OBU

Oklahoma Baptist University

2023 Benefits Guide

GuideStone®

WELCOME
OBU ENROLLMENT GUIDE

BENEFITS OFFERED
January 1, 2023 - December 31, 2023

Welcome to your Oklahoma Baptist University (OBU) Benefits Guide. This Benefits Guide provides a broad overview of the benefits available to you and your family. The Guide includes benefit highlights for each plan and a quick reference page with provider and resource contact information. It is important that you understand your OBU benefits.

OBU is excited to announce that we will be utilizing GuideStone® for our health plan. GuideStone's health plans are created by Christians specifically for those who serve in ministry. GuideStone believes when the body of Christ is healthy, it's free to transform the world – and they are ready to help guide and equip OBU to do just that.

HEALTH
Medical | **GuideStone®/Highmark Blue Cross Blue Shield (BCBS)**

Prescription | **GuideStone/Express Scripts**

Health Plan Navigation | **MyQHealth by Quantum Health**

Virtual Visits | **Teladoc®**

Dental | **Principal**

Vision | **Principal**

Health Savings Accounts | **Employee Benefit Corporation (EBC)**

Flexible Spending Accounts | **Employee Benefit Corporation (EBC)**

LIFE
Life & AD&D | **Dearborn Group**

Long-Term Disability | **New York Life**

Accident | **MetLife**

Critical Illness | **MetLife**

Hospital Indemnity | **MetLife**

EXTRAS
Life Assistance Program | **New York Life**

ENROLLMENT

All team members have access to our online benefits enrollment platform 24/7, where you have the ability to enroll, select or change your benefits online during the annual open enrollment period, new hire orientation, and qualifying events.

- ✓ Accessible 24/7
- ✓ View all benefit plan options and your elections
- ✓ View important carrier forms and links
- ✓ Report a qualifying event
- ✓ Make changes to beneficiary designations and more.

Ready to Enroll?
Go to
EmployeeNavigator.com

Helpful Tips To Consider Before You Enroll

1. Do you plan to enroll an eligible dependent(s)?
   If so, make sure to have their Social Security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
2. Have you recently been married/divorced or had a baby?
   If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.
3. Did any of your covered children reach their 26th birthday this year?
   If so, they may no longer be eligible for benefits unless they meet specific criteria.

ELIGIBILITY
RULES | REQUIREMENTS

EMPLOYEE ELIGIBILITY
You are eligible to participate if you are full-time and work a minimum of 30 hours per week. Your coverage will be effective on the date you are hired.

DEPENDENT ELIGIBILITY
The legal Spouse of an employee

- The definition of "legal spouse" is a person of the opposite biological sex to whom you are married at the relevant time by a religious or civil ceremony effective under the laws of the state in which the marriage was contracted.

Children up to age 26

The definition of "your child" includes:

- Your and/or your Spouse's biological child
- Your and/or your Spouse's legally adopted child or a child placed in your home for adoption
- Your and/or your Spouse's stepchild or foster child
- Your and/or your Spouse's grandchild who is dependent on you for support and maintenance. (This definition must be met in order for any claims to be covered under the plan even during the first 31 days after the birth of the grandchild to your covered dependent.)
- A child for whom you or your Spouse must provide health care by court order or order of a state agency authorized to issue National Medical Support Notices under federal law

Incapacitated children of any age who meet the following requirements:

- You and/or your Spouse must be the legal guardian or managing conservator for the incapacitated child.
- The child must be developmentally disabled or physically handicapped and incapable of earning a living.
- The child must be incapacitated when his or her plan coverage would have ended because they turn 26.
- You must provide GuideStone with proof of the child's disability or physical handicap at least 31 days before your child's regular coverage is scheduled to end. This is normally during the month before their 26th birthday.
- You must provide additional proof whenever asked to show that your child is still incapacitated.

- Coverage will remain in place through the approval process.
- A new employee may apply for coverage for an incapacitated child over age 26 during the initial eligibility as long as their prior coverage had approved the child as incapacitated.
- An existing employee may not add an incapacitated child to the coverage if they were not previously covered before reaching age 26.

SPECIAL ENROLLMENT EVENTS

The Health Insurance Portability and Accountability Act (HIPAA) requires that active employees in a group health plan be given the opportunity to enroll themselves and/or eligible dependents in health care coverage outside of the annual enrollment period after experiencing certain life events.

There are three categories of special enrollment events:

- Dependent additions
- Loss of other coverage
- Employee or dependent becomes eligible for premium assistance under Medicaid or CHIP

A full list of qualifying events can be found in the *Group Plans HIPAA Notice of Special Enrollment Rights*.

IMPORTANT

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to Human Resources within 60 days of the event.

If you separate from employment, continuation of coverage is available.

MEDICAL COVERAGE

GUIDESTONE
HEALTH PLANS

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)

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."

MEDICAL
Coverage Overview

IN-NETWORK BENEFITS	BlueHPN SAVER 6000	BlueHPN 3000
DEDUCTIBLE		
Individual Deductible	$6,000	$3,000
Family Deductible	$12,000	$5,000
CO-INSURANCE		
Plan Pays/individual pays	100%/0% after deductible	80%/20%
MAXIMUM OUT-OF-POCKET (MOOP)		
Individual MOOP	$6,000	$6,000
Family MOOP	$12,000	$12,000
HEALTH SAVING ACCOUNT		
Eligible Plan for HSA	Yes	No
MEMBER COST		
Primary Care (PCP) Office Visit	0% after deductible	$25 co-pay
Teladoc – Telemedicine Visit	0% after deductible*	$0 co-pay
Specialist Office Visit	0% after deductible	$45 co-pay
Urgent Care Visit	0% after deductible	$50 co-pay
Emergency Room Services	After deductible, $0 co-pay, then 0%	$250 co-pay, then 20% (no deductible)

*Members are required to pay the full $55 consultation fee until they have met their deductible/co-insurance requirements.
For additional plan information, please visit ***GuideStone.org/PlanDocuments***.

BlueHPN plans utilize the Blue High Performance Network and have no out-of-network benefits other than emergency services.

Monthly Cost By Tier	Blue HPN Saver 6000		Blue HPN 3000	
	Employer Cost Per Month	Employee Cost Per Month	Employer Cost Per Month	Employee Cost Per Month
Employee Only	$280.80	$70.20	$352.67	$88.16
Employee + Spouse	$501.23	$235.88	$629.51	$296.24
Employee + Child(ren)	$453.51	$213.40	$569.56	$268.02
Family	$716.06	$336.96	$899.30	$423.20

If you are out-of-state or need a broader network plan that covers out-of-network providers, please contact your Human Resources Department.

