



MEMBER ENROLLMENT BOOKLET

REVIEW YOUR PLAN BENEFITS

2023 Group Plans Member Enrollment Booklet

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](https://www.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 Today

Effective January 1, 2023

PLAN FEATURES		
In-Network	Deductible for an individual	\$0
	Deductible for a family	\$0
	Plan pays/individual pays (co-insurance)	80%/20%
	Maximum out-of-pocket (medical and prescription): individual/family	\$3,750/\$7,000
	Primary care or retail clinic visit co-pay/ specialist office visit co-pay (includes virtual visits)	\$25/\$45
	Teladoc® co-pay	\$0
	Wellness and preventive care (primary care/ specialist)	100% no co-pay
	Hospital inpatient (including maternity)	20% after deductible
	Outpatient surgery	20% after deductible
	Emergency room services: for emergency care only	\$250 co-pay, then 20% (no deductible)
	Emergency room services: care for non-emergencies	\$250 co-pay, then 20% (no deductible)
	Urgent care co-pay	\$50
	Outpatient services (CT scans, MRI, diagnostic)	20% after deductible
	Chiropractic services co-pay (12 visits annually)	\$45
	Mental health/substance abuse: inpatient services	20% after deductible
	Mental health/substance abuse: office visit co-pay	\$25
	Vision exam co-pay (one exam every 12 months)	\$25
Out-of-Network	Deductible for an individual	\$500
	Deductible for a family	\$1,000
	Plan pays/individual pays (co-insurance) after deductible	50%/50%
	Co-insurance and deductible out of pocket limit for an individual	\$20,500
	Co-insurance and deductible out of pocket limit for a family	\$21,000
	Wellness and preventive care	Not Covered
	Hospital inpatient (including maternity)	\$500 co-pay, then 50% after deductible
	Outpatient surgery	50% after deductible
	Emergency room services: for emergency care only	\$250 co-pay, then 20% (no deductible)
	Emergency room services: care for non-emergencies	\$250 co-pay, then 20% (no deductible)
	Mental health/substance abuse: inpatient services	\$500 co-pay, then 50% after deductible
	Mental health/substance abuse: office visit	50% after deductible

PRESCRIPTION DRUG PROGRAM			
Retail	30-Day Supply	Generic	\$15 co-pay
		Preferred	\$50 co-pay
		Non-preferred	\$75 co-pay
Mail Order/ Walgreens	90-Day Supply	Generic	\$30 co-pay
		Preferred	\$100 co-pay
		Non-preferred	\$150 co-pay
		Diabetic supplies	\$20 co-pay
		Participating insulin	\$75 co-pay
Specialty	30-Day Supply	Generic	\$50 co-pay
		Preferred	\$75 co-pay
		Non-preferred	\$100 co-pay

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

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

If a non-generic 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.

Co-pays for [certain specialty medications](#) will be set to the maximum available manufacturer Co-pay assistance. These Co-pays will be paid by the manufacturer after the participant applies for Co-pay assistance and will not apply toward MOOP.



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. Office visit co-pay amounts do not apply toward your in-network or out-of-network deductible or your out-of-network co-insurance maximum.

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

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

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

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

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

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

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

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

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

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

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

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

Specialist — Any physician not considered a primary care physician.

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

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

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

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

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

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

Note: A corresponding Summary of Benefits and Coverage was created to help consumers more easily understand their insurance benefits and compare plans. To view and download the Summary of Benefits and Coverage documents for all GuideStone medical plans available to you, visit [GuideStone.org/Summaries](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.

