits at:

[**GuideStone.org/AdditionalBenefits.**](https://www.guidestone.org/AdditionalBenefits)

FORMS



Enrollment Form Group Plans

GENERAL INFORMATION (ALL SPACES MUST BE COMPLETED)

Employer name: Bay Area First Baptist Church Employer number: 56789

Employee name-Last: _____ First: _____ MI: _____

Birth date: ____/____/____ Social Security number: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Daytime telephone: (____) _____ E-mail: _____

Sex: Male Female Marital Status: Married Single

Employee classification: _____

Monthly salary: \$ _____ Date of full-time employment: ____/____/____ Coverage effective date: ____/____/____

MEDICAL

For myself: yes no For spouse: yes no For eligible children: yes no

Coverage

Health Choice 3000 80/20¹

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

DENTAL

For myself: yes no For spouse: yes no For eligible children: yes no

Coverage

Premier Dental

TERM LIFE

Employee life (employer base life): yes no (Amount \$ 50,000)

Employee optional life insurance**: yes no

Spouse life insurance (employer base): yes no (Amount \$ 10,000)

Spouse optional life insurance**: yes no

Child life insurance: yes no (Amount \$ 10,000)

** Requires separate application.

LONG-TERM DISABILITY

Premier Long-Term Disability

ACCIDENTAL DEATH & DISMEMBERMENT

For myself: yes no

SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

For myself: yes no (Amount: \$ _____) (**\$25,000 increments not to exceed \$500,000**)

For spouse: yes no (Amount: \$ _____ = 50% of employee volume)



Employee name: _____ Social Security number: _____

PARTICIPANT & DEPENDENT* INFORMATION (ONLY LIST FAMILY MEMBERS TO BE COVERED)

Last name	First name	Initial	Social Security number	Relationship	Birth date	Gender M/F	Medical Yes/No	Dental Yes/No	Dental office number (Guided Dental only)
			_____	Self	_____	—			

* Your spouse and children up to age 26 are eligible for coverage.

REQUIRED SIGNATURES

I authorize my employer to arrange for me to be covered under the terms of the plans I have chosen. I also authorize my employer to make any required deductions from my earnings as my contribution to the cost of this coverage.

Employee signature: _____ Date: ____/____/____

Employer representative: _____ Date: ____/____/____

GUIDESTONE USE ONLY

Processed by: _____ Date: ____/____/____ Letter: _____



Waiver of Medical and/or Dental Coverage Group Plans

For new Group Plans participants: If coverage is fully paid for by your employer, you must complete this form to waive (decline) medical and/or dental coverage for both you and your dependents under Group Plans.

For existing Group Plans participants: If you waive medical/dental coverage in which you and/or your dependents are already enrolled, one of the following applies:

- **For employer-paid coverage (employee-only coverage or employee, dependent or family coverage):** Coverage will terminate the date this form is received or a future date if requested. Coverage may be terminated retroactively up to 31 days from receipt of the termination request.
- **For employee-paid coverage (employee-only coverage or employee, dependent or family coverage):** Coverage will end on the last day of the month through which the employee has paid for coverage (paid-through date). **Please provide the paid-through date in the section below.**

CERTIFICATION AND WAIVER

Employer: _____ Employer number: _____

Employee name: _____ Social Security number (last four digits): _____

This is to certify that I have been given the opportunity to apply for or continue medical and/or dental coverage provided to me and/or my dependents at no cost to me by my employer. **My employer has not provided or indicated that it will provide any financial or other incentive whose primary purpose is to cause me to waive coverage.** I understand that my dependents are not eligible for coverage if I waive coverage for myself.

I waive medical coverage for:

- Myself
- Myself and all eligible dependents
- All eligible dependents
- Only these dependents:

Reason for waiving:

- Other group medical coverage
- Other individual medical coverage
- Other (explain): _____

Name: _____ Social Security number (last four digits): _____

Name: _____ Social Security number (last four digits): _____

Name: _____ Social Security number (last four digits): _____

I waive dental coverage for:

- Myself
- Myself and all eligible dependents
- All eligible dependents
- Only these dependents:

Reason for waiving:

- Other group dental coverage
- Other individual dental coverage
- Other (explain): _____

Name: _____ Social Security number (last four digits): _____

Name: _____ Social Security number (last four digits): _____

Name: _____ Social Security number (last four digits): _____

Effective date for waiver of coverage: ____/____/____ (Coverage will terminate on the date this form is received if a future date is not indicated.)

Note: GuideStone may adjust the termination date for medical coverage in order to comply with the Affordable Care Act as noted below.

▶ The Affordable Care Act requires a paid-through date if medical coverage will be terminated. This may affect the actual date the employee's medical coverage is terminated. Provide the last day for which the employee contributed toward medical costs if applicable ____/____/____.

Continued on back page



I understand that if I ask for coverage later, the terms of the plans will control my ability to get coverage. I also understand that waiting periods and other limitations may apply.

Employee signature: _____ Date: ____/____/____

Employer representative: _____ Date: ____/____/____

Special enrollees for medical coverage: Under federal law, if you decline enrollment for medical coverage for yourself or your dependents because of other medical (not dental) coverage, you may in the future be able to enroll yourself or your dependents as special enrollees in Group Plans. Also, if you acquire a new dependent due to marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents as special enrollees. To enroll as a special enrollee for medical coverage, you must request enrollment within 60 days after your other coverage ends or within 60 days after the marriage, birth, adoption or placement for adoption. These rules do not apply for dental coverage.

Note: Please see the plan booklets for information about waiting periods and other limitations for special enrollees.



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