PRESCRIPTION
Coverage Overview

Prescription Benefits	BlueHPN SAVER 6000[1,2,3,4,5]	BlueHPN 3000[1,2,3,4,5,6]
RETAIL (30-Day Supply)		
Generic	0% after deductible	$15 co-pay
Preferred	0% after deductible	$50 co-pay
Non-Preferred	0% after deductible	$75 co-pay
MAIL ORDER/WALGREENS (90-Day Supply)		
Generic	0% after deductible	$30 co-pay
Preferred	0% after deductible	$100 co-pay
Non-Preferred	0% after deductible	$150 co-pay
Diabetic supplies	0% after deductible	$20 co-pay
Participating insulin	$75 co-pay (no deductible)	$75 co-pay
SPECIALTY (30-Day Supply)		
Generic	0% after deductible	$50 co-pay
Preferred	0% after deductible	$75 co-pay
Non-Preferred	0% after deductible	$100 co-pay

Save Money with Generics

- The easiest — and safest — way to save money on prescriptions is to ask for a generic, which typically costs less because the manufacturer did not have to conduct the initial research or studies that the branded drug required.
- Generics fall into two categories:
  - **Direct chemical equivalent** — a drug that has the same active ingredient as its brand-name counterpart
  - **Therapeutic alternative** — a drug that may not be chemically equivalent to the brand name but has the same therapeutic or treatment effect
- Direct chemical equivalents are practically identical to the branded drug, while therapeutic alternatives are part of the same family.
- All generics must adhere to strict guidelines before the FDA will approve their use and are the same as a brand-name medication in dosage, safety, effectiveness, strength, stability and quality.

[1]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.

[2]A 90-day supply of maintenance drugs can be filled either by Walgreens or by mail order.

[3]Insulin co-pay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.

[4]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 maximum out-of-pocket (MOOP).

[5]Select products used to treat diabetes, including participating insulin, may be available for a $75 co-pay for a 90-day supply.

[6]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.

MEDICAL PLAN OVERVIEWS

BlueHPN Saver 6000 **EPO**

The BlueHPN Saver 6000 is an HSA-qualified High Deductible Health Plan, eligible for use with a Health Savings Account (HSA). **Effective January 1, 2023**

	PLAN FEATURES	
In-Network	Deductible for individual coverage	$6,000
	Deductible for family coverage (embedded deductible)	$12,000
	Plan pays/individual pays (co-insurance)	100%/0% after deductible
	Maximum out-of-pocket (medical and prescription)	$6,000 individual coverage / $12,000 family
	Primary care or retail clinic visit/ specialist office visit (includes virtual visits)	0% after deductible
	Teladoc®	0% after deductible
	Wellness and preventive care (primary care/ specialist)	0% no deductible
	Hospital inpatient (including maternity)	0% after deductible
	Outpatient surgery	0% after deductible
	Emergency room services: for emergency care only	After deductible, $0 co-pay then 0%
	Emergency room services: care for non-emergencies	After deductible, $0 co-pay then 0%
	Urgent care	0% after deductible
	Outpatient services (CT scans, MRI, diagnostic)	0% after deductible
	Chiropractic services (12 visits annually)	0% after deductible
	Mental health/substance abuse: inpatient services	0% after deductible
	Mental health/substance abuse: office visit	0% after deductible
	Vision exam (one exam every 12 months)	0% after deductible
Out-of-Network		
	EPO Plan design has no benefit out of network other than emergency services	
	Emergency Room Services	$0 co-pay, then 0% (after deductible)
	All other non-emergency services	Not Covered

	PRESCRIPTION DRUG PROGRAM		
Retail	30-Day Supply	Generic	0% after deductible
		Preferred	0% after deductible
		Non-preferred	0% after deductible
Mail Order/ Walgreens	90-Day Supply	Generic	0% after deductible
		Preferred	0% after deductible
		Non-preferred	0% after deductible
		Diabetic supplies	0% no deductible
		Participating insulin	$75 no deductible
Specialty	30-Day Supply	Generic	0% after deductible
		Preferred	0% after deductible
		Non-preferred	0% after deductible

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.®

BlueHPN 3000 EPO

Effective January 1, 2023

	PLAN FEATURES	
In-Network	Deductible for an individual	$3,000
	Deductible for a family	$5,000
	Plan pays/individual pays (co-insurance)	80%/20%
	Maximum out-of-pocket (medical and prescription): individual/family	$6,000/$12,000
	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%
	Hospital inpatient (including maternity)	20% after deductible
	Outpatient surgery	20% after deductible
	Emergency room services: for emergency care only	$250 co-pay, then 20% (after deductible)
	Emergency room services: care for non-emergencies	$250 co-pay, then 20% (after 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		
	EPO Plan design has no benefit out of network other than emergency services	
	Emergency room services	$250 co-pay, then 20% (after deductible)
	All other non-emergency services	Not Covered

	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.

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

GuideStone®

Do well. Do right.®

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

GuideStone®

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)**
- **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:

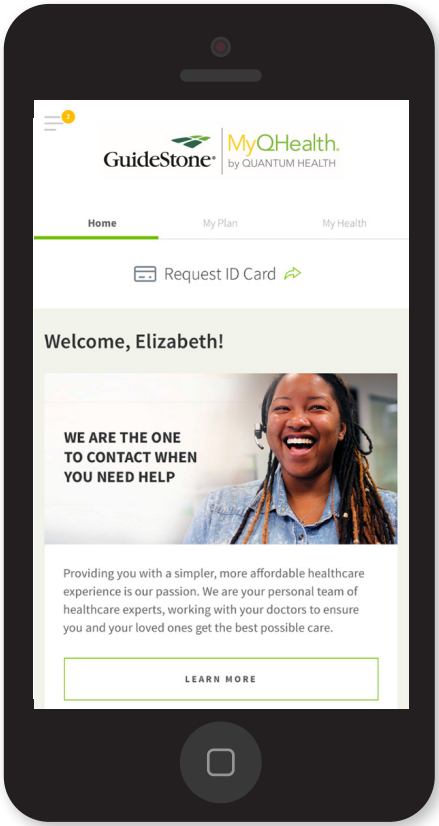
- **Access overseas coverage using BCBS Global® Core**
- **Get discounts for products and services using Blue365®**
- **Minimize damage from identity theft with Experian IdentityWorks℠**

MEDICAL AND PRESCRIPTION COVERAGE

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
Blue High Performance Network Plans - **N2Q**
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.

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 Blue High Performance Network Plans - **ABSBC01**
Benefit Questions — 1-855-497-1230
RX Bin for GuideStone Health Plans Except for Secure Health™ (No PCN number required) — **610014**

GuideStone® | MyQHealth® by QUANTUM HEALTH

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***
   If you haven't already registered at ***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*** 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

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

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

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.

