



Cairn
UNIVERSITY

MEMBER ENROLLMENT BOOKLET

REVIEW YOUR PLAN BENEFITS

2024 Group Plans Member Enrollment Booklet



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. Answers to your benefit questions are just a tap, click or call away. Quantum Health is your one resource to contact whenever you need help with your medical, wellness or pharmacy benefits.

- **Quantum Health:** 1-855-497-1230, [GuideStoneHealth.org](https://www.GuideStoneHealth.org) or the Quantum Health app.
- **GuideStone Customer Solutions:** 1-844-INS-GUIDE (1-844-467-4843)

"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

NATIONWIDE NETWORKS





MEDICAL PLAN(S)



Health Choice 1500



Effective 01/01/2024

IN-NETWORK	Deductible for individual coverage	\$1,500
	Deductible for family coverage (Embedded deductible)	\$3,000
	Plan pays/individual pays (co-insurance) after deductible	80%/20%
	Maximum out-of-pocket (medical and prescription)	\$5,500 individual /\$11,000 family
	Primary care or retail clinic visit	\$25
	Specialist office visit (includes virtual visits)	\$45
	Teladoc®	\$0
	Wellness and preventative care (primary care/specialist)	0% no deductible
	Hospital inpatient (including maternity)	20% after deductible
	Outpatient surgery	20% after deductible
	Emergency room services	\$250 copay, then 20%
	Urgent care	\$50
	Outpatient services (CT scans, MRI, diagnostic)	20% after deductible
	Chiropractic services (12 visits annually)	\$45
	Mental health/substance abuse: inpatient services	20% after deductible
Mental health/substance abuse: office visit	\$25	
Vision exam (one exam every 12 months)	\$25	
OUT-OF-NETWORK	Deductible for an individual	\$3,000
	Deductible for a family	\$6,000
	Plan pays/individual pays (co-insurance) after deductible	50%/50%
	Co-insurance and deductible out of pocket limit for an individual	\$23,000
	Co-insurance and deductible out of pocket limit for a family	\$26,000
	Wellness and preventive care	Not Covered
	Hospital inpatient (including maternity)	\$500 copay, then 50% after deductible
	Outpatient surgery	50% after deductible
	Emergency Room Services	\$250 copay, then 20%
	Mental health/substance abuse: inpatient services	\$500 copay, then 50% after deductible
Mental health/substance abuse: office visit	50% after deductible	

PRESCRIPTION DRUG PROGRAM¹

RETAIL	30-Day Supply	Generic	\$15
		Preferred	\$50
		Non-Preferred	\$75
MAIL ORDER/ WALGREENS	90-Day Supply	Generic	\$30
		Preferred	\$100
		Non-Preferred	\$150
		Diabetic Supplies	\$20
		Participating Insulin	\$75
SPECIALTY	30-Day Supply	Generic	\$50
		Preferred	\$75
		Non-Preferred	\$100

Additional Plan Information

The participant pays the Co-payment or drug cost, whichever is less.

Maintenance drugs filled at retail, other than the member selected retail pharmacy (CVS or 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 drug is purchased when a generic drug is available, the participant must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the maximum out-of-pocket limit.

A 90-day supply of maintenance drugs can be filled either by member selected retail pharmacy (Walgreens or CVS) or by mail order. Prices may vary.

Medical claims incurred outside the United States where no network exists will be considered In-Network.

The deductible is met by both medical and prescription expenses.

Copays for certain specialty medications will be set to the maximum available manufacturer Copay assistance. This copay adjustment will only apply after deductible satisfaction if this is a qualified high deductible plan. These Co-pays will be paid by the manufacturer after the participant applies for Co-pay assistance and will not apply toward MOOP.

Insulin copay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.



Health Saver Standard

This is an HSA-qualified High Deductible Health Plan, eligible for use with a Health Savings Account(HSA).

Effective 01/01/2024

IN-NETWORK	Deductible for individual coverage	\$1,600
	Deductible for family coverage (Non-Embedded deductible)	\$3,200
	Plan pays/individual pays (co-insurance) after deductible	90%/10%
	Maximum out-of-pocket (medical and prescription)	\$3,200 individual /\$6,400 family
	Primary care or retail clinic visit	10%after deductible
	Specialist office visit (includes virtual visits)	10% after deductible
	Teladoc®	0% after deductible
	Wellness and preventative care (primary care/ specialist)	0% no deductible
	Hospital inpatient (including maternity)	10% after deductible
	Outpatient surgery	10% after deductible
	Emergency room services	\$250 copay, then 10% after deductible
	Urgent care	10% after deductible
	Outpatient services (CT scans, MRI, diagnostic)	10% after deductible
	Chiropractic services (12 visits annually)	10% after deductible
	Mental health/substance abuse: inpatient services	10% after deductible
OUT-OF-NETWORK	Mental health/substance abuse: office visit	10% after deductible
	Vision exam (one exam every 12 months)	10% after deductible
	Deductible for an individual	\$10,000
	Deductible for a family	\$20,000
	Plan pays/individual pays (co-insurance) after deductible	60%/40%
	Co-insurance and deductible out of pocket limit for an individual	\$15,000
	Co-insurance and deductible out of pocket limit for a family	\$30,000
	Wellness and preventive care	Not Covered
	Hospital inpatient (including maternity)	\$500 copay, then 40% after deductible
	Outpatient surgery	40% after deductible
	Emergency Room Services	\$250 copay, then 10% after deductible
Mental health/substance abuse: inpatient services	\$500 copay, then 40% after deductible	
Mental health/substance abuse: office visit	40% after deductible	