Health Choice 2000 Plus

Effective January 1, 2023

PLAN FEATURES		
In-Network	Deductible for an individual	\$2,000
	Deductible for a family	\$4,000
	Plan pays/individual pays (co-insurance)	100%/0%
	Maximum out-of-pocket (medical and prescription): individual/family	\$5,750/\$11,500
	Primary care or retail clinic visit co-pay/ specialist office visit co-pay (includes virtual visits)	\$25/\$45
	Teladoc® co-pay	\$0
	Wellness and preventive care (primary care/ specialist)	100% no co-pay
	Hospital inpatient (including maternity)	0% after deductible
	Outpatient surgery	0% after deductible
	Emergency room services: for emergency care only	\$250 co-pay, then 0% (no deductible)
	Emergency room services: care for non-emergencies	\$250 co-pay, then 0% (no deductible)
	Urgent care co-pay	\$50
	Outpatient services (CT scans, MRI, diagnostic)	0% after deductible
	Chiropractic services co-pay (12 visits annually)	\$45
	Mental health/substance abuse: inpatient services	0% after deductible
	Mental health/substance abuse: office visit co-pay	\$25
	Vision exam co-pay (one exam every 12 months)	\$25
Out-of-Network	Deductible for an individual	\$4,000
	Deductible for a family	\$8,000
	Plan pays/individual pays (co-insurance) after deductible	50%/50%
	Co-insurance and deductible out of pocket limit for an individual	\$24,000
	Co-insurance and deductible out of pocket limit for a family	\$28,000
	Wellness and preventive care	Not Covered
	Hospital inpatient (including maternity)	\$500 co-pay, then 50% after deductible
	Outpatient surgery	50% after deductible
	Emergency room services: for emergency care only	\$250 co-pay, then 0% (no deductible)
	Emergency room services: care for non-emergencies	\$250 co-pay, then 0% (no deductible)
	Mental health/substance abuse: inpatient services	\$500 co-pay, then 50% after deductible
	Mental health/substance abuse: office visit	50% after deductible

PRESCRIPTION DRUG PROGRAM			
Retail	30-Day Supply	Generic	\$15 co-pay
		Preferred	\$50 co-pay
		Non-preferred	\$75 co-pay
Mail Order/ Walgreens	90-Day Supply	Generic	\$30 co-pay
		Preferred	\$100 co-pay
		Non-preferred	\$150 co-pay
		Diabetic supplies	\$20 co-pay
		Participating insulin	\$75 co-pay
Specialty	30-Day Supply	Generic	\$50 co-pay
		Preferred	\$75 co-pay
		Non-preferred	\$100 co-pay

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

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

If a non-generic 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.

Co-pays for [certain specialty medications](#) will be set to the maximum available manufacturer Co-pay assistance. These Co-pays will be paid by the manufacturer after the participant applies for Co-pay assistance and will not apply toward MOOP.



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. Office visit co-pay amounts do not apply toward your in-network or out-of-network deductible or your out-of-network co-insurance maximum.

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

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

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

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

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

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

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

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

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

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

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

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

Specialist — Any physician not considered a primary care physician.

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

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

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

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

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

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

Note: A corresponding Summary of Benefits and Coverage was created to help consumers more easily understand their insurance benefits and compare plans. To view and download the Summary of Benefits and Coverage documents for all GuideStone medical plans available to you, visit [GuideStone.org/Summaries](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: 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](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



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

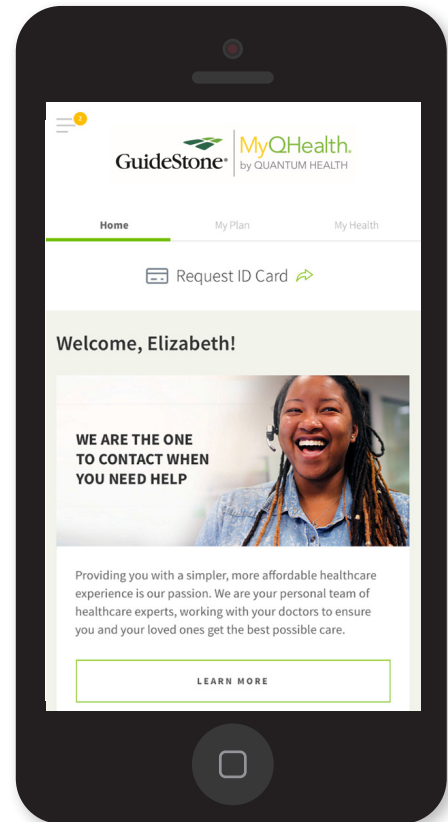
GS Group Number for GuideStone National Network Health Plans* — **CQM363**

Blue High Performance Network Plans — **N2Q**

GS Group Number for Medicare-coordinating Plans — **OBFC363**

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](https://www.GuidestoneHealth.org) or access the virtual member ID card in the MyQHealth - Care Coordinator app.



