Spring Arbor University

2022 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 is your one resource to contact whenever you need help with your medical, wellness or pharmacy benefits.

- **MyQHealth by Quantum Health: 1-855-497-1230**, *GuideStoneHealth.org* or the MyQHealth - Care Coordinator 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 Saver 2000

Effective January 1, 2022

The Health Saver 2000 is an HSA-qualified High Deductible Health Plan, eligible for use with a Health Savings Account (HSA).

	PLAN FEATURES	
In-Network	Deductible for individual coverage	$2,000[1]
	Deductible for family coverage (aggregate deductible)	$4,000[1]
	Plan pays/individual pays (co-insurance)	90%/10% after deductible
	Maximum out-of-pocket (medical and prescription)	$4,000/$8,000
	Primary care or retail clinic visit/ specialist office visit (includes virtual visits)	10% after deductible
	Teladoc™	0% after deductible
	Wellness and preventive care (primary care/ specialist)	0% no deductible
	Hospital inpatient (including maternity)	10% after deductible
	Outpatient surgery	10% after deductible
	Emergency room services: for emergency care only	After deductible, $250 co-pay then 10%
	Emergency room services: care for non-emergencies	After deductible, $250 co-pay then 10%
	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
	Mental health/substance abuse: office visit	10% after deductible
	Vision exam (one exam every 12 months)	10% after deductible
Out-of-Network	Deductible for an individual	$8,000
	Deductible for a family	$16,000
	Plan pays/individual pays (co-insurance)	50%/50% after deductible
	Co-insurance and deductible out of pocket limit for an individual	$28,000
	Co-insurance and deductible out of pocket limit for a family	$46,000
	Wellness and preventive care	Not Covered
	Hospital inpatient (including maternity)	After deductible, $500 co-pay then 50%
	Outpatient surgery	50% after deductible
	Emergency room services: for emergency care only	After deductible, $250 co-pay then 10%
	Emergency room services: care for non-emergencies	After deductible, $250 co-pay then 50%
	Mental health/substance abuse: inpatient services	After deductible, $500 co-pay then 50%
	Mental health/substance abuse: office visit	50% after deductible

	PRESCRIPTION DRUG PROGRAM[1]		
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% no deductible
		Preferred insulin	$75 no deductible
Specialty	30-Day Supply	Generic	10% after deductible
		Preferred	10% after deductible
		Non-preferred	10% after deductible

The in-network deductible is met by both medical and prescription drug expenses.

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 Walgreens or by mail order. Prices may vary.

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

GuideStone®

Do well. Do right.®

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 co-insurance 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 an aggregate 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.

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. 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.

7/21 9924

Health Saver 2800

The Health Saver 2800 is an HSA-qualified High Deductible Health Plan, eligible for use with a Health Savings Account (HSA). **Effective January 1, 2022**

	PLAN FEATURES	
In-Network	Deductible for individual coverage	$2,800[1]
	Deductible for family coverage (aggregate deductible)	$5,600[1]
	Plan pays/individual pays (co-insurance)	80%/20% after deductible
	Maximum out-of-pocket (medical and prescription)	$4,900 individual coverage only / $8,700/$9,800 individual/family[2]
	Primary care or retail clinic visit/ specialist office visit (includes virtual visits)	20% after deductible
	Teladoc™	0% after deductible
	Wellness and preventive care (primary care/ specialist)	0% no deductible
	Hospital inpatient (including maternity)	20% after deductible
	Outpatient surgery	20% after deductible
	Emergency room services: for emergency care only	After deductible, $250 co-pay then 20%
	Emergency room services: care for non-emergencies	After deductible, $250 co-pay then 20%
	Urgent care	20% after deductible
	Outpatient services (CT scans, MRI, diagnostic)	20% after deductible
	Chiropractic services (12 visits annually)	20% after deductible
	Mental health/substance abuse: inpatient services	20% after deductible
	Mental health/substance abuse: office visit	20% after deductible
	Vision exam (one exam every 12 months)	20% after deductible
Out-of-Network	Deductible for an individual	$5,600
	Deductible for a family	$11,200
	Plan pays/individual pays (co-insurance)	50%/50% after deductible
	Co-insurance and deductible out of pocket limit for an individual	$25,600
	Co-insurance and deductible out of pocket limit for a family	$35,200
	Wellness and preventive care	Not Covered
	Hospital inpatient (including maternity)	After deductible, $500 co-pay then 50%
	Outpatient surgery	50% after deductible
	Emergency room services: for emergency care only	After deductible, $250 co-pay then 20%
	Emergency room services: care for non-emergencies	After deductible, $250 co-pay then 50%
	Mental health/substance abuse: inpatient services	After deductible, $500 co-pay then 50%
	Mental health/substance abuse: office visit	50% after deductible

