

	Health Saver 2000 HDHP Guidestone (BCBS Highmark)	Health Saver 2800 HDHP Guidestone (BCBS Highmark)	Health Saver 4000 HDHP Guidestone (BCBS Highmark)	Health Choice 1000 PPO Guidestone (BCBS Highmark)
Deductible (Individual / Family)	\$2,000 / \$4,000 Aggregate Deductible If more than one person is covered under the plan, all family members must collectively meet the family coverage amounts	\$2,800 / \$5,600 Aggregate Deductible If more than one person is covered under the plan, all family members must collectively meet the family coverage amounts	\$4,000 / \$8,000 Embedded Deductible One individual cannot contribute more than the individual deductible amount on a family contract	\$1,000 / \$2,000 Embedded Deductible One individual cannot contribute more than the individual deductible amount on a family contract
HSA/FSA eligible	HSA and Limited Purpose FSA Only ¹	HSA and Limited Purpose FSA Only ¹	HSA and Limited Purpose FSA Only ¹	FSA Only
Coinsurance	10%	20%	20%	20%
Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$7,500	\$4,900 individual coverage only \$7,500 / \$9,800 individual/family	\$6,000 / \$12,000	\$5,000 / \$8,250
Preventive Services	0%, No deductible required	0%, No deductible required	0%, No deductible required	0%, No deductible required
Office Visit – Primary Care	10% after deductible	20% after deductible	20% after deductible	\$25
Office Visit – Specialist	10% after deductible	20% after deductible	20% after deductible	\$45
Diagnostic Labs, X-ray and Pathology	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Hospital Services – Inpatient Care and Surgery	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Emergency Room	After deductible, \$250 copay then 10%	After deductible, \$250 copay then 20%	After deductible, \$250 copay then 20%	\$250 co-pay, then 20%
Urgent Care	10% after deductible	20% after deductible	20% after deductible	\$50
Teladoc	0% coinsurance	0% coinsurance	0% coinsurance	\$0
Prescription Drugs				
Retail – 30 day supply	Generic: 10% after deductible Preferred: 10% after deductible Non-Preferred: 10% after deductible	Generic: 20% after deductible Preferred: 20% after deductible Non-Preferred: 20% after deductible	Generic: 20% after deductible Preferred: 20% after deductible Non-Preferred: 20% after deductible	Generic: \$15 Preferred: \$50 Non-Preferred: \$75
Mail Order – 90 day supply	Generic: 10% after deductible Preferred: 10% after deductible Non-Preferred: 10% after deductible Diabetic Supplies: 10%, <u>no deductible</u> Preferred Insulin: \$75, <u>no deductible</u>	Generic: 20% after deductible Preferred: 20% after deductible Non-Preferred: 20% after deductible Diabetic Supplies: 20%, <u>no deductible</u> Preferred Insulin: \$75, <u>no deductible</u>	Generic: 20% after deductible Preferred: 20% after deductible Non-Preferred: 20% after deductible Diabetic Supplies: 20%, <u>no deductible</u> Preferred Insulin: \$75, <u>no deductible</u>	Generic: \$30 Preferred: \$100 Non-Preferred: \$150 Diabetic Supplies: \$20 Preferred Insulin: \$75
Specialty – 30 day supply	Generic: 10% after deductible Preferred: 10% after deductible Non-Preferred: 10% after deductible	Generic: 20% after deductible Preferred: 20% after deductible Non-Preferred: 20% after deductible	Generic: 20% after deductible Preferred: 20% after deductible Non-Preferred: 20% after deductible	Generic: \$50 Preferred: \$75 Non-Preferred: \$100
Monthly Contributions	Single: \$130.26 Employee + Spouse: \$303.50 Employee + Child(ren): \$260.52 Employee + Family: \$377.76	Single: \$56.16 Employee + Spouse: \$130.88 Employee + Child(ren): \$112.34 Employee + Family: \$162.90	Single: \$51.86 Employee + Spouse: \$120.84 Employee + Child(ren): \$103.70 Employee + Family: \$150.36	Single: \$174.16 Employee + Spouse: \$405.78 Employee + Child(ren): \$348.34 Employee + Family: \$505.08

¹You can contribute to a full Health Care FSA if you are ineligible to make contributions to an HSA.