PRESCRIPTION DRUG PROGRAM¹

RETAIL	30-Day Supply	Generic	10% after deductible
		Preferred	10% after deductible
		Non-Preferred	10% after deductible
MAIL ORDER/ WALGREENS	90-Day Supply	Generic	10% after deductible
		Preferred	10% after deductible
		Non-Preferred	10% after deductible
		Diabetic Supplies	10%
		Participating Insulin	\$75
SPECIALTY	30-Day Supply	Generic	10% after deductible
		Preferred	10% after deductible
		Non-Preferred	10% after deductible

Additional Plan Information

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

A 90-day supply of maintenance drugs can be filled either by member selected retail pharmacy (Walgreens or CVS) or by mail order. Prices may vary.

Medical claims incurred outside the United States where no network exists will be considered In-Network.

The deductible is met by both medical and prescription expenses.

Copays for certain specialty medications will be set to the maximum available manufacturer Copay assistance. This copay adjustment will only apply after deductible satisfaction if this is a qualified high deductible plan. These Co-pays will be paid by the manufacturer after the participant applies for Co-pay assistance and will not apply toward MOOP.

Insulin copay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.

Glossary of Terms

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

Co-insurance and deductible out of pocket limit (out-of-network) – The most you will have to pay in a year in out-of-network deductibles and co-insurance for covered benefits.

Co-pay – The fixed, up-front dollar amount you pay for certain covered expenses. Co-pay amounts apply after your in-network or out-of-network deductible and do not apply to your out-of-network coinsurance maximum.

Deductible for individual coverage – This applies only to an employee who has no dependents included on their coverage. The individual is responsible for paying for medical and prescription drug claim costs up to the plan's individual deductible amount before GuideStone® begins paying claims.

Deductible for family coverage – This applies to an employee who has dependents included on their coverage. The employee and dependents are responsible for paying for medical and prescription drug claim costs up to the plan's family deductible amount before GuideStone begins paying claims for anyone in the family. The family deductible may be met by one individual or by multiple family members' combined claims. This is known as a non-embedded deductible.

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 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 for the rest of the plan year. For family coverage, one individual cannot be responsible for more than the current IRS limit.

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 plan costs.
Embedded V. Aggregate Deductibles:

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 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](https://www.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.



MEDICAL PLAN BENEFITS





LEARNING YOUR HEALTH PLAN'S VOCABULARY CAN SAVE YOU MONEY

Here are explanations (and proper spellings) for some of the most commonly misunderstood health coverage terms, where they fit into your overall coverage and how understanding them can enhance your experience with your plan.

These terms are commonly used when discussing health plan types:



Preferred Provider Organization (PPO) Plan

A type of health plan that contracts with medical providers —such as hospitals and doctors — to create a network of participating providers. You have less out-of-pocket costs if you use providers that belong to the plan's network; however, you can use doctors, hospitals, and providers outside of the network but higher out-of-network costs will be applicable.



Exclusive Provider Organization (EPO) Plan

A managed care plan where services are covered only if you go to doctors, specialists or hospitals in the plan's network (except in an emergency).



High Deductible Health Plan (HDHP)

A plan with a higher deductible than a traditional insurance plan because it is designed to be used with a health savings account (HSA) allowing you to pay for certain medical expenses with money free from federal taxes. While the monthly premium is usually lower for an HDHP, you will pay more health care costs yourself before the insurance company starts to pay its share (your deductible). All of GuideStone's HDHPs are considered HSA-Qualified High Deductible Health Plans by the IRS and are designed to be combined with an HSA.



MEDICAL PLAN VOCABULARY

These are the terms you're most likely to see in relation to discussions about what is and isn't covered by your health plan.

- ▶ **BENEFIT:** This describes the portion of your claims costs that are covered by your health plan. Understanding your benefits can help you predict the portion of a claim your plan will pay.
- ▶ **CLAIMS:** These are your health care expenses that are filed with your insurer to request payment. In most cases, the claims are filed by your medical provider. Create an account on your health provider's website to monitor your claims as they move through the payment process and review the Explanation of Benefits (EOBs) provided by your plan.
- ▶ **CO-INSURANCE:** This term refers to the percentage of costs of a covered health care service for which you are responsible. For example, if your co-insurance is 20% and your providers submit a claim for \$10,000, your portion will be \$2,000 and your health plan will pay \$8,000. Co-insurance, deductibles and co-pays make up the total costs you pay toward a claim.
- ▶ **CO-PAY:** This fixed, out-of-pocket payment is made by the plan participant at the time a medical service is rendered. For example, there will be a co-pay for a doctor's office visit or a prescription refill. Co-pays, deductibles and co-insurance make up the total costs you pay toward a claim.
- ▶ **DEDUCTIBLE:** Generally speaking, a deductible is the predetermined amount of money a participant pays on claims before the plan starts to pay. There are two general categories of deductibles:
 - **EMBEDDED DEDUCTIBLE:** Each individual on your health plan has his or her own deductible. These embedded (individual) deductibles also accumulate toward an aggregate (family) deductible. For example, if your plan provides coverage for two adults and two children with embedded deductibles of \$2,000, each person will have his or her own individual \$2,000 deductible or reach the aggregate (family) deductible before benefits are paid at the co-insurance level.
 - **AGGREGATE DEDUCTIBLE:** An aggregate deductible is a set amount that either one individual or all family members can contribute toward. For example, if the aggregate deductible is \$2,000 per individual or \$6,000 per family, you will have to meet the \$2,000 deductible for individual-only coverage (no dependents on the plan). If you have dependents on the plan, the individual deductible goes away completely and you are responsible for contributing toward a family deductible.