		PRESCRIPTION DRUG PROGRAM[1]	
Retail	30-Day Supply	Generic	20% after deductible
		Preferred	20% after deductible
		Non-preferred	20% after deductible
Mail Order/ Walgreens	90-Day Supply	Generic	20% after deductible
		Preferred	20% after deductible
		Non-preferred	20% after deductible
		Diabetic supplies	20% no deductible
		Preferred insulin	$75 no deductible
Specialty	30-Day Supply	Generic	20% after deductible
		Preferred	20% after deductible
		Non-preferred	20% after deductible

The deductible is met by both medical and prescription expenses.

For family coverage, one individual cannot be responsible for more than the ACA limit of $8,700.

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 Walgreens or by mail order. Prices may vary.

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

GuideStone®

Do well. Do right.®

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 co-insurance 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 an aggregate 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.

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. 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.

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Health Saver 4000

Effective January 1, 2022

The Health Saver 4000 is an HSA-qualified High Deductible Health Plan, eligible for use with a Health Savings Account (HSA).

	PLAN FEATURES	
In-Network	Deductible for individual coverage	$4,000[1]
	Deductible for family coverage (embedded deductible)	$8,000[1]
	Plan pays/individual pays (co-insurance)	80%/20% after deductible
	Maximum out-of-pocket (medical and prescription)	$6,000/$12,000
	Primary care or retail clinic visit/ specialist office visit (includes virtual visits)	20% after deductible
	Teladoc™	0% after deductible
	Wellness and preventive care (primary care/ specialist)	0% no deductible
	Hospital inpatient (including maternity)	20% after deductible
	Outpatient surgery	20% after deductible
	Emergency room services: for emergency care only	After deductible, $250 co-pay then 20%
	Emergency room services: care for non-emergencies	After deductible, $250 co-pay then 20%
	Urgent care	20% after deductible
	Outpatient services (CT scans, MRI, diagnostic)	20% after deductible
	Chiropractic services (12 visits annually)	20% after deductible
	Mental health/substance abuse: inpatient services	20% after deductible
	Mental health/substance abuse: office visit	20% after deductible
	Vision exam (one exam every 12 months)	20% after deductible
Out-of-Network	Deductible for an individual	$8,000
	Deductible for a family	$16,000
	Plan pays/individual pays (co-insurance)	50%/50% after deductible
	Co-insurance and deductible out of pocket limit for an individual	$28,000
	Co-insurance and deductible out of pocket limit for a family	$46,000
	Wellness and preventive care	Not Covered
	Hospital inpatient (including maternity)	After deductible, $500 co-pay then 50%
	Outpatient surgery	50% after deductible
	Emergency room services: for emergency care only	After deductible, $250 co-pay then 20%
	Emergency room services: care for non-emergencies	After deductible, $250 co-pay then 50%
	Mental health/substance abuse: inpatient services	After deductible, $500 co-pay then 50%
	Mental health/substance abuse: office visit	50% after deductible

	PRESCRIPTION DRUG PROGRAM[1]		
Retail	30-Day Supply	Generic	20% after deductible
		Preferred	20% after deductible
		Non-preferred	20% after deductible
Mail Order/ Walgreens	90-Day Supply	Generic	20% after deductible
		Preferred	20% after deductible
		Non-preferred	20% after deductible
		Diabetic supplies	20% no deductible
		Preferred insulin	$75 no deductible
Specialty	30-Day Supply	Generic	20% after deductible
		Preferred	20% after deductible
		Non-preferred	20% after deductible

The deductible is met by both medical and prescription expenses.

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 Walgreens or by mail order. Prices may vary.

This plan does not constitute “creditable coverage” for Massachusetts residents.

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

GuideStone®

Do well. Do right.®

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 co-insurance maximum.

Deductible for individual coverage — This is the amount an individual is required to pay before benefits begin. Once this amount is met, the plan will begin paying claims for that individual at the co-insurance level.

Deductible for family coverage — This is the amount a family is required to pay before benefits begin. 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.

