

2025 Annual Enrollment

Frequently Asked Questions (FAQs)

Annual enrollment for 2025 benefits is **Oct. 28 – Nov. 8, 2024**. You can review offerings and enroll in during this time by visiting [MyPeoplePlace.com](https://www.mypeopleplace.com) and clicking on the Annual Enrollment tile. The coverage you choose will be in effect Jan. 1 – Dec. 31, 2025.

Check out our list of frequently asked questions below. You can click on a topic from the table of contents below or search the entire document. Additional benefits information is available at [BSWHealth.com/Benefits](https://www.bswhealth.com/benefits). **Note:** If you live outside of Texas, please view these [FAQs](#).

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GENERAL ENROLLMENT QUESTIONS

1. What is changing this year?

Many plan offerings will remain the same but there are a few key changes in terms of costs, coverage and administrators that you need to be aware of:

- **Medical:**

- Plans remain the same, but copays, deductibles and out-of-pocket maximums have changed.
- We simplified our hourly rate bands, resulting in most premiums holding steady, and in some cases decreasing. This is an investment of almost \$5M.
- The PPO medical plan is now called the Premium plan.
- We enhanced the out-of-area benefit on the Premium and HDHP plan if you or your dependent live 40+ miles away from a Tier 1 acute care facility. Now, care received by Tier 2 providers will be covered as Tier 1.



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- **Prescription:**
 - Rightway is our new prescription benefits administrator.
 - Our prescription formulary (covered medications) is changing. You will be notified if your medications are no longer be covered or fall into a different coverage tier. Be sure to check how your medications will be covered in 2025.

- **Time off and disability:**
 - Short-term disability is now call short-term leave.
 - Parental leave* is increasing from 3 to 4 weeks.
 - PTO-eligible team members with 1 to 3 years of service will receive an accrual increase resulting in an additional 1 to 3 days off per year.
 - Advanced practice providers (APPs) and additional corporate team members will transition to tracking-free time off in June 2025.

* You must be enrolled in short-term leave (formerly short-term disability) to receive this benefit.

- **Tuition assistance:**
 - We've refreshed our tuition assistance program to support our areas of greatest need.
 - Full-time team members
 - Fully-funded—Select degrees and certificates will continue to be funded.
 - Partially-funded and reimbursement—Funding cap of \$5,250/year for clinical programs and \$4,250/year for non-clinical programs.
 - Part-time team members
 - Funding cap of \$2,500/year

- **Flexible spending accounts (FSA) and Health Savings Account (HSA):**
 - Annual limits for the healthcare FSAs and the HSA have increased.
 - Similar to last year, FSAs require an active election to continue participating for 2025.

- **Other Benefits:**
 - Aetna is our new carrier for accidental injury, critical illness, and hospital indemnity offering lower premiums.
 - A new buy-up plan for hospital indemnity will be offered.
 - All other benefits and premiums for 2025 are holding steady!

2. Is action required this year?

No action is required to keep what you already have, with the exception of FSAs. You must take action if you want to re-enroll for 2025.

3. How can I review my current enrollments?

As you prepare to make your elections for 2025, review your Pre-Enrollment Snapshot for your current benefit enrollments between Oct 15-27. To access this snapshot, follow these steps:

- Log into [MyPeoplePlace.com](https://mypeopleplace.com)
- Click **Benefit Details**
- Click **Benefit Statements**
- Click the Pre-enrollment Snapshot image

4. How do I submit my annual enrollment elections?

Please follow the steps below to submit your enrollment:



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- Log into [MyPeoplePlace.com](https://mypeopleplace.com)
- Select the **Annual Enrollment** tile
- Follow the steps to review and/or edit personal data, dependents/beneficiaries and Benefits Elections
- Click **Submit Enrollment** to finalize your choices

5. Can I make changes if I've already submitted my enrollment?

Yes, you can make changes at any time until midnight on Nov. 8, 2024. Once you make the necessary changes, make sure you click **Submit Enrollment**. **If you do not click Submit, your changes will be lost.**

6. How do I submit my enrollment if I am on a leave of absence?

Enrollments can be completed from anywhere, on any device by following these steps:

- Log into [MyPeoplePlace.com](https://mypeopleplace.com)
- Select the **Annual Enrollment** tile
- Follow the steps to review and/or edit personal data, dependents/beneficiaries and Benefits Elections
- Click **Submit Enrollment** to finalize your choices

7. What happens to my benefits if I have a qualifying life event after I submit by annual enrollment elections?

If you experience a qualifying life event, you will have to submit your event in [MyPeoplePlace > Benefit Details > Life Events](#). If this event takes place after your annual enrollment has been submitted in PeoplePlace, you will be prompted in the enrollment system to indicate if you would like to roll those elections over to 2025 or make changes. You have 30 days (beginning in 2025, you will have 31 days) to submit both your qualifying life event and your annual enrollment elections.