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

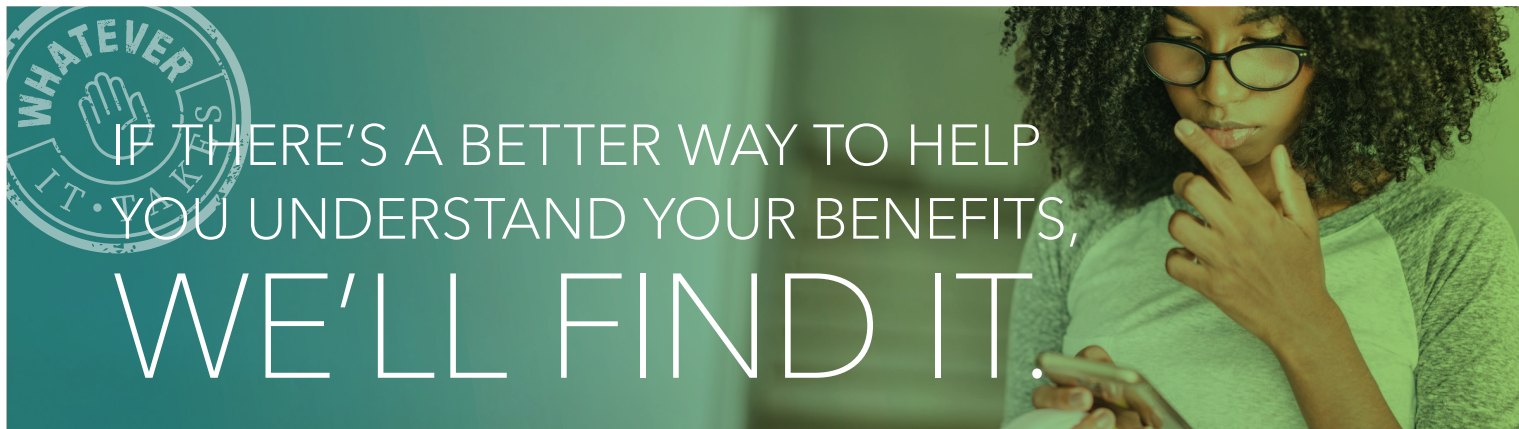
RX Bin for GuideStone Health Plans Except for Secure Health™ (No PCN number required) — **610014**

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.



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	 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.

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

Refine Results

Distance: Select Distance...
Quality Ranking: ☐ Highest Quality ☐ Lowest Quality
Accepting New Patients: ☐ Yes ☐ Unknown
Gender: ☐ Female ☐ Male
Languages Spoken: ☐ English ☐ French ☐ Italian ☐ Spanish ☐ Telugu
Specialty: ☐ Anesthesiology ☐ Cardiology

Provider	Distance	Quality Ranking
Stone-Smith, Abbie Marie, DO Hospitalist, Internal Medicine 3555 Olentangy River Rd, Suite 1080 Columbus, OH 43214 Phone: 614-268-8164	5 miles	Highest Quality
Smith, Jimmy Shaun, DO Pulmonary Disease, Emergency Medicine, Internal Medicine 2050 Kenny Rd Columbus, OH 43221 Phone: 614-293-4925	7 miles	Highest Quality
Biersmith, Michael, MD Internal Medicine 473 W 12th Ave Suite 200 Columbus, OH 43210 Phone: 614-292-0367	8 miles	Highest Quality