PRESCRIPTION PLAN VOCABULARY

These terms help describe the prescription benefits included in your medical plan.

- ▶ **FORMULARY:** Also known as a preferred formulary, this is a list of prescription drugs covered by your health plan. Most formularies include generic prescription and brand-name drugs. Physicians use the formulary to determine which drugs are most effective at the best possible price. The formulary is a living document and will change as new drugs enter the market. You can find the formulary on your prescription provider's website. Working with your physician to choose prescriptions that are part of the formulary will lower your out-of-pocket costs.
- ▶ **TIERED PRICING:** Co-pays for prescription drug prices are differentiated by the levels, or tiers. Tier 1 is generally the lowest co-pay and is for generic drugs. Tier 2 is generally reserved for preferred brand-name drugs. Tier 3 is usually non-preferred or specialty drugs for which members will pay the largest co-pay. Request Tier 1 drugs from your physician to keep your costs low through the payment process.

PROVIDER VOCABULARY

There are a variety of medical providers from which you can receive care.

- ▶ **NETWORK:** Health care providers who agree to work with a health plan to provide services to those in the plan at discounted rates are considered to be a part of a network. Keep your costs low by choosing a provider within your health plan's network where you will receive the deepest discounts.
- ▶ **PRIMARY CARE PROVIDERS:** This type of doctor or medical practitioner provides preventive and routine care. These can be pediatricians, family practice physicians, obstetricians/gynecologists and internal medicine doctors. Developing a relationship with a primary care provider can help you stay healthy.
- ▶ **SPECIALIST:** A doctor or medical practitioner with advanced training in a specific subset of care is considered to be a specialist. You will usually see these physicians only for a short term. Work with your primary care provider to find a specialist who understands your condition and is in your health plan.

Learning your health plan's vocabulary can help you navigate your benefits and find the lowest-cost, best-quality care.



www.GuideStone.org

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: QUANTUM HEALTH

Think of Quantum Health as your personal team of nurses, benefit experts and claims specialist who will do whatever it takes to support your unique health care needs. Quantum Health is your one resource to contact whenever you need help with your medical, wellness or pharmacy benefits.

You have one mobile app, one website and one phone number.

Get to know [Quantum Health](#).

- [Download the Quantum Health app](#)
- [Visit *GuideStoneHealth.org*](#)
- [Call 1-855-497-1230](#)

STOP 2: HELP CENTER

Have a question?

Visit [Help.GuideStone.org](#) to find answers regarding:

- [Prescriptions](#)
- [Benefits](#)
- [Claims](#)

STOP 3: PREVENTIVE CARE

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

Visit [GuideStone.org/PreventiveCare](#) to download preventive care information and download your Preventive Schedule at [GuideStone.org/PreventiveSchedule](#). Here are some of your covered benefits:

- [Your annual checkup](#)
- [Preventive mammograms and well-woman screenings](#)
- [Some cancer, diabetes and blood pressure screenings](#)



STOP 4: WELLNESS TOOLS AND PROGRAMS

GuideStone's Wellness Tools and Programs page is the place to learn more about your benefits.

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

- Access Teladoc® (telemedicine provider)
- Earn cash with SmartShopper®
- Take Advantage of Health Coaching

STOP 5: ADDITIONAL BENEFITS

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

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

- Access overseas coverage using BCBS Global® Core
- Get discounts for products and services using Blue365®
- Minimize damage from identity theft with Experian IdentityWorksSM

MEDICAL AND PRESCRIPTION COVERAGE

You have one card for both your medical and prescription benefits.



PLAN INFORMATION

GS Group Number for GuideStone National Network Health Plans* – **CQM363**

Blue High Performance Network Plans – **N2Q363**

GS Group Number for Medicare-coordinating Plans – **OBF363**

Member Number – Your Social Security Number

Benefit Questions – **1-855-497-1230**



PLAN INFORMATION

GS Group Number for GuideStone National Network Health Plans** – **ABSBC01**

GS Group Number for Blue High Performance Network Plans – **ABSBC01**

GS Group Number for Medicare-coordinating Plans – **ABSBC02**

Benefit Questions – **1-855-497-1230**

RX Bin for GuideStone Health Plans Except for Secure Health™ (No PCN number required) – **610014**

Rx Bin for Secure Health™ Plans – **003858**

PCN Number for Secure Health™ Plans – **A4**



WHAT IF I HAVEN'T RECEIVED MY ID CARD?