8. What if I do not have the out-of-state medical plan options (the Live well plans) when enrolling?

Live well plans are only visible to those who have a home address outside of Texas. If you live outside of Texas and do not see these plan options, confirm your home address is correct in [MyPeoplePlace.com > About Me](#). View these [FAQs](#) to learn about the out-of-state medical plan options.

MEDICAL AND PRESCRIPTION PLAN

9. How do I know which medical plan is right for me?

Ask ALEX is a great resource to help decide which benefits are right for you. You can utilize the Family Plan Comparison and ALEX Medicare tools to help you better understand your options. Connect with ALEX by visiting [Start.MyALEX.com/BSWH](https://start.myalex.com/BSWH). Don't forget—you'll still need to submit any changes in PeoplePlace by Nov. 8.

Alex can also be accessed via your mobile device, via ALEXGo! The app provides you a quick, text-based version of the tool.

10. When should I expect to receive my new medical ID card?

Updated medical ID cards will be mailed to your home address (or mailing address if one is on file) in December. **Note:** The pharmacy information on the 2025 ID cards will be different. Be sure to show your updated ID card to your providers and pharmacies to avoid denied claims

You can also access a temporary copy of your medical card through one of these options:



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1. **Log into the BSWHP Member Portal** at BSWHealthPlan.com/BSWH to access a temporary copy of your ID card. Team members may need to create an account if they have not set up a Member Portal account.
2. **Access via the myBSWHealth app**, scroll down to the Baylor Scott & White Health Plan tile and click on View Card.

If your ID cards do not arrive by January, contact BSWHP Care Connect at **844-843-3229** to request additional cards.

UNDERSTANDING MEDICAL PLAN RATES

11. How are medical rates calculated?

Medical rates are determined based on the plan you select, who you enroll and your hourly rate of pay as of Sept. 22, 2024.

12. Will my medical rates go up if my salary changes or I receive a bonus?

Your hourly rate as of Sept. 22, 2024 will be used to determine your medical rate for 2025. Even if you have changes throughout the year (increases or decreases), your hourly rate for medical coverage will stay the same. The only time your medical rate will change is if you go from full time to part time, or vice versa.

13. How are medical rates determined if I am exempt/salaried and not paid hourly?

Your hourly rate of pay will be calculated based on your annual salary and your standard hours as of Sept. 22, 2024. This hourly rate will be used to determine your medical rate and will be locked in for the year. The only time your medical rate will change is if you go from full time to part time, or vice versa.

FINDING AN IN-NETWORK PROVIDER

Depending on the plan you select, you may have access to three different network tiers.

14. Where can I find a list of providers?

You can use the provider search tool at BSWHealthPlan.com/BSWH to find a list of in-network providers. Be sure to select your plan for 2025 to view providers as of Jan. 1, 2025. Search for different types of providers, such as:

- Primary care physicians (PCPs)
- Specialists
- Urgent Care
- Walk-in clinics
- Hospitals and facilities
- Pharmacies

15. Are BSW facilities and affiliated entities covered under Tier 1 BSW Premier network?

It is possible for a new hospital or entity to have BSWH in their name and not be part of Tier 1. Please reference the provider search tool at BSWHealthPlan.com/BSWH to confirm provider network status prior to accessing care.



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16. What should I do if my provider shows up in the provider search results but say they are not part of the network?

Your provider's office staff may not be aware they are part of the network for BSW medical plans — either through direct contracts with BSWHP or our Tier 2 UnitedHealthcare network. If this situation arises with one of your doctors, please ask them to call Provider Services at **800-655-7947** to verify their network participation.

17. What should I do if I am unable to find a specific specialist under the Find a Provider SEQA & EQA search tool?

Contact BSWHP Care Connect Center at **844-843-3229** for assistance.