Care Finder

Smith, Jimmy Shaun, DO
Pulmonary Disease, Emergency Medicine, Internal Medicine

Back / Return To Results

NEW SEARCH

Overview Locations

2050 Kenny Rd
Columbus, OH 43221
Phone: 614-293-4925
Fax: 614-293-5503

Specialty:
Pulmonary Disease
Emergency Medicine
Internal Medicine

Gender:
Male

Languages Spoken:
English

Quality Ranking
In-Network
Accepting New Patients

NPI:
1598717894

Care Finder

Laidlaw-Smith, Hydi Fay, DO
General Surgery

Back / Return To Results

NEW SEARCH

Total Procedure Price: Appendectomy

Fair Price \$15,151

\$12,122 \$37,878+

FACILITIES THAT PERFORM THIS PROCEDURE:

Wexner Medical Center at The Ohio State University - Hospital (8 miles)
410 W 10th Ave
Columbus, OH 43210

OhioHealth Doctors Hospital - Hospital (11 miles)

Cost Ranking Quality Ranking

*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 now so you can easily access care when you are ill. It's quick and easy to set up your Teladoc account, but be sure to follow the [registration directions](#) so that your claims will be processed correctly.



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 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).

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. MyQHealth 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](https://www.guidestonehealth.org) | 1-855-497-1230

Get to know [MyQHealth](#)



See what they are saying about MyQHealth:

"Speaking with Allie was just a blessing today. I was overwhelmed with many of my providers possibly going out of network. She was patient with me and took down all my providers names and information. I wanted to let you know how much I appreciated her time and compassion that she demonstrated. I have always had a wonderful customer service experiencing when outreaching to my care coordinators."

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.
- [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](https://www.teladoc.com/GuideStone).

*Cigna International and Medicare-coordinating plans are excluded from wellness tools and additional benefits. Global Core plans do not have access to MyQHealth by Quantum Health or MyQHealth wellness tools. SmartShopper is not available to Blue HPN plans.



Take Charge of Your Health

- [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](#).
- [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 and 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, ankle or pelvic area. You have access to this benefit at no cost and with no visit limitations.
- [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 review the [Frequently Asked Questions](#).



ADDITIONAL BENEFITS

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

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

- [BCBS Global Core](#) — 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 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.

HOW TO GET STARTED with Teladoc

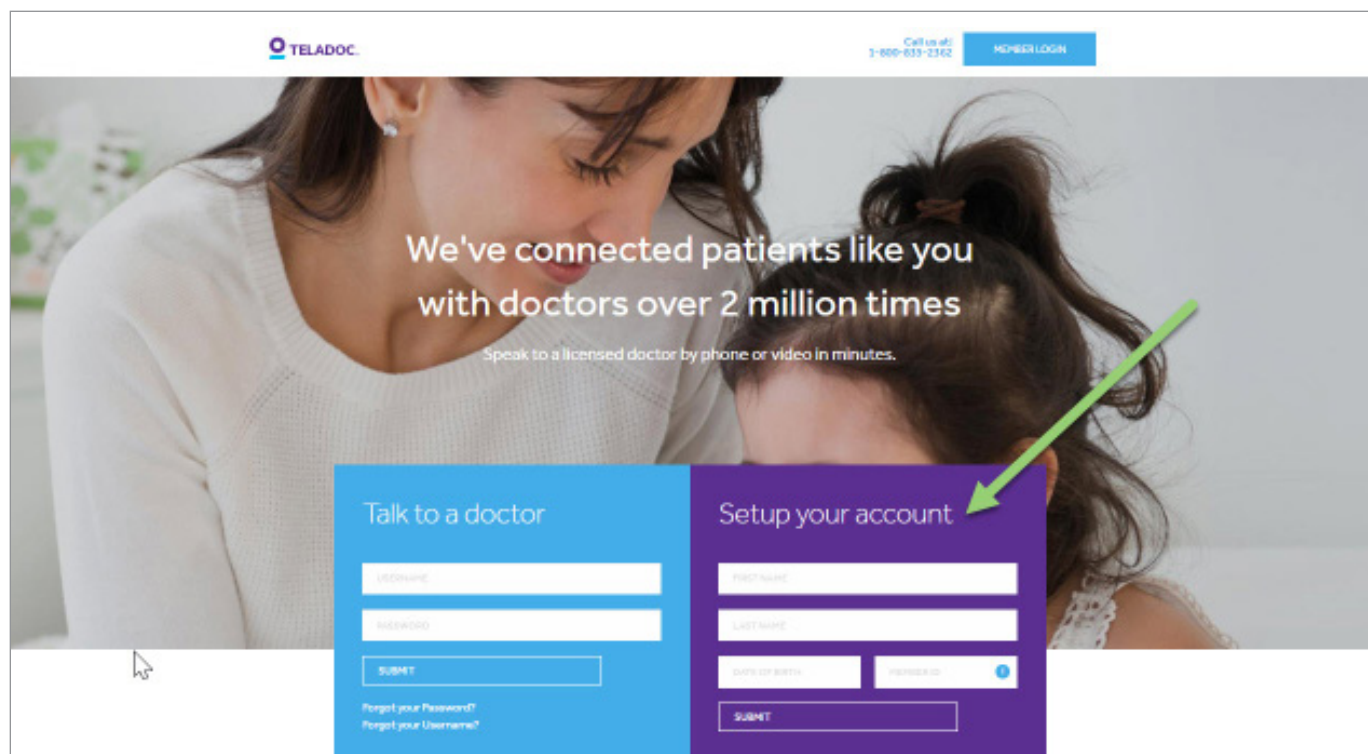
It's quick and easy to set up your Teladoc® account, but be sure to follow the registration directions below so that your claims will be processed correctly!