GuideStoneHealth.org

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

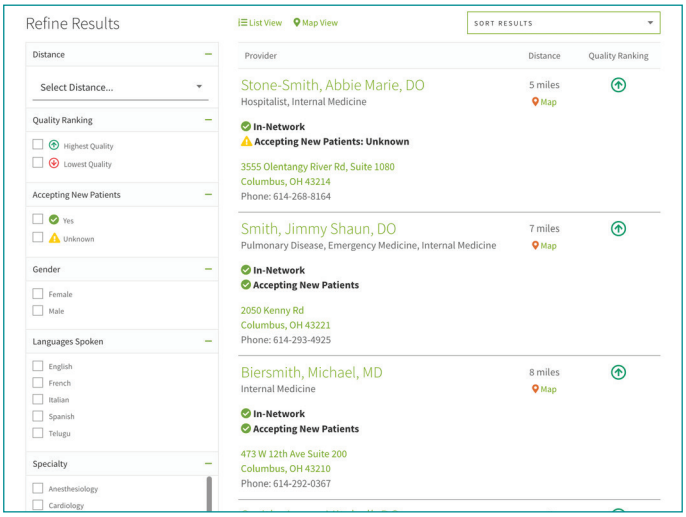
Download the app | **MyQHealth - Care Coordinators**

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.

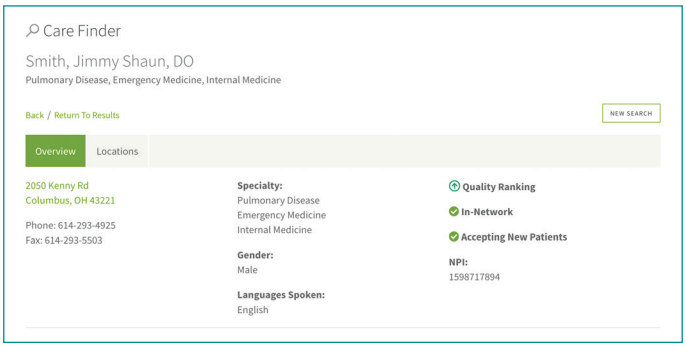
Go to Care Finder without leaving MyQHealth

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…



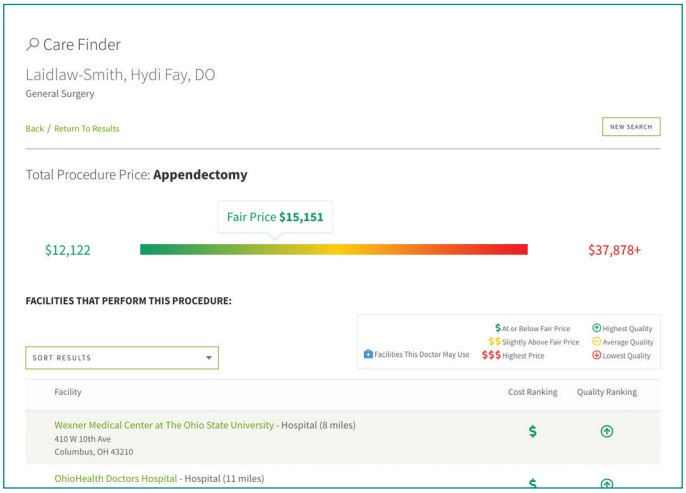
Search for providers and facilities

- 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



*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 *My.GuideStone.org*.

GuideStone®

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*.

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* | **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.
- 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*.

*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.

GuideStone®

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*.

- **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!

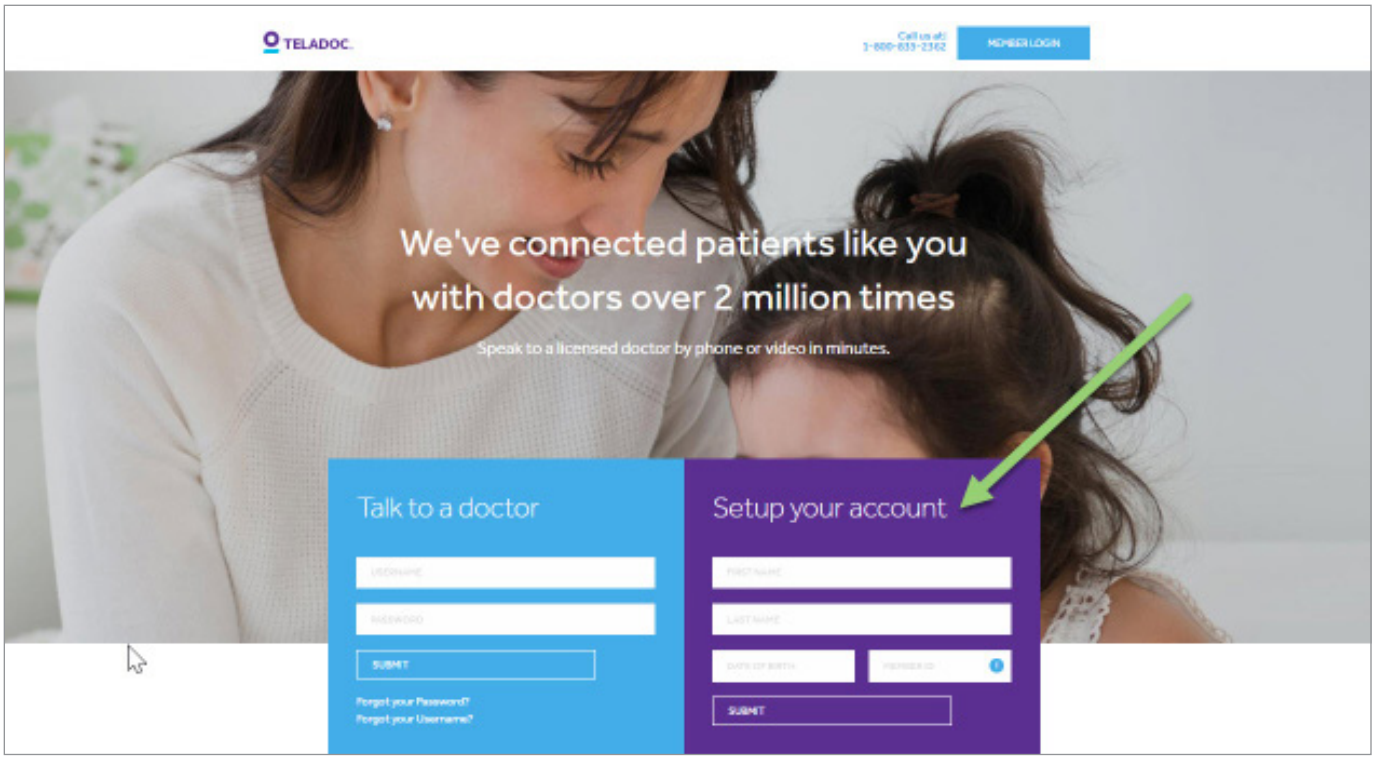
We suggest registering for Teladoc right now. It takes less than 10 minutes and saves vital time when you're not feeling well and need to talk to a doctor. Ready to get started?

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.