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.

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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).

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

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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.

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MEDICAL PLAN BENEFITS

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: MYQHEALTH BY 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 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 *MyQHealth*.

- **Download the MyQHealth - Care Coordinator 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* 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* 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 IdentityWorks℠**

MEDICAL AND PRESCRIPTION COVERAGE

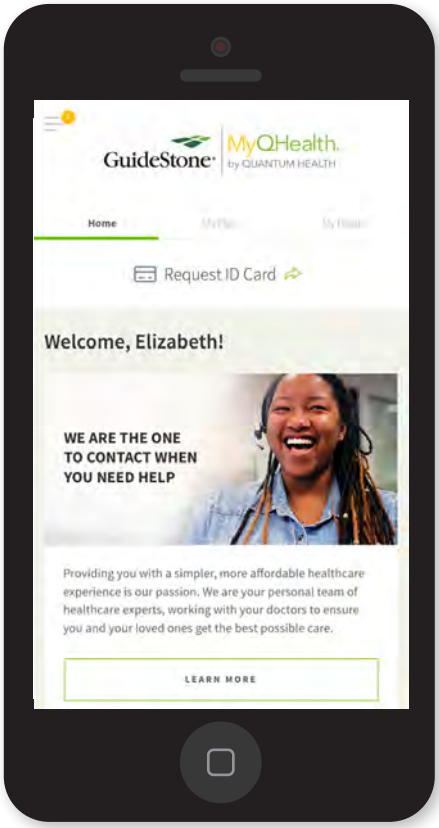
HIGHMARK.

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 National Network Health Plans* — **CQM363**
Blue High Performance Network Plans - **N2Q**
GS Group Number for Medicare-coordinating Plans — **OBF363**
Member Number — Your Social Security Number
Benefit Questions — 1-855-497-1230



ORDERING A NEW ID CARD

Employees are encouraged to call Quantum Health directly to request replacement ID cards, print them online at *GuideStoneHealth.org* or access the virtual member ID card in the MyQHealth - Care Coordinator app.

EXPRESS SCRIPTS®

WHAT IF I HAVEN'T RECEIVED MY ID CARD?

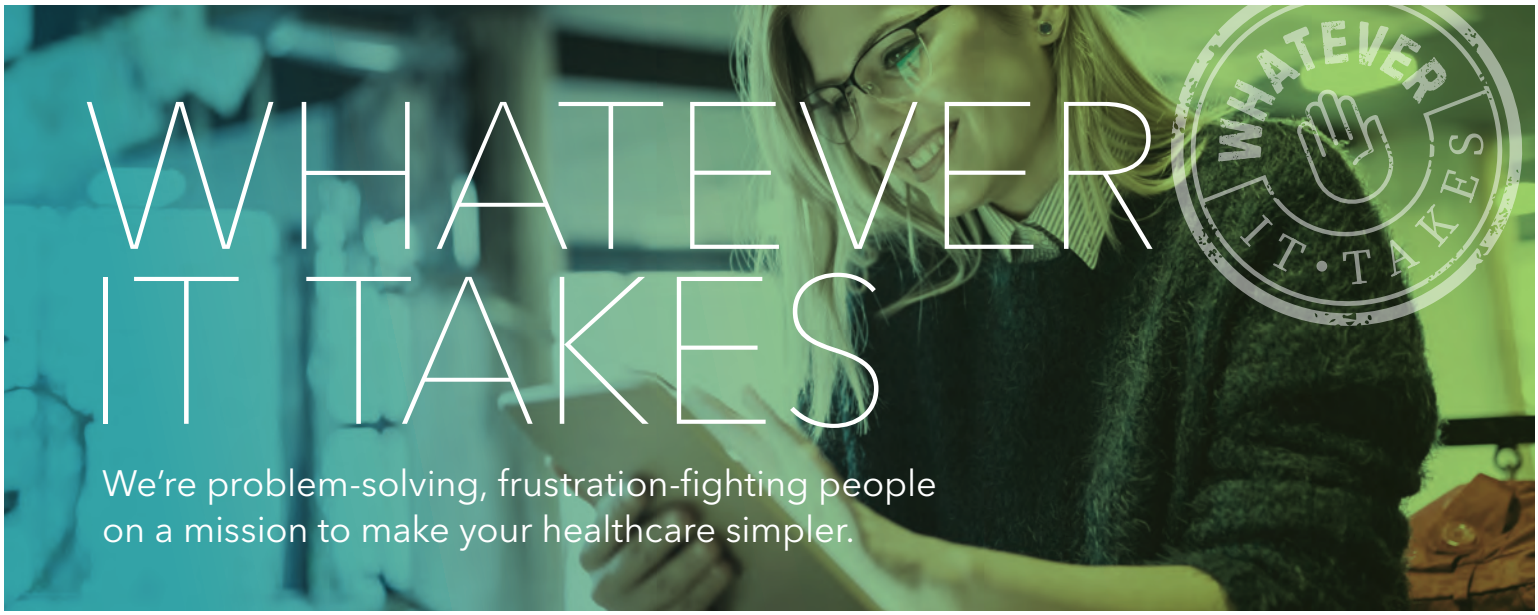
If you need to visit the pharmacy before you receive your ID card, reference the plan information and give it to your provider.