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

ORDERING A NEW ID CARD

Employees are encouraged to call Quantum Health directly at **1-855-497-1230** to request replacement ID cards. You can also print them online at [GuideStoneHealth.org](https://www.GuideStoneHealth.org) or access the virtual member ID card in the Quantum Health app.

If you have questions about accessing your benefits before you receive your card, contact our customer solutions specialists by email at Insurance@GuideStone.org or by phone at **1-844-INS-GUIDE** (1-844-467-4843) between 7 a.m. and 6 p.m. CT Monday through Friday.

*All plans except Blue High Performance Network and Medicare-coordinating.

**All plans except Blue High Performance Network, Secure Health™ and Medicare-coordinating.





IF THERE'S A BETTER WAY TO HELP
YOU UNDERSTAND YOUR BENEFITS,
WE'LL FIND IT.



GETTING TO KNOW MYQHEALTH

Whenever you have questions about your healthcare, your MyQHealth Care Coordinators are here to help. Get personalized support and guidance when you need help with medical claims, health benefits, prescriptions and so much more – at no additional cost to you.

1. Register at [GuideStoneHealth.org](https://www.GuideStoneHealth.org)

If you haven't already registered at [GuideStoneHealth.org](https://www.GuideStoneHealth.org), let's get started. Here's how: Click on **Register for a New Account** and provide the information requested. Anything with an asterisk (*) is required. Then click **Next**. A verification code will be sent to your choice of mobile phone, if provided, or email address. **Enter the verification code**, and you're all set. After registering, you'll have 24/7 access to your health plan details and will be able to search for an in-network provider, print and save a copy of your ID card, chat with a Care Coordinator, and more.

2. Download the mobile app

Go to the App Store or Google Play and search for **MyQHealth - Care Coordinators**.

3. Find out more about your health plan benefits

Whether you're on [GuideStoneHealth.org](https://www.GuideStoneHealth.org) or the MyQHealth app, click/tap on **My Plan** to see what's available to you, such as finding providers and accessing benefit details, documents, claims, authorizations and more.

4. Click/tap around to see what resources are available to you

When you select **My Health**, you can access your incentive checklist to help keep track of health plan activities and incentives. If your plan includes lifestyle coaching and wellness programs, you'll find details here.

5. Verify your primary care physician (PCP)

You can find and assign your PCP, or primary doctor, in the **My Plan** section. Click/tap on **Primary Doctor** and enter your doctor's information to search. If you can't find your primary doctor in the list, click **Can't Find Your Doctor?** at the bottom of the page. Once you've found the provider you wish to designate – and have made sure your provider is in-network – choose **Assign** to designate as your primary doctor. If you have any questions or concerns, enter your personal contact information and click **Submit** for a MyQHealth Care Coordinator to assist you.

Call Quantum Health at 855-497-1230 to put authorizations on file and help find physicians for any previously planned elective care procedures

[GuideStoneHealth.org](https://www.GuideStoneHealth.org)

855-497-1230

(Monday–Friday, 8:30 a.m.–10 p.m. ET)

Download the app | **MyQHealth - Care Coordinators**

Introducing Care Finder™ from MyQHealth



Find high-quality, cost-effective, in-network care – all with a single search tool

New to town and need a doctor? Out of town and need a doctor? Looking for the best place to have joint surgery? For all your healthcare research and decisions, now there's only one place you need to go – and it's as close as your computer or mobile device.

Found on your MyQHealth member portal, Care Finder™ helps you find and compare healthcare providers and facilities so you can make informed choices about the care you'll receive. Checking cost and quality rankings in advance can save you hundreds or even thousands of dollars and ensure you receive the best possible care.

Find a **PROVIDER**








Search by provider name, facility name, ZIP code or procedure. **All search results are in-network***, meaning your insurance provider has negotiated discounted rates for members of your benefits plan.

Compare **COSTS**

Even in-network costs for providers and services can vary significantly. Estimated costs for providers, facilities and procedures are based on the amount health plans have typically paid on claims in your area, from the lowest cost to the highest. The "Fair Price" is the amount you can reasonably expect a medical service to cost.*

Compare **QUALITY**

These ratings reflect provider and facility performance across multiple criteria, including patient outcomes. Provider Quality Ratings also reflect compliance with standards of care and are updated annually.

 Facilities This Doctor May Use	 At or Below Fair Price  Slightly Above Fair Price  Highest Price	 Highest Quality  Average Quality  Lowest Quality
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*You should verify a provider's network status prior to your visit, as they sometimes switch networks. While you're at it, you can ask them for an estimate of your anticipated out-of-pocket costs for the procedure.

GuideStoneHealth.org

855-497-1230
(Monday–Friday, 8:30 a.m.–10 p.m. ET)

Download the app | MyQHealth - Care Coordinators

Quickly find quality, in-network care at a reasonable price.

When it comes to choosing a provider and a facility for common services – imaging, diagnostic procedures, outpatient surgery and more – you have options. With Care Finder™, seeking them out is an easy, informative experience.

Go to Care Finder without leaving MyQHealth

1. Log on to your member portal or app
2. Go to the **My Plan** section
3. Select **Care Finder** in the menu
4. Begin your search...