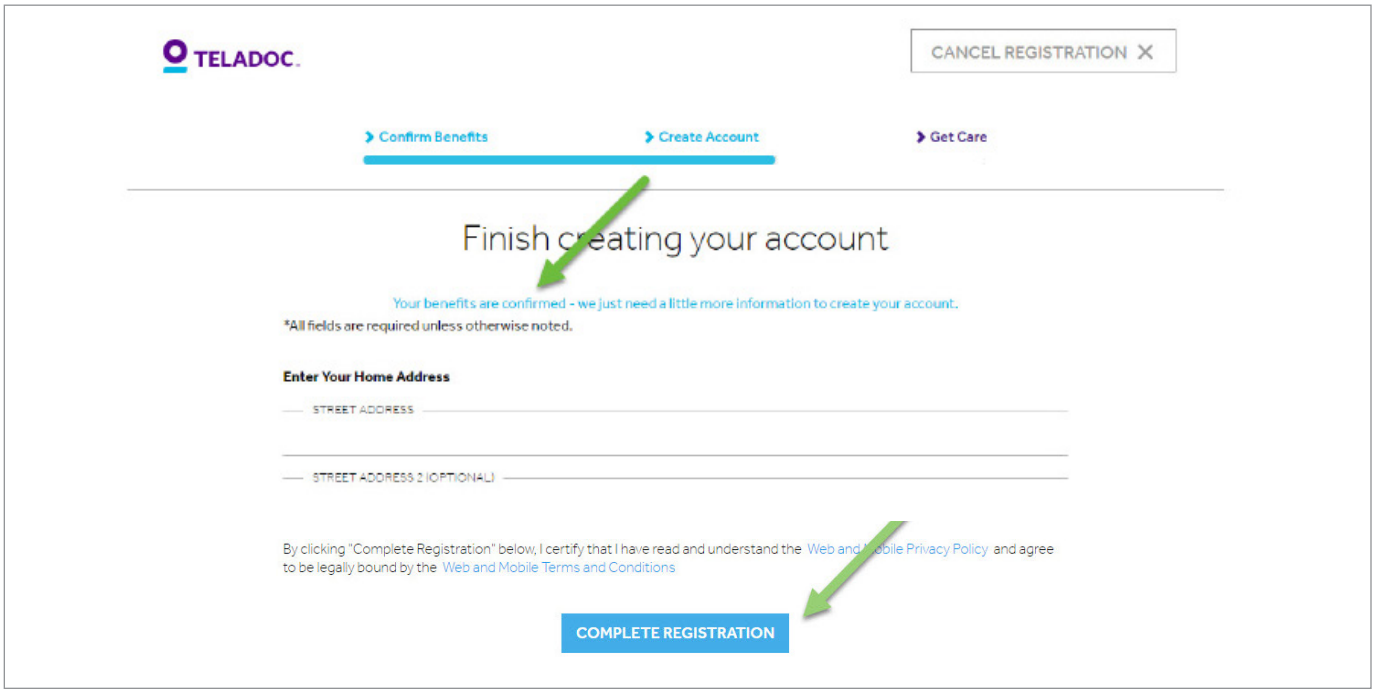


3 Receive a confirmation of your benefits.

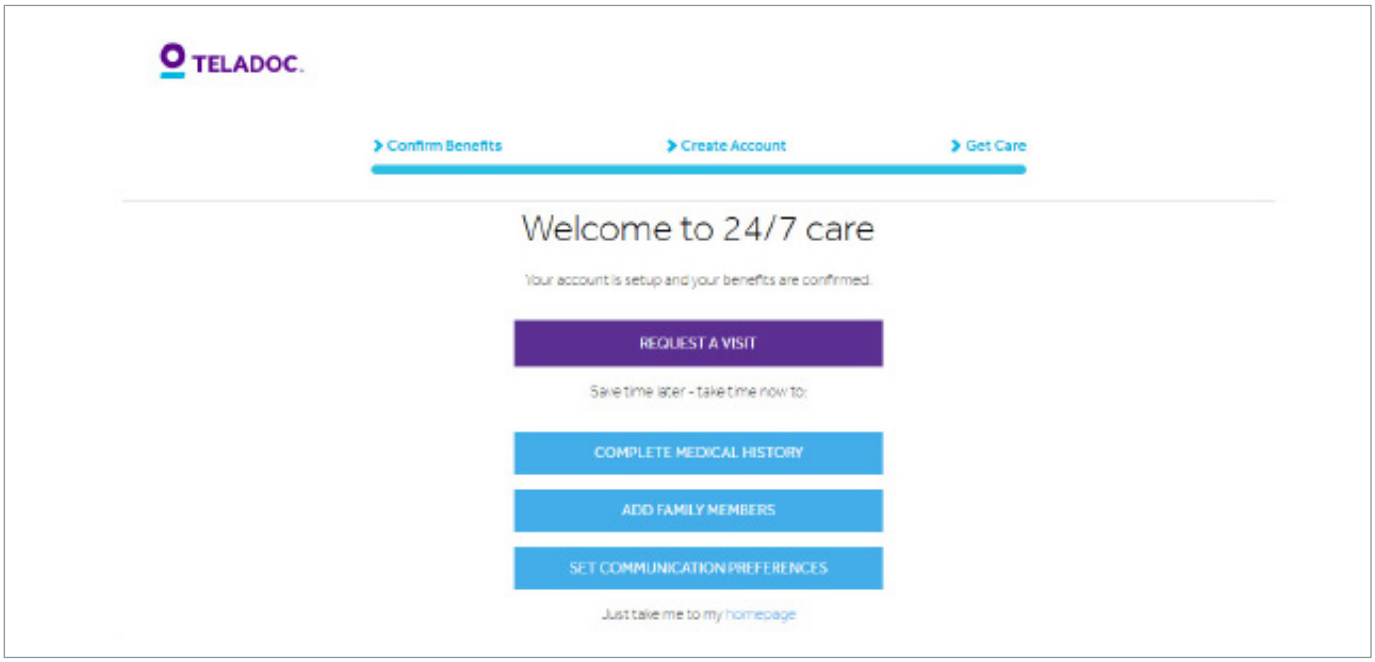
4 Follow the prompts in the confirmation and provide your:

- 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. 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

GuideStone®

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.
-

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*.

GuideStone®

FLEXIBLE SPENDING ACCOUNT

FSA | Tax Saving Vehicle

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses* for yourself, your spouse and your dependent children.

In order to participate in the FSA, you must enroll each year. Your annual contribution stays in effect during the entire year **(January 1st through December 31st)**. The only time you can change your election is during the enrollment period or if you experience a change-in-status event. Also, you must elect this benefit within **30 days** of your hire date or first date of benefits eligibility.

ELIGIBLE EXPENSES

- A full list of qualified FSA expenses can be found in IRS Publication 502 at ***irs.gov*.**
- You can learn more about FSA qualified expenses and also make purchases by visiting the FSA Store at ***fsastore.com*.**

HEALTH CARE & LIMITED PURPOSE FSA

MAXIMUM ANNUAL CONTRIBUTION | $3,050

All eligible health care expenses – such as deductibles, medical and prescription copays, dental expenses, and vision expenses – can be reimbursed from your general purpose FSA account.