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 exactly as it appears on your GuideStone medical plan ID card:
 - First and last name
 - Date of birth
 - Member ID (Located on the back of your GuideStone medical plan ID card.



The screenshot shows the Teladoc website interface. At the top, there is a navigation bar with the Teladoc logo, a phone number (1-800-639-2362), and a 'MEMBER LOGIN' button. Below the navigation bar is a large banner image of a woman and a child. Overlaid on the banner is the text: 'We've connected patients like you with doctors over 2 million times' and 'Speak to a licensed doctor by phone or video in minutes.' Below the banner are two main buttons: 'Talk to a doctor' (blue) and 'Setup your account' (purple). The 'Setup your account' button is highlighted with a green arrow. Below the 'Talk to a doctor' button are input fields for 'USERNAME' and 'PASSWORD', a 'SUBMIT' button, and links for 'Forgot your Password?' and 'Forgot your Username?'. Below the 'Setup your account' button are input fields for 'FIRST NAME', 'LAST NAME', 'DATE OF BIRTH', 'MEMBER ID' (with a blue icon), and a 'SUBMIT' button.

- 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!

TELADOC

CANCEL REGISTRATION X

Confirm Benefits Create Account Get Care

Finish creating your account

Your benefits are confirmed - we just need a little more information to create your account.

*All fields are required unless otherwise noted.

Enter Your Home Address

STREET ADDRESS

STREET ADDRESS 2 (OPTIONAL)

By clicking "Complete Registration" below, I certify that I have read and understand the [Web and Mobile Privacy Policy](#) and agree to be legally bound by the [Web and Mobile Terms and Conditions](#).

COMPLETE REGISTRATION

Congratulations, your registration is now complete.

TELADOC

Confirm Benefits Create Account Get Care

Welcome to 24/7 care

Your account is setup and your benefits are confirmed.

REQUEST A VISIT

Save time later - take time now to:

COMPLETE MEDICAL HISTORY

ADD FAMILY MEMBERS

SET COMMUNICATION PREFERENCES

[Just take me to my homepage](#)

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.



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 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](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 www.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?

Learn 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



Employee Term Life

Coverage amount	Guaranteed standard issue of \$10,000.
Coverage maximum	Lesser of \$750,000 or eight times salary
Benefit reduction at age 65	No reduction at \$10,000 of coverage.
Accelerated death benefit	50% of coverage amount.

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.

[MyGuideStone.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).

| FORMS

NOTICES