PLAN INFORMATION

GS Group Number for GuideStone 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**

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

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



GuideStone® | MyQHealth® by QUANTUM HEALTH

From replacing ID cards to more complicated matters like claim resolutions, no request is too big or small for your MyQHealth Care Coordinators.

Think of us as your personal team of nurses, benefits experts and claims specialists who will do whatever it takes to support your unique healthcare needs. We're your one resource to contact whenever you need help with your medical, wellness or pharmacy benefits.

Empowered and resourceful, MyQHealth Care Coordinators do things like:

- Verify coverage
- Provide health-education resources
- Advocate for your care
- Help manage chronic conditions
- Find in-network providers
- Contact providers to discuss treatment
- Answer claims, billing and benefits questions
- Create health-improvement plans
- Help reduce unnecessary, out-of-pocket costs

WHATEVER IT TAKES TO MAKE YOUR HEALTHCARE WORK TO YOUR BENEFIT

We also help confirm precertification for services to make sure you're always covered.

- Inpatient and Skilled Nursing Facility Admissions
- Outpatient Surgeries
- MRI/MRA and PET scans
- Oncology Care and Services (chemotherapy and radiation therapy)
- Genetic Testing
- Home Health Care
- Hospice Care
- DME – all rentals and any purchase over $1500
- Organ, Tissue and Bone Marrow Transplants
- Dialysis
- Partial Hospitalization and Intensive Outpatient for Mental Health/Substance Abuse

855-497-1230
GuideStoneHealth.org

Download our app
MyQHealth - Care Coordinators

Your Health Benefits
Provider Network: **BCBS PPO, Blue High Performance Network**
Medical Claims Payer: **Highmark BCBS**
Pharmacy Claims Payer: **Express Scripts**

Introducing

Care Finder™

from MyQHealth

GuideStone® | MyQHealth® by QUANTUM HEALTH

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	Highest Quality
	$$ Slightly Above Fair Price	Average Quality
	$$$ Highest Price	Lowest Quality

*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.

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(Monday–Friday, 8:30 a.m.–10 p.m. ET)

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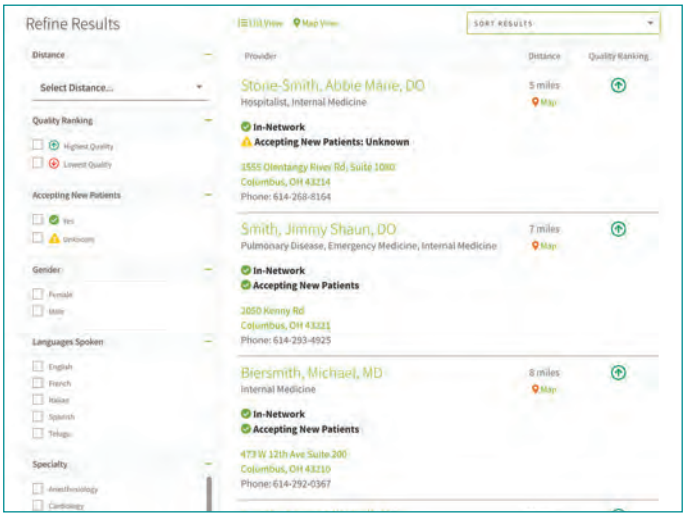
Quickly find quality, in-network care at a reasonable price.

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.