With the Health Care FSA or Limited Purpose FSA, you can spend up to the full amount of your annual election as soon as your account has been set up.

LIMITED PURPOSE FSA | ADDITIONAL REQUIREMENTS

- If you open or contribute to a Health Saving Account (HSA), you may only enroll in a Limited Purpose FSA.
- If you enroll in a HDHP (High Deductible Health Plan) and elect a Health FSA, you will automatically be enrolled in the Limited Purpose FSA.
- A limited purpose FSA will reimburse you for dental and vision expenses, but you cannot claim the same expense on both the FSA and HSA Accounts.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars so that you and your spouse can work or attend school full time.

Unlike the Health Care FSA, funds in a Dependent Care FSA are only available once they have been deposited into your account and you cannot use the funds ahead of time.

- You may set aside up to **$5,000** annually in pre-tax dollars, or **$2,500** if you are married and file taxes separately from your spouse.
- **If you participate in a Dependent Care FSA, you cannot apply the same expenses for a dependent care tax credit when you file your income taxes.**

IMPORTANT FSA RULES

"USE IT" OR "LOSE IT"

"Unused" FSA funds do not roll over from year to year.

Both the Health Care and Dependent Care FSA have a "grace period". This means that you have until March 31, 2024 to submit your claims.

**ELIGIBLE DEPENDENT CARE EXPENSES INCLUDE:*

1. **'Care'** for your dependent child who is under the age of 13 that you can claim as a dependent on your federal tax return;

2. **'Care'** for your dependent child who resides with you and who is physically or mentally incapable of caring for themselves; or

3. **'Care'** for your spouse, parent or grandparent who is physically or mentally incapable of caring for themselves and spends at least eight hours a day in your home.

'Care' is defined as: In-home baby-sitting services (not by an individual you claim as a dependent); care of a preschool child by a licensed nursery or day care provider; before and after-school care; summer day camp (provided it is not overnight); and in-home dependent day care.

HEALTH SAVINGS ACCOUNT

HSA | Tax Advantage Vehicle

ENROLLED IN AN HSA ELIGIBLE HEALTH PLAN?

Take charge of your health care spending with a Health Savings Account (HSA). Contributions to an HSA are tax-free, and no matter what, the money in the account is yours!

A Health Savings Account (HSA) is a tax-free savings account that is owned by you, is 100% vested from day one, and lets you build up savings for future needs. The funds may be used to pay for qualifying healthcare expenses not covered by insurance or any other plan for yourself, your spouse, or tax dependents. You decide how much you would like to contribute, when and how to spend the money on eligible expenses, and how to invest the balance.

UNDERSTANDING YOUR HSA

- Pre-tax contributions are deducted through payroll and deposited into your HSA account
- You can use your HSA available funds to pay for qualified medical expenses tax-free
- HSA funds can be used for non-eligible expenses, but will be subject to regular income taxes and a 20% excise tax penalty
- Unused funds remain in your account for future use and roll over each calendar year
- HSAs remain with you even if you change health plans or companies. If you open an HSA and later become ineligible to make contributions, you can still use your remaining funds
- You can change your HSA contribution at any time during the plan year for any reason

2023 HSA FUNDING LIMITS

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts.

HSA Contribution Limits	
Employee	**$3,850**
Two Person/Family	**$7,750**
HSA "Catch-Up" Contributions	
Age 55 or older	**$1,000 a year**

DENTAL, VISION, LIFE AND DISABILITY BENEFITS

DENTAL
Coverage Overview

Principal®

PLAN FEATURES		
Network Details	High Plan	Low Plan
Benefit Period	Calendar Year	
DEDUCTIBLE		
Single	$100	$100
Family	$300	$300
When does it apply?	Deductibles apply for basic and major in-network and non-network services. (Does not apply for preventive services)	
COVERED SERVICES		
Class I: Preventive Services	Covered at 100%	Covered at 100%
Class II: Basic Services	Covered at 80%	Covered at 80%
Class III: Major Services	Covered at 50%	Covered at 50%
Class IV: Orthodontic Services (Child Only)	Covered at 50%	N/A
ANNUAL MAXIMUM		
Annual Maximum Benefit *Allowed per Benefit Period*	$1,000 per person	$1,000 per person
MAXIMUM ORTHODONTIA – CHILD ONLY		
Lifetime Maximum	$1,500	N/A

Monthly Cost By Tier	High Plan		Low Plan	
	Employer Cost Per Month	Employee Cost Per Month	Employer Cost Per Month	Employee Cost Per Month
Employee Only	$18.06	$12.16	$18.06	$4.52
Employee + Spouse	$31.00	$27.44	$31.01	$14.60
Employee + Child(ren)	$35.14	$44.96	$35.14	$16.54
Family	$53.19	$61.10	$53.18	$25.02

Need to locate an in-network provider?

Visit ***Principal.com/Find-Dentist*** and search by zip code.

VISION
Coverage Overview

PLAN FEATURES – VSP CHOICE NETWORK		
Covered Charges	**Benefit**	**Frequency**
Vision Exam	$10 co-pay	1 per 12 months
COVERED SERVICES – LENSES/FRAMES		
Prescription Glasses	$25 co-pay	
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under age 18	1 pair per 12 month
Frames*	$200 allowance for a wide selection of frames; 20% off amount over allowance[1]	1 pair per 12 month
Lens Enhancements[1]	$0 co-pay standard progressive lenses Most other popular options are covered after a co-pay, saving members an average of 30%. Members should see their doctor for special pricing on additional lens enhancements.	1 per 12 months
COVERED SERVICES - CONTACTS		
Necessary contacts[2]	$25 co-pay	1 per 12 months
	Covered in full for members who have specific conditions. Contact lenses can be chosen instead of glasses.	Instead of lens and frames benefit
Elective contacts	Up to $60 co-pay for standard and premium elective contact lens exams (fitting and evaluation)	1 per 12 months
	$200 allowance for elective contacts	Instead of lens and frames benefit
ADDITIONAL SAVINGS		
	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.	

[1]Based on applicable laws; benefit may vary by doctor location. Savings may not apply at participating retail chains.
[2]Prescribed to correct extreme visual problems that cannot be corrected with regular lenses.
[3]The benefit amount is the lesser of the maximum payment limit or billed amount minus the applicable co-pay.
*VSP has agreements established with some participating retail chain providers that may also provide benefits for this covered service. Up to a $110 allowance is given for a wide selection of frames from Costco or Walmart/Sam's Club. Not all providers at participating retail chains are in-network for exam services. Please talk to your provider or contact VSP customer care for further details.