Search for providers and facilities

- Search by provider name, facility name, ZIP code or procedure
- Learn which providers are accepting patients
- Find out how far away they are
- All results are in-network*

Compare cost and quality ratings

- Highest-quality, lowest-cost providers and facilities are shown first
- See a Fair Price estimate for total procedure costs
- Explore three levels of detail for each provider:
 1. Name, location, quality rating and whether they're accepting new patients
 2. Expanded view, including specialties, gender, languages spoken and procedures
 3. The Fair Price for a procedure presented along a market price spectrum

The screenshot shows the 'Refine Results' interface. On the left, there are filters for Distance (5, 7, 8 miles), Quality Ranking (Highest, Average, Lowest), Accepting New Patients (Yes, Unknown), Gender (Female, Male), Languages Spoken (English, French, Italian, Spanish, Telugu), and Specialty (Anesthesiology, Cardiology). The main area displays three providers: Stone-Smith, Abbie Marie, DO (5 miles); Smith, Jimmy Shaun, DO (7 miles); and Biersmith, Michael, MD (8 miles). Each provider entry includes their name, specialty, and a status indicating they are 'In-Network' and 'Accepting New Patients'.

The screenshot shows the provider detail page for Jimmy Shaun Smith, DO. It includes a 'NEW SEARCH' button, tabs for 'Overview' and 'Locations', and a detailed profile. The profile lists his specialty (Pulmonary Disease, Emergency Medicine, Internal Medicine), location (2050 Kenny Rd, Columbus, OH 43221), contact information (Phone: 614-293-4925, Fax: 614-293-5503), gender (Male), languages spoken (English), quality ranking (In-Network), and acceptance status (Accepting New Patients). His NPI is 1598717894.

The screenshot shows the procedure detail page for an Appendectomy. It features a 'Fair Price \$15,151' callout and a price spectrum ranging from \$12,122 to \$37,878+. Below the spectrum, it lists 'FACILITIES THAT PERFORM THIS PROCEDURE:' with a 'SORT RESULTS' dropdown. A legend indicates facility quality levels: At or Below Fair Price (Green), Slightly Above Fair Price (Yellow), Highest Quality (Blue), Average Quality (Orange), Highest Price (Red), and Lowest Quality (Red). The facilities listed are Wexner Medical Center at The Ohio State University - Hospital (8 miles) and OhioHealth Doctors Hospital - Hospital (11 miles).

*You should verify a provider's network status prior to your visit, as they sometimes switch networks. While you're at it, you can ask them for an estimate of your anticipated out-of-pocket costs for the procedure.

GuideStoneHealth.org

855-497-1230
(Monday–Friday, 8:30 a.m.–10 p.m. ET)

Download the app | MyQHealth - Care Coordinators

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*
Some Common Conditions	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
Why Visit	The convenient choice	The in-office choice	The urgent and after-hours choice	The emergency choice	The emergency choice
Cost	\$	\$\$	\$\$\$	\$\$\$\$\$	\$\$\$\$\$
Hours	24/7/365	Weekdays only (typically)	8 a.m.–9 p.m. every day (typically)	24/7/365	24/7/365
Wait Time	15-minute call-back time	By appointment only	Varies depending on demand. Online 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. Freestanding emergency room treatment can cost thousands more than the same treatment at an urgent care clinic.



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. Our Teladoc services include General Medical, Dermatology and Mental Health.



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



Learning which hospital emergency rooms are part of your network by visiting [GuideStoneHealth.org](https://www.GuideStoneHealth.org), using Quantum Health app or calling **1-855-497-1230**.

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

WELLNESS 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.



WELLNESS TOOLS AND PROGRAMS

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

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

Quantum Health

Think of Quantum Health as your personal team of nurses, benefit experts and claims specialists who will do whatever it takes to support your unique health care needs. Quantum Health is your one resource to contact whenever you need help with your medical, wellness or pharmacy benefits.

Quantum Health is just a tap, click or call away. You have one mobile app, one website and one phone number.

Quantum Health app | [GuideStoneHealth.org](https://www.GuidestoneHealth.org) | 1-855-497-1230

Get to know [Quantum Health](#)

See what they are saying about Quantum Health:



"My care coordinator was amazing!! She made me feel heard and took the situation out of my hands and handled it! I don't owe my doctors anymore!"

"Carolyn did such an excellent job. I felt like she listened to me, she heard my concerns, she was solutions-oriented, she researched everything thoroughly, and most of all, she connected with me as an individual. It was an excellent experience, which does which doesn't happen often, and I got off the call feeling so happy with my experience! She made me feel seen and heard, and I cannot tell you how much that meant to me and made my day!"

Save on Health Care

- [Quantum Health CareFinder](#) enables you to stay in-network and estimate your cost.
- [SmartShopper](#)® allows you to earn cash rewards of up to \$1,000 and reduce your out-of-pocket health care costs by shopping for health care procedures with SmartShopper. Access SmartShopper by simply calling **1-866-285-7475** to speak to a personal assistant.
- [Teladoc](#)® (telemedicine provider) means that you have access to U.S. board-certified doctors, including pediatricians, all day, every day — even holidays for general medical care. Register today at [Teladoc.com/GuideStone](https://www.Teladoc.com/GuideStone). Your Teladoc services include [General Medical](#), [Dermatology](#) and [Mental Health](#).