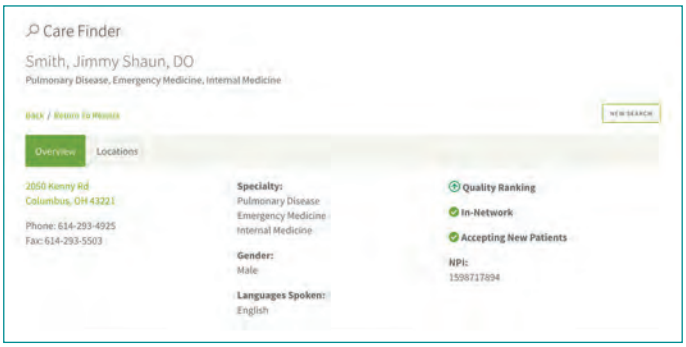
Go to Care Finder without leaving MyQHealth

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…



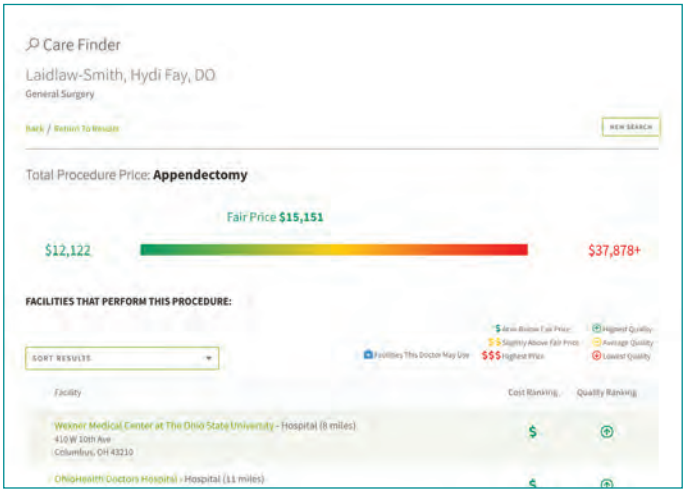
Search for providers and facilities

- 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



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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* 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 *GuideStoneHealth.org*, using the MyQHealth Care Coordinator 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*.

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.

Here's an overview of the extras included in your plans.*

WELLNESS TOOLS AND PROGRAMS

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

Visit *GuideStone.org/WellnessTools*.

Access MyQHealth by Quantum Health

Think of MyQHealth 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 is your one resource to contact whenever you need help with your medical, wellness or pharmacy benefits.

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

MyQHealth - Care Coordinator app | *GuideStoneHealth.org* | 855-497-1230
Get to know MyQHealth

Save on Health Care

- MyQHealth 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. SmartShopper is not available with the Blue High Performance Network plans.
- Teladoc® (telemedicine provider) means that you have access to U.S. board-certified doctors, including pediatricians, all day, every day — even holidays. Register today at *Teladoc.com/GuideStone*.

*Global Core, Cigna International and Medicare-coordinating plans are excluded from wellness tools and additional benefits.

Manage Your Health Condition

MyQHealth 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.

Choose a *Blue Distinction® Center* for a high-quality hospital that 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.

Take Charge of Your Health

Health coaching with MyQHealth can help you with:

- **Healthy eating**
- **Sleep issues**
- **Stress management**
- **Personalized weight-loss plan**
- **Physical activity**
- **And more!**

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℠ — 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 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 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.

How to Get Started with Teladoc

It's quick and easy to set up your Teladoc® account, but be sure to follow the registration directions below so that your claims will be processed correctly!