NON-NETWORK PROVIDERS		
Covered Charges	**Benefit[3]**	**Frequency**
Exams	Up to $45	1 per 12 months
Single vision lenses	Up to $30	1 pair per 12 months
Lined bifocial lenses	Up to $50	1 pair per 12 months
Lined trifocal lenses	Up to $65	1 pair per 12 months
Lenticular lenses	Up to $100	1 pair per 12 months
Frames	Up to $70	1 set per 12 months
Necessary Contacts[2]	Up to $210	1 per 12 months Instead of lens and frame benefits
Elective Contacts	Up to $105	1 per 12 months Instead of lens and frames benefits

[1]Based on applicable laws; benefit may vary by doctor location. Savings may not apply at participating retail chains.
[2]Prescribed to correct extreme visual problems that cannot be corrected with regular lenses.
[3]The benefit amount is the lesser of the maximum payment limit or billed amount minus the applicable co-pay.
*VSP has agreements established with some participating retail chain providers that may also provide benefits for this covered service. Up to a $110 allowance is given for a wide selection of frames from Costco or Walmart/Sam's Club. Not all providers at participating retail chains are in-network for exam services. Please talk to your provider or contact VSP customer care for further details.

Monthly Cost By Tier	Employee Cost
Employee Only	$10.70
Employee + Spouse	$17.14
Employee + Child(ren)	$17.48
Family	$28.20

Need to locate an in-network provider?

Visit ***VSP.com/Eye-Doctor*** and search by location, doctor name or office name.

BASIC LIFE
Coverage Overview

BASIC LIFE INSURANCE

BENEFICIARY(IES)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction.

A **Beneficiary** is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent Beneficiary**. A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your life insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

**You designate your beneficiary(ies) when enrolling for your benefits.*

Life insurance is an important part of your financial security. Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. AD&D insurance is equal to your life benefit in the event of your death being a result of an accident, and may also pay benefits for certain injuries sustained.

Company Paid Benefit - Provided to you at no cost	
Coverage Amount	1x Annual Salary up to $200,000
Accidental Death and Dismemberment (AD&D)	Amount equal to your Life benefit
Benefit Reduction Schedule	Your insurance will reduce to: – 65% at age 65 – 50% at age 70

ADDITIONAL PLAN PROVISIONS

Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.

WHAT WILL MY BENEFICIARY RECEIVE?

In The Event That Death Occurs:

- Your Basic Life insurance is paid to your beneficiary.
- **If death occurs from an accident:** 100% of the AD&D benefit would be payable to your beneficiary(ies) in addition to your Basic Life insurance.

SUPPLEMENTAL LIFE

Coverage Options for
You & the Family

SUPPLEMENTAL LIFE INSURANCE

Employees have the opportunity to enroll in supplemental life insurance. If you choose to enroll in employee coverage, this will be in addition to your employer provided basic life coverage. Coverage is also available for your spouse and/or child dependents. It is typically required that you elect coverage for yourself in order to be eligible for coverage on your dependents.

PLAN OPTIONS			
Cost of Coverage	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
Coverage Options	**Employee Coverage** Choose in $10,000 increments up to $500,000	**Spouse Coverage** Choose in $5,000 increments up to $100,000, not to exceed 50% of Employee's benefit	**Dependent Coverage** Choose in $1,000 increments up to $10,000
Do I have to take a health exam to get coverage?	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions.		
Guaranteed Issue	**Employee** $100,000	**Spouse** $25,000	**Dependent** $10,000

PLAN PROVISIONS	
Cost Calculation	Age Rated Benefit (Spouse Life based on employee's age)
Portability	If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.

*Guaranteed Issue (GI) and Evidence of Insurability (EOI)

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) for yourself and your spouse without providing proof of good health (EOI).

Any amount elected over the GI will require EOI. If you elect optional life coverage, and are required to complete an EOI, it is your responsibility to complete the EOI and send to the provider (address will be listed on your form). In addition, your spouse will need to provide EOI to be eligible for coverage amounts over GI, or if coverage is requested at a later date.

Voluntary Life and AD&D

PREMIUM RATE GRID

Oklahoma Baptist University - #F019973

Eligibility

You are eligible to enroll if you work the required minimum number of hours per week by your employer, and you have satisfied any waiting period.

Voluntary Life and AD&D

Employee Benefit: **$10,000 to $500,000 in $10,000 increments.**

Spouse Benefit: **$5,000 to $100,000 in $5,000 increments.**
(not to exceed 50% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*

Employee	**$100,000**
Spouse	**$25,000**

*NEW HIRES ONLY

Child Coverage

Birth to 14 days:	**$1,000**
15 days to 6 months:	**$1,000**
6 months to age 19:	**$1,000 to $10,000 in increments of $1,000**

(Student Maximum Age: 23)

Employee Voluntary Life

Monthly rates per $1,000

Age	Rates
Under 20	$0.029
20-24	$0.029
25-29	$0.029
30-34	$0.044
35-39	$0.059
40-44	$0.083
45-49	$0.133
50-54	$0.213
55-59	$0.404
60-64	$0.618
65-69	$1.003
70+	$1.911

Voluntary AD&D

Monthly rates per $1,000

Employee	$ 0.017

Dependent Life (Children)

Monthly Premium per Family

	Life	AD&D
$1,000	$0.22	$0.02
$10,000	$2.23	$0.17

Voluntary Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

		ATTAINED AGE											
Benefit Amount	EE AD&D	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$10,000	$0.17	$0.29	$0.29	$0.29	$0.44	$0.59	$0.83	$1.33	$2.13	$4.04	$6.18	$10.03	$19.11
$20,000	$0.34	$0.58	$0.58	$0.58	$0.88	$1.18	$1.66	$2.66	$4.26	$8.08	$12.36	$20.06	$38.22
$30,000	$0.51	$0.87	$0.87	$0.87	$1.32	$1.77	$2.49	$3.99	$6.39	$12.12	$18.54	$30.09	$57.33
$40,000	$0.68	$1.16	$1.16	$1.16	$1.76	$2.36	$3.32	$5.32	$8.52	$16.16	$24.72	$40.12	$76.44
$50,000	$0.85	$1.45	$1.45	$1.45	$2.20	$2.95	$4.15	$6.65	$10.65	$20.20	$30.90	$50.15	$95.55
$60,000	$1.02	$1.74	$1.74	$1.74	$2.64	$3.54	$4.98	$7.98	$12.78	$24.24	$37.08	$60.18	$114.66
$70,000	$1.19	$2.03	$2.03	$2.03	$3.08	$4.13	$5.81	$9.31	$14.91	$28.28	$43.26	$70.21	$133.77
$80,000	$1.36	$2.32	$2.32	$2.32	$3.52	$4.72	$6.64	$10.64	$17.04	$32.32	$49.44	$80.24	$152.88
$90,000	$1.53	$2.61	$2.61	$2.61	$3.96	$5.31	$7.47	$11.97	$19.17	$36.36	$55.62	$90.27	$171.99
$100,000	$1.70	$2.90	$2.90	$2.90	$4.40	$5.90	$8.30	$13.30	$21.30	$40.40	$61.80	$100.30	$191.10
$150,000	$2.55	$4.35	$4.35	$4.35	$6.60	$8.85	$12.45	$19.95	$31.95	$60.60	$92.70	$150.45	$286.65
$200,000	$3.40	$5.80	$5.80	$5.80	$8.80	$11.80	$16.60	$26.60	$42.60	$80.80	$123.60	$200.60	$382.20
$250,000	$4.25	$7.25	$7.25	$7.25	$11.00	$14.75	$20.75	$33.25	$53.25	$101.00	$154.50	$250.75	$477.75
$300,000	$5.10	$8.70	$8.70	$8.70	$13.20	$17.70	$24.90	$39.90	$63.90	$121.20	$185.40	$300.90	$573.30
$350,000	$5.95	$10.15	$10.15	$10.15	$15.40	$20.65	$29.05	$46.55	$74.55	$141.40	$216.30	$351.05	$668.85
$400,000	$6.80	$11.60	$11.60	$11.60	$17.60	$23.60	$33.20	$53.20	$85.20	$161.60	$247.20	$401.20	$764.40
$450,000	$7.65	$13.05	$13.05	$13.05	$19.80	$26.55	$37.35	$59.85	$95.85	$181.80	$278.10	$451.35	$859.95
$500,000	$8.50	$14.50	$14.50	$14.50	$22.00	$29.50	$41.50	$66.50	$106.50	$202.00	$309.00	$501.50	$955.50