*Cigna International and Medicare-coordinating plans are excluded from wellness tools and additional benefits. Global Core plans do not have access to Quantum Health or Quantum Health wellness tools. SmartShopper is not available to Blue HPN plans. Teladoc mental health benefits are not available on Secure Health™ plans.

Take Charge of Your Health

- [Quantum Health](#) gives you a comprehensive set of tools, resources, care management, wellness and member solutions to lead your healthiest possible life. Take advantage of programs like [health coaching](#) and the [Early Steps Maternity program](#).
- [Blue Distinction Centers](#) are high-quality hospitals that can lower your chance for complications and shorten your stay. Blue Distinction is a designation awarded by the [Blue Cross Blue Shield Association](#) to hospitals proven to deliver superior results for complicated, costly procedures.
- [Sword Virtual Physical Care Program](#) pairs you virtually with a sword-licensed physical therapist, who assesses your pain and tailors a program to your unique needs. Sword offers a digital solution for those experiencing pain in the back, neck, shoulder, elbow, wrist, hip, knee, or ankle. Utilizing wearable FDA-listed motion sensors and the sword tablet to guide movement, the physical therapists evaluate real time biofeedback as you go through the exercise sessions. The physical therapist provides ongoing virtual support and guidance throughout the program and is available for questions along your journey. You have access to this benefit at no cost and with no visit limitations. Please review the [Sword Virtual Physical Care Tutorial](#) and [Frequently Asked Questions](#) for additional information. Book your free consultation today at Join.SwordHealth.com/BCBS.
- [Twin Health](#) delivers individualized guidance to help members with Type 2 diabetes. It is a dynamic, digital representation of a person's unique metabolism, built from thousands of data points gathered daily from non-invasive wearable sensors and self-reported preferences. For additional information, please view the [Twin Health – Just for You video](#) and review the [Frequently Asked Questions](#). Start reversing your Type 2 diabetes by signing up for Twin Health at Partner.TwinHealth.com/GuideStone.

Watch the video at GuideStone.org/TwinHealth to see how Twin Health has helped GuideStone members reverse Type 2 diabetes.



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.

- [BCBS Global Core](#) – 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 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.
- [Experian IdentityWorks](#)SM – Highmark BCBS provides Experian IdentityWorks to help members who are victims of identity theft. Enrollment is required at ExperianIDWorks.com/Highmark. Members must provide their personal information to enroll online or via phone. **Please note:** You will receive an email in December to confirm your coverage for the next year.
- [Vision Benefit](#) – For individuals in the majority of GuideStone's plans, your vision benefit covers one annual eye exam per covered family member. The coverage does not include the cost of glasses or contact lenses. You must use an in-network provider to receive this benefit. The vision benefit is not available in all plans. Please review your plan booklet for details.



GuideStone[®]



Get started with Teladoc Health

It's quick and easy to set up your account online. Simply visit *Teladoc.com/GuideStone*, click ""Sign in" and then "Create a new account". Then simply follow the instructions below.

1 Confirm benefits

Provide some information about yourself to confirm your eligibility.

Tell us about you

Enter your information just as it appears on your health insurance card or pay stub.

* Required

First Name*

Last Name*

Email*

Country*

ZIP code*

Sex assigned at birth*

Month of birth* MM Day* DD Year* YYYY

I received a Teladoc code from my employer or insurance company

Next

Note: You will need to use the exact name that is listed on your ID card.

2 Find your coverage

You may see one of these two screens, but both will effectively get you started.

We found a match!

These care options are available with your coverage.

Staged EII Primary Staged EII Dependent Card.

- General Medical

Is this incorrect? [Add new coverage](#) or call us at **1-800-835-2362**

Next

Confirm the coverage that has been matched to you. You will then be asked for your member ID located on your ID card.

Select your health insurance

* Required

Insurance company*

No insurance? [You can also pay per visit.](#)

Next

Pick your health plan from the drop-down menu and enter **Highmark Blue Cross Blue Shield**.

3 Create account

Enter your contact information, username, password and security questions.

Finish creating your account

* Required

Create your username and password*

Username*

Password*

Confirm password*

Enter your information*

Address*

Address line 2 (Optional)

City*

Country*

State*

ZIP code*

Secure your account*

Security question 1*

Answer 1*

Security question 2*

Answer 2*

Security question 3*

Answer 3*

Visit preferences*

Country

Preferred Phone Number*

Preferred language for visits*

TTY relay service needed (hard-of-hearing, speech impairment, or similar)

How did you learn about Teladoc?

I accept Teladoc's [Notice of Privacy Practices](#), [Terms of Service](#) and [Notice of Nondiscrimination and Language Assistance](#).

Create account

Once your account is created, eligible dependents under 18 years of age can be added in your account settings under the primary member. Dependents older than 18 should follow the steps above to create their own account.

Set up your Teladoc Health account today

Visit Teladoc.com/GuideStone | Call 1-800-TELADOC (800-835-2362) | Download the app  

*Teladoc Health is not available internationally.

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Hello SmartShopper

Offered by Highmark Blue Cross Blue Shield, SmartShopper saves money and helps you earn rewards when you have routine medical procedures and tests.