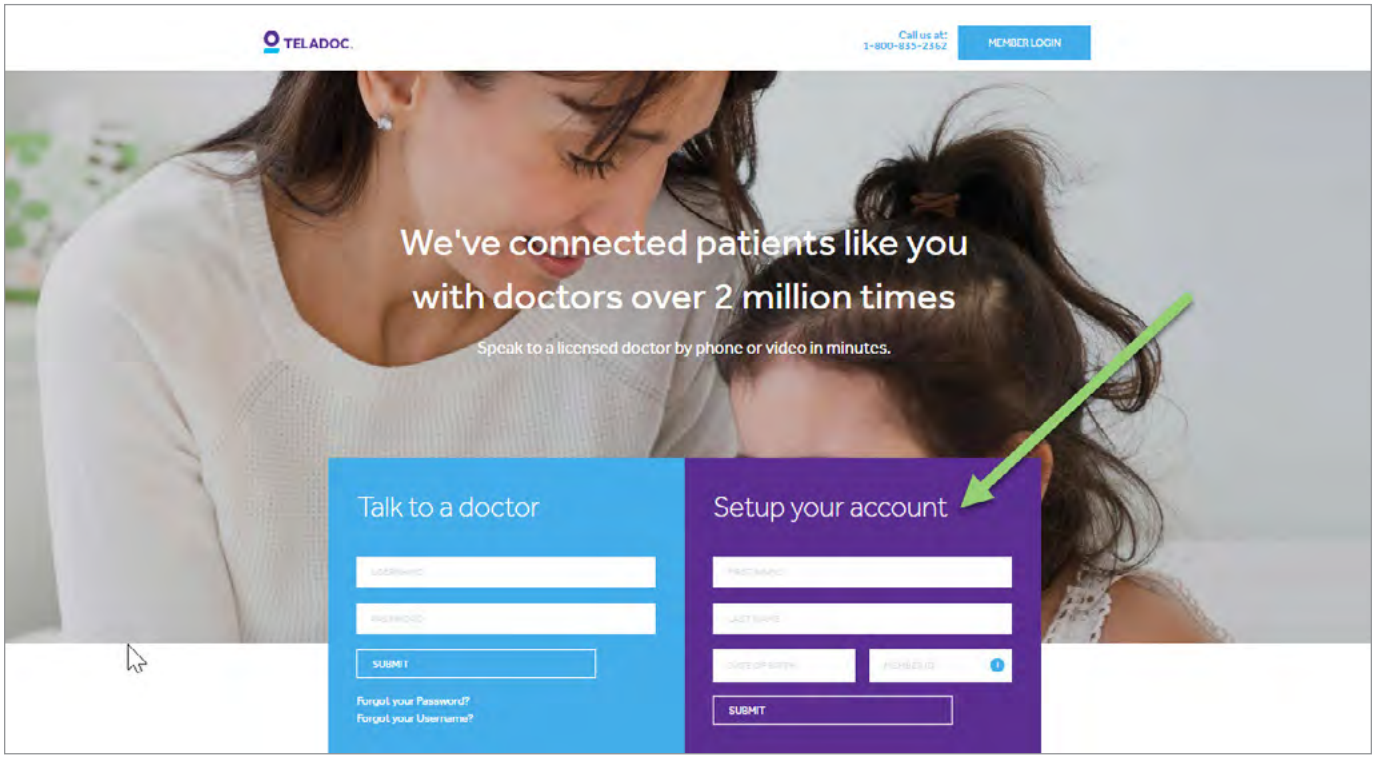
We suggest registering for Teladoc right now. It takes less than 10 minutes and saves vital time when you're not feeling well and need to talk to a doctor. Ready to get started?

How to Register Online at *Teladoc.com/GuideStone* — the Easiest Way to Register

NOTE: Please see the next section if you are registering through *Teladoc.com*.

1. Have your GuideStone® medical plan ID card available when you visit *Teladoc.com/GuideStone* and choose "Set up your account".

2. Provide the following information:
   - First and last name
   - Date of birth
   - Member ID (Located on the back of your GuideStone medical plan ID card. Be sure to include all the letters and numbers.)