Voluntary Life and AD&D

PREMIUM RATE GRID

Oklahoma Baptist University - #F019973

Eligibility

You are eligible to enroll if you work the required minimum number of hours per week by your employer, and you have satisfied any waiting period.

Voluntary Life and AD&D

Employee Benefit: **$10,000 to $500,000 in $10,000 increments.**

Spouse Benefit: **$5,000 to $100,000 in $5,000 increments. (not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*

Employee	**$100,000**
Spouse	**$25,000**

*NEW HIRES ONLY

Child Coverage

Birth to 14 days:	**$1,000**
15 days to 6 months:	**$1,000**
6 months to age 19:	**$1,000 to $10,000 in increments of $1,000**

(Student Maximum Age: 23)

Spouse Voluntary Life

Monthly rates per $1,000

Age	Rates
Under 20	$0.029
20-24	$0.029
25-29	$0.029
30-34	$0.044
35-39	$0.059
40-44	$0.083
45-49	$0.133
50-54	$0.213
55-59	$0.404
60-64	$0.618
65-69	$1.003
70+	$1.911

Voluntary AD&D

Monthly rates per $1,000

Spouse	$ 0.017

Dependent Life (Children)

Monthly Premium per Family

	Life	AD&D
$1,000	$0.22	$0.02
$10,000	$2.23	$0.17

Voluntary Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

		ATTAINED AGE											
Benefit Amount	Spouse AD&D	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$5,000	$0.09	$0.15	$0.15	$0.15	$0.22	$0.30	$0.42	$0.67	$1.07	$2.02	$3.09	$5.02	$9.56
$10,000	$0.17	$0.29	$0.29	$0.29	$0.44	$0.59	$0.83	$1.33	$2.13	$4.04	$6.18	$10.03	$19.11
$15,000	$0.26	$0.44	$0.44	$0.44	$0.66	$0.89	$1.25	$2.00	$3.20	$6.06	$9.27	$15.05	$28.67
$20,000	$0.34	$0.58	$0.58	$0.58	$0.88	$1.18	$1.66	$2.66	$4.26	$8.08	$12.36	$20.06	$38.22
$25,000	$0.43	$0.73	$0.73	$0.73	$1.10	$1.48	$2.08	$3.33	$5.33	$10.10	$15.45	$25.08	$47.78
$50,000	$0.85	$1.45	$1.45	$1.45	$2.20	$2.95	$4.15	$6.65	$10.65	$20.20	$30.90	$50.15	$95.55
$75,000	$1.28	$2.18	$2.18	$2.18	$3.30	$4.43	$6.23	$9.98	$15.98	$30.30	$46.35	$75.23	$143.33
$100,000	$1.70	$2.90	$2.90	$2.90	$4.40	$5.90	$8.30	$13.30	$21.30	$40.40	$61.80	$100.30	$191.10

DISABILITY
LONG-TERM DISABILITY

LONG-TERM DISABILITY (LTD)

Serious illnesses or accidents can come out of nowhere. They can interrupt your life and your ability to work for months – even years.

Long-term disability provides financial protection for you by paying a portion of your income, so you have financial support to manage your disability and your household.

PLAN FEATURES	LONG-TERM DISABILITY (LTD)
Cost of Coverage	**100% Employer Paid**
Elimination Period *This is the number of days that must pass between your first day of a covered disability & the day you can begin to receive your disability benefits.*	Your elimination period is **90 days**
Benefit Duration *The maximum number of weeks you can receive benefits while you are sick or disabled.*	**Payments will last for as long as you are disabled, or until you reach Social Security Normal Retirement Age** You must be sick or disabled for the duration of the elimination period before you can receive a benefit payment.
Coverage Amount	Covers **60% of your monthly income,** up to a maximum benefit of **$8,000 per month.**
What's covered?	**A variety of conditions and injuries.** Typical claims would include: cancer, back disorders, injuries and poison, cardiovascular, joint disorders.
Definition of Earnings	**Base Salary**
ADDITIONAL PLAN PROVISIONS	
Benefit Payment Frequency	**Monthly benefit** may be reduced or offset by other sources of income.
Cost Calculation	Age Rated Benefit – Cost depends on your age on the effective date
Pre-Existing Condition Limitation	You have a pre-existing condition if you have received: medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 12 months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.

Certain exclusions and any pre-existing condition limitations may apply. Please refer to the Provider's detailed benefit summary for details.

ACCIDENT, CRITICAL ILLNESS, & HOSPITAL INDEMNITY

VOLUNTARY BENEFITS

Accident Insurance

No one plans to have an accident. But it can happen at any moment throughout the day, whether at home or at play. Most major medical insurance plans only pay a portion of the bills. This coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

FILING STATUS	Low Plan	High Plan
Employee Only	$5.56	$10.68
Employee + Spouse	$10.40	$19.96
Employee + Child(ren)	$11.44	$21.96
Family	$14.24	$27.50

Critical Illness Insurance

Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs. The signs pointing to a critical illness are not always clear and may not be preventable, but this coverage can help offer financial protection in the event you are diagnosed.