How it works



1. SHOP

by phone or online



2. GO

to a cost-effective, in-network location you choose



3. EARN

\$25 or more in rewards

Why SmartShopper?

- Prices for the same in-network, high-quality procedure can vary dramatically between locations
- SmartShopper lets you compare convenient, in-network locations and choose the best option
- You save money out-of-pocket and earn a share of the overall savings as a reward
- It's easy to shop online or with a Personal Assistant, who can also schedule your procedure



98% of SmartShoppers would recommend this program to a friend or co-worker.

2019 Survey of SmartShopper Users

Call the SmartShopper Personal Assistant Team at 1-866-285-7475.

Call the SmartShopper Personal Assistant Team Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.



The SmartShopper program is offered by Sapphire Digital, an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

Prices for medical services are provided for illustrative purposes only and may not reflect current/actual pricing in your geographic region.

Insurance or benefit administration may be offered or provided by Highmark Blue Cross Blue Shield or by Highmark Choice Company, both of which are independent licensees of the Blue Cross and Blue Shield Association. Health care plans are subject to the terms of the benefit agreement.

The Claims Administrator complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



PREVENTIVE CARE



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 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 Schedule by visiting [GuideStone.org/PreventiveSchedule](https://www.GuideStone.org/PreventiveSchedule).

For answers to frequently asked questions about preventive care, go to [Help.GuideStone.org/PreventiveCare](https://www.Help.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.

1. FOCUS ON THE PREVENTIVE CARE SCHEDULE

- 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.
- Get paid to shop for your preventive care mammograms and colonoscopies. Learn About [SmartShopper®](#).

2. STAY IN YOUR NETWORK

- Access provider information at [GuideStoneHealth.org](https://www.GuideStoneHealth.org).
- Follow the "Find Care" tab to find in-network health care providers in your neighborhood.

3. SCHEDULE AN APPOINTMENT

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

4. PLAN FOR FOLLOW-UP

- 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 Schedule](#).

5. MONITOR YOUR EXPLANATION OF BENEFITS (EOB) STATEMENTS

- 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.

What's the difference between preventive care and diagnostic visits?

A Highmark BCBS customer advocate explains how the codes on your claims determine how your benefits are paid at [GuideStone.org/PreventiveClaims](https://www.GuideStone.org/PreventiveClaims).



TERM LIFE AND ACCIDENT PLAN BENEFITS



Term Life Benefits

Effective: January 1, 2024

Employee Term Life

Coverage amount	Guaranteed standard issue of 1.5 times annual salary.
Coverage maximum	Lesser of \$750,000 or eight times salary
Benefit 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, not to exceed \$250,000.

Spouse Term Life

Coverage amount	Guaranteed standard issue of \$15,000. Additional spouse life coverage is available with medical underwriting in \$5,000 increments up to 50% of Employee Term Life Coverage, up to a benefit
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Child Term Life

Coverage amount & limitations	\$10,000. Coverage begins at live birth and may continue up to age 26.
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Employee Accidental Death & Dismemberment

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

Supplemental Accidental Death & Dismemberment [Employee & Spouse]

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 coverage amount	50% of employee coverage amount

Optional Employee Term Life

Coverage amount	Available for employees who want additional coverage above their base Employee Term Life Plan. Optional Term Life coverage is available without medical underwriting in \$5,000 increments from \$10,000 to \$50,000, a flat amount of \$100,000, or one to eight times salary. Guaranteed issue is available at initial eligibility for up to \$50,000 in coverage. Medical underwriting is required for enrollment after initial eligibility or for amounts in excess of \$50,000. 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.
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Optional Spouse Term Life

Coverage amount	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.
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Important Information

•Coverage will not be extended 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, and Yemen.

GUIDESTONE GIVES YOU THE HELP TO DEAL WITH THE CHALLENGES AND TRIUMPHS OF TOMORROW.

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 in your MyGuideStone account.

[My.GuideStone.org](https://www.myguidestone.org)

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)

Explore all your additional term life benefits at:

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



DISABILITY PLAN BENEFITS



Disability Plans

Effective: January 1, 2024

Long-term Disability Plans

Economy Long-term Disability Plan	
Elimination period	180 days
Benefit percentage	up to 60% of monthly earnings
Minimum monthly benefit	Greater of 10% of gross disability payment or \$100
Maximum monthly benefit	\$7,500 per month
Definition of disability	2 years own occupation
Maximum benefit period	ADEA I
Social Security integration	Family
Self reported mental/nervous limitation	12 months
Rehabilitation & Return to Work Assistance	Included
Can coordinate with	Economy Short-term Disability Plan

Important Information

- Long-term disability coverage will not be extended 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,
- Short-term disability coverage is available only within the United States.

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).