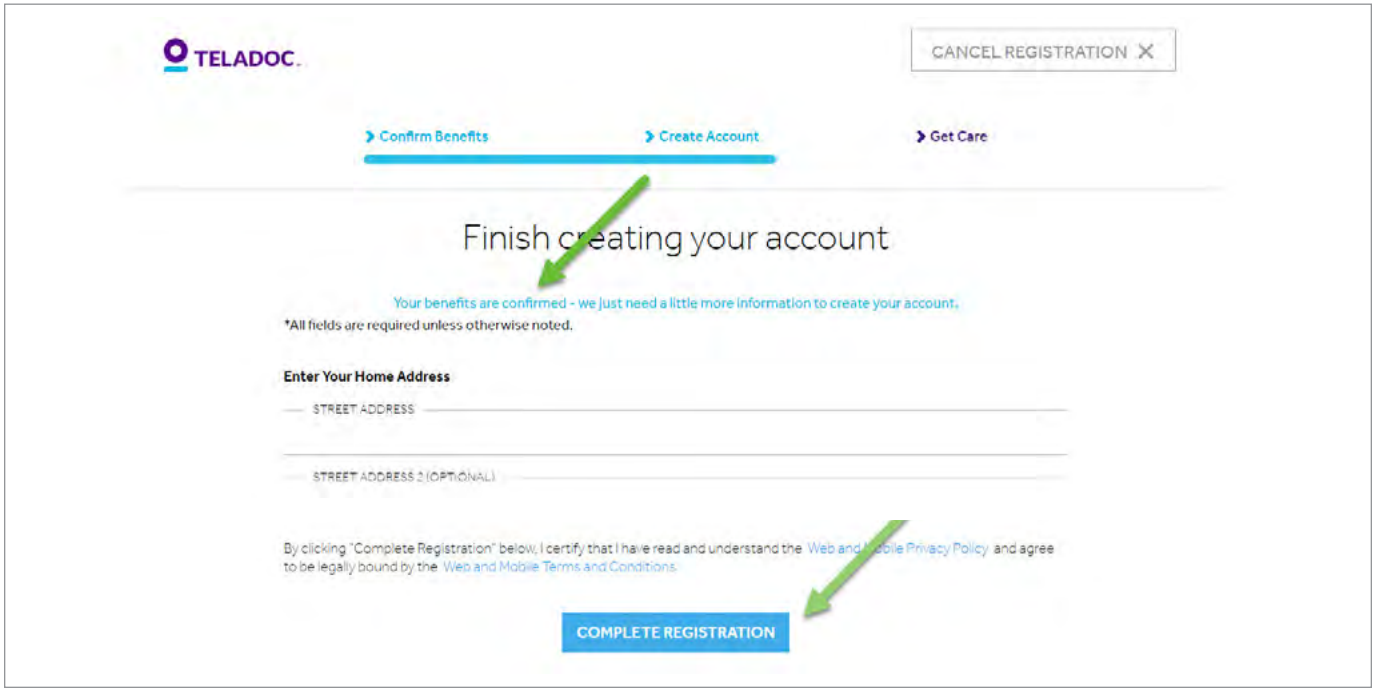
TELADOC™

GuideStone®

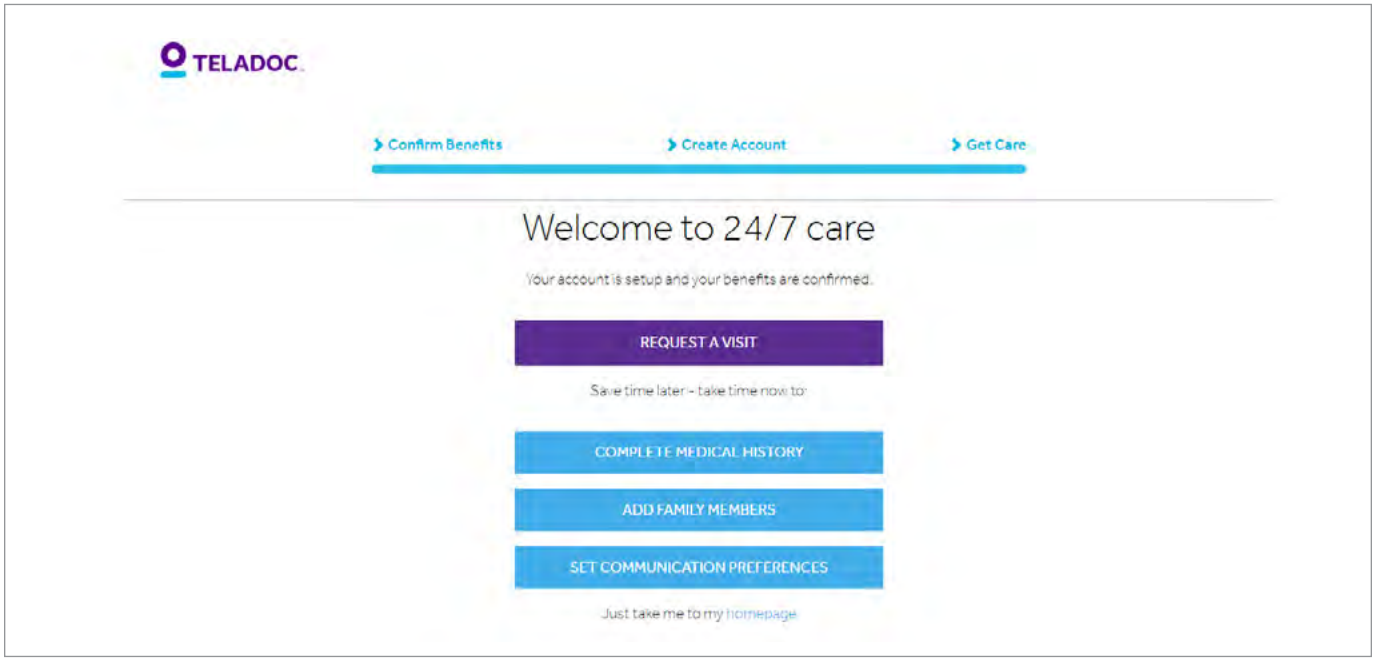
3. Receive a confirmation that your benefits are confirmed.