Rates for $15,000

Age	EO	ES	EC	Family
<25	$4.80	$9.60	$9.00	$13.80
25-29	$5.10	$10.20	$9.30	$14.40
30-34	$7.20	$14.40	$11.40	$18.60
35-39	$10.50	$21.00	$14.70	$25.20
40-44	$16.20	$32.10	$20.40	$36.30
45-49	$24.60	$48.30	$28.80	$52.50
50-54	$36.60	$71.40	$40.80	$75.60
55-59	$52.20	$101.40	$56.40	$105.60
60-64	$75.90	$147.30	$80.10	$151.50
65-69	$114.60	$221.70	$118.80	$225.90
70+	$174.00	$338.10	$178.20	$342.30

Rates for $30,000

Age	EO	ES	EC	Family
<25	$9.60	$19.20	$18.00	$27.60
25-29	$10.20	$20.40	$18.60	$28.80
30-34	$14.40	$28.80	$22.80	$37.20
35-39	$21.00	$42.00	$29.40	$50.40
40-44	$32.40	$64.20	$40.80	$72.60
45-49	$49.20	$96.60	$57.60	$105.00
50-54	$73.20	$142.80	$81.60	$151.20
55-59	$104.40	$202.80	$112.80	$211.20
60-64	$151.80	$294.60	$160.20	$303.00
65-69	$229.20	$443.40	$237.60	$451.80
70+	$348.00	$676.20	$356.40	$684.60

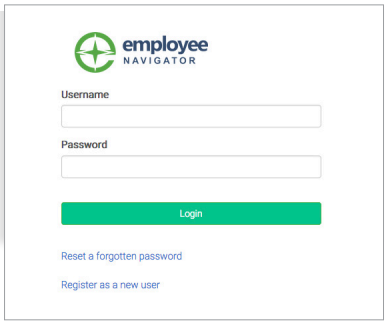
Hospital Indemnity Insurance

A hospital stay can be expensive. Be ready for costs not covered by your medical plan with hospital indemnity insurance. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or to cover other expenses. A standard hospital insurance plan may include coverage for hospital admission, accident- related inpatient rehabilitation and hospital stays. For complete details on what this plan offers, please see the benefit summary.

FILING STATUS	Low Plan	High Plan
Employee Only	$14.24	$28.90
Employee + Spouse	$27.76	$56.30
Employee + Child(ren)	$25.78	$52.30
Family	$43.84	$88.96

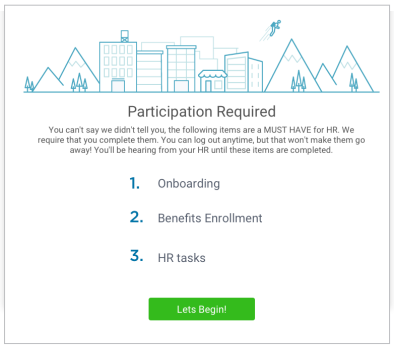
ENROLL IN YOUR BENEFITS: One step at a time

EmployeeNavigator.com



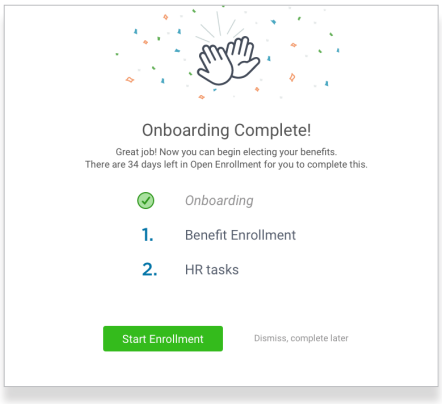
Step 1: Log In

Click on your registration link in the email sent to you by **Employee Navigator.** Create an account, and create your own username and password.



Step 2: Welcome!

After you login, click **Let's Begin** to complete your required tasks.



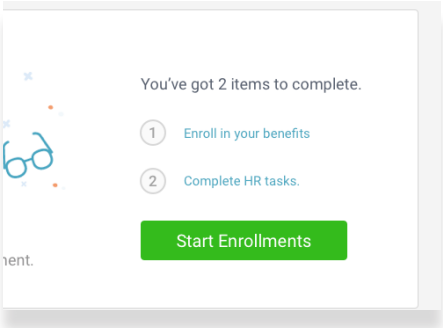
Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding task with human resources before enrolling in your benefits.

Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit **"Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

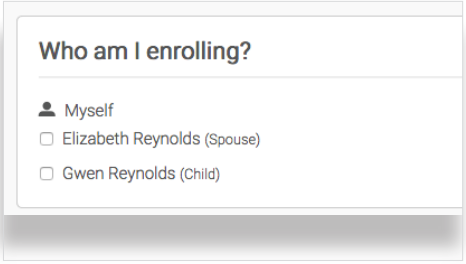
TIP

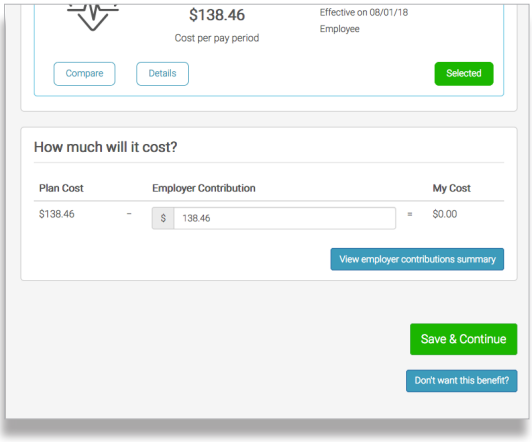
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.





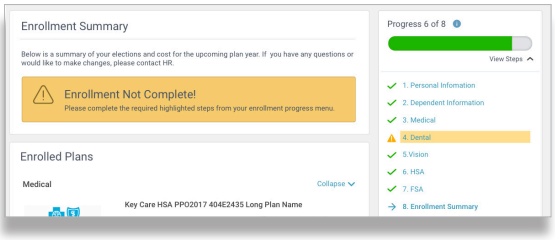
Click **Save & Continue** at the bottom of each screen to save your elections.

Don't Want a Benefit?

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

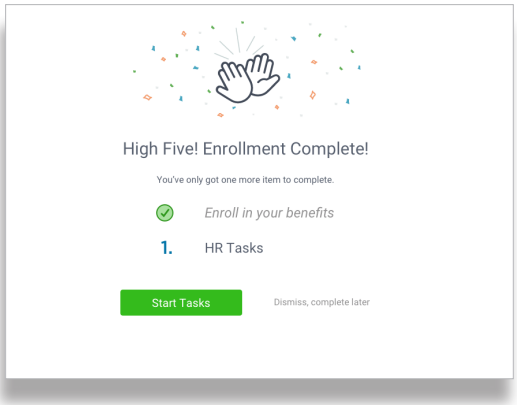


Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

T I P

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

You can login to review your benefits 24/7

Disclaimer: This Guide provides an overview of OBU's benefit programs and should not be considered complete. If any conflicts between the information in this guide and the actual insurance contracts or benefit programs/policies exist, the insurance contracts/policies will rule. Please note that OBU reserves the right to change or terminate any benefits at any time with or without notice .

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