DENTAL PLAN BENEFITS



Dental Plans

Effective: January 1, 2024

Dental Benefits	Premier Plus Dental	Choice Plus Dental	Cigna Dental Care
	Care Plan ¹	Care Plan ¹	DHMO Plan ³
Providers	May use any provider or save	May use any provider or save	Limited to network providers
Deductible (per person, per year)	\$502	\$502	No deductible
Annual maximum benefit	\$1,500	\$1,200	No annual maximum
Out-of-network annual maximum benefit (per person)	\$1,200	\$1,000	No annual maximum
Preventive and Diagnostic Care	100%	90%	\$5 office visit copay + applicable fee³
Routine oral examinations – two per calendar year	100%	90%	No charge
Routine dental cleanings – two per calendar year	100%	90%	No charge
Bitewing x-rays – once every 12 months	100%	90%	No charge
Fluoride treatments for children under age 14 – one treatment per 12 months	100%	90%	No charge ⁴
Basic Restorative Care	80%	70%	\$5 office visit copay + applicable fee³
Panoramic x-ray – once every 60 months	80%	70%	No charge ⁵
New fillings or replacement fillings – once every 24 months per filling	80%	70%	\$17 - 35 for simple fillings; \$22 - \$115 for composite fillings
Simple extractions	80%	70%	\$53
Major Restorative Care	50%	50%	\$5 office visit copay + applicable fee³
Endodontic treatment (root canal)	50%	50%	\$38 - 675
Dentures	50%	50%	\$430 - 670
Crowns	50%	50%	\$105 - 515
Implants	50%	50%	\$770 - 970
Orthodontia	50% (\$1,000 lifetime maximum benefit)	50% (\$1,000 lifetime maximum benefit)	\$5 office visit copay + applicable fee³ (24 month limitation)

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

³ Fees based on the Cigna Dental Care DHMO Plan Patient Charge Schedule WI-V9. The Cigna DHMO provider network is the Cigna Dental Care Access Plus Network.

⁴ Limit of two times per calendar year for the Cigna Dental Care DHMO Plan only.

⁵ Limit once every three years for the Cigna Dental Care DHMO Plan only.

⁶ 50+ employee enrollment requirement for the Premier Plus and Choice Plus Dental Care Plans.

• The Cigna Dental Care DHMO Plan is not available in: AK, HI, ME, MT, NH, NM, ND, PR, SD, VI, VT, WV, WY.

GUIDESTONE GIVES YOU DENTAL PLANS TO SMILE ABOUT!

My.Cigna.com

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

[my.Cigna.com](https://my.cigna.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.

[my.Cigna.com](https://my.cigna.com)

Cigna Healthy Rewards®

Access discounts on health and wellness products and programs.

[my.Cigna.com](https://my.cigna.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/MemberResources

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 plans, call **1-800-244-6224** or visit my.Cigna.com.

myCigna Mobile App

Search for myCigna in your app store. Log in and register with your ID number to [manage your profile and your health plan](#).



Health Care Professional Directory

Easily search for an in-network dentist and access instant driving directions.



ID Cards

Quickly view ID cards and print, email or scan plan information from your smartphone.



Claims

View recent and past claims and bookmark group claims for convenient reference.



Claims

Instantly review coverage and out-of-pocket costs.

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 my.Cigna.com.





VISION PLAN BENEFITS



Vision Plans

Effective: January 1, 2024

Vision Benefits	Standard Vision Plan
Exam Copay	\$10
Materials Copay	\$25.00
Frequency	
Exam	Every 12 Months
Lenses	Every 12 Months
Frame	Every 24 Months
Exam Coverage	
WellVision Exam [®]	Covered in full after copay
Basic Prescription Lens Coverage	
(Glass or Plastic)	
Single Vision	
Lined Bifocal	Covered in full after copay
Lined Trifocal	
Lenticular	
Standard progressive	
Frame Coverage	
VSP Network Doctors and Visionworks [®]	\$150 allowance, plus 20% on any amount above the allowance
Contact Lens Coverage	
Elective Contact Lenses (prescription contact lenses, in lieu of glasses)	\$150 allowance
Necessary Contact Lenses (medically necessary prescription contact lenses, in lieu of glasses)	Covered in full after copay

VISION PLANS WITH ACCESS TO EXCLUSIVE MEMBER BENEFITS

VSP.com

Create an account, find your local VSP network doctor, and see your benefit at vsp.com today!

[VSP.com](https://vsp.com)

Eye Exam

Whether it's a routine check-up or your very first time, a WellVision Exam[®] from your VSP[®] network doctor is a great step to taking care of your eyes and your overall health. Learn what you can expect when you go to see your eye doctor at your WellVision Exam.

[GuideStone.org/WellVision](https://guidestone.org/WellVision)

Eyeconic

Eyeconic[®] seamlessly connects your eyewear, your insurance coverage, and the VSP[®] doctor network. Plus, you get the convenience of online shopping along with the personal touch from a VSP doctor.

[Eyeconic.com](https://eyeconic.com)

Essential Medical Eye Care

GuideStone provides eye care that supports your overall health and wellness. With your vision benefits, you have access to supplemental coverage for urgent and medical eye care.

[GuideStone.org/EssentialEyeCare](https://guidestone.org/EssentialEyeCare)

Member Extras

Get access to more than \$3,000 in savings from VSP and other popular brands for your eye care and overall wellness needs.

[VSP.com/Offers](https://vsp.com/Offers)

TruHearing

Like vision loss, hearing loss can have a huge impact on your quality of life. TruHearing makes hearing aids affordable by providing exclusive savings to all VSP[®] Vision Care members.

[TruHearing.com/VSP](https://truhearing.com/VSP)

Explore all your additional term life benefits at:

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



[GuideStone.org](https://www.GuideStone.org) | 1-844-INS-GUIDE