4. Follow the prompts in the confirmation and provide your:
   - Contact information
   - Username, password and security questions

5. Click “Complete Registration” and you’re finished!



Congratulations, your registration is now complete.



You are now ready to request a consult!

Time-saving suggestion: Complete your medical history, add additional family members and set up communication preferences now to avoid delays when scheduling a consult.

How to Register Online at *Teladoc.com*

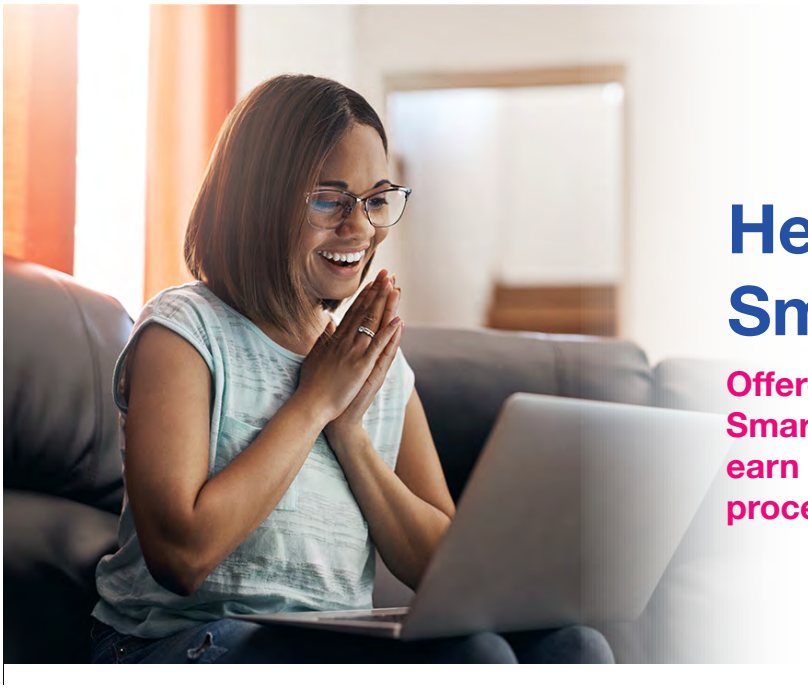
1. Visit *Teladoc.com* and select "Log in/Register".
2. Have your GuideStone medical plan ID card available and choose "Get Started".
3. Provide the following information:
   - First and last name
   - Date of birth
   - ZIP code
   - Email
   - Preferred language
   - Gender
4. Tell them your plan details. It is imperative that you select "Highmark" from the drop-down menu. If this is not correct, your telehealth claims will not be processed correctly and you will be charged a consult fee.
5. Provide your Member ID, which is on the back of your GuideStone medical plan ID card. Be sure to include all the letters and numbers.
6. Select your Highmark plan code 363/865 from the drop-down menu.
7. Review your information and create your username and password.

How to Register by Phone

1. Have your GuideStone medical plan ID card available when you call 1-800-Teladoc (1-800-835-2362).
2. Tell the representative you are in a Highmark Blue Cross Blue Shield (BCBS) health plan.
3. Provide the agent with your Member ID (located on the back of your GuideStone medical plan ID card), including the letters and numbers.
4. Give the agent your first and last name and date of birth.

Talk to a doctor anytime

Visit *Teladoc.com/GuideStone* | Download the app



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.

HIGHMARK. GuideStone® Do well. Do right.® SmartShopper®

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 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/PreventiveSchedule*.

For answers to frequently asked questions about preventive care, go to *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*.
- 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*.
- Go to My Plan>Care Finder 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 Care 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 Care 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*.

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