18. What happens if the Care Connect Center is unable to find an in-network provider for the specific specialist I need?

Ask your non-contracted provider to submit a prior authorization request to BSWHP for their services to be considered at the in-network benefit level. The request will be evaluated, and a decision will be made upon completion of the review. Prior authorization must be obtained before services are covered.

19. What if I have dependent children on my plan that live out of state?

If you have dependents living outside of Texas or 40 or more miles from the nearest Tier 1 acute care hospital, you should consider either the Premium or HDHP plan because of their expanded provider network. To find out if there are network providers in the location where your dependent(s) live, check the provider search tool at BSWHealthPlan.com/BSWH.

20. What is the out-of-area coverage for the Premium and HDHP plans?

Out-of-area coverage is available if you or a covered dependent(s) live 40 or more miles from the nearest Tier 1 acute-care hospital. Enhanced coverage for 2025! If activated with BSWHP, care received by Tier 2 providers will be covered at the Tier 1 benefit level.

Note: To activate this coverage, contact the BSWHP Care Connect Center at **844-843-3229** prior to receiving care. If you or your dependent already have the out-of-area coverage activated, it will automatically rollover to 2025. If you no longer need this coverage, contact BSWHP to deactivate.

21. Under the SEQA/EQA plans, are out-of-area dependents covered at all?

The only coverage available for out-of-area dependents would be for urgent and emergency care. If you have out-of-state dependents, you should consider the Premium or HDHP plans.

22. What access to coverage do we have for travel outside of Texas or outside of the country?

If you are traveling out of state and need emergency care, your member cost share will be based on the plan you decide to enroll in. For SEQA/EQA, your copay is \$500. For Premium, your copay is \$500 + 20% coinsurance. The HDHP cost is 10% coinsurance after deductible is met.

If you are admitted, the SEQA/EQA copay and Premium copay + coinsurance will be waived, and if you are enrolled in the Premium plan, the applicable inpatient benefit will apply based on the facility network status for Tier 1 and Tier 2. If admitted to a Tier 3 facility, it will be covered at the Tier 2 benefit level.



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Coverage for out of the country is only available for emergency services and the benefit is the same as in-country services based on the plan you elect for 2025.

23. Are any resources available to help me decide if an appointment with my PCP, urgent care, or an emergency room visit is best for my symptoms?

Check out [Where to go for care](#) or the 24/7 Nurse Line which is available to help patients make informed health care decisions. To talk to a nurse, call **844-843-3229** and follow the prompt to the nurse advise line.

24. When I need urgent care, which facilities are covered by our plan?

Under the SEQA/EQA plans, urgent care is covered at the applicable copay no matter what urgent care center you go to. For our Premium and HDHP plans, our provider networks include many urgent care locations in the Tier 1 BSW Premier Network and Tier 2 UnitedHealthcare Network. Tier 1 network urgent care locations include Concentra, City Doc, Cook Children's Urgent Care, Legacy Urgent Care, NextCare Urgent Care, etc. We are continuing to review and expand our urgent care network as needed.

Please use the provider search tool at BSWHealthPlan.com/BSWH for a complete list.

25. What is the coverage if I use a non-contracted urgent care provider?

If you elect the SEQA or EQA plan, you are only responsible for paying the applicable Tier 1 copay. If you elect the Premium or HDHP plan, the benefit is the same as the plan's Tier 2 cost.

Please visit the benefits website at BSWHealth.com/Benefits for complete details about your coverage and cost under each plan.

UNDERSTANDING MEDICAL COVERAGE AND PROCEDURE COSTS

26. How can I find out what costs count toward my deductible and out-of-pocket expenses?

This information is available in the Summary Plan Description and can be found at BSWHealth.com/Benefits.

27. Where can I find a list of what services are subject to prior authorization? Is this my responsibility or my provider's responsibility?

The prior authorization list can be found at BSWHealthPlan.com/BSWH under Tools and Resources. It is the provider's responsibility to handle the prior authorization process, but you should confirm your provider has approval on file before you receive care for services that require prior authorization.

28. What number should I contact with questions about medical claims, prior authorization, and coverage?

Please call BSWHP Care Connect Center at **844-843-3229** between 7 a.m. and 7 p.m. CT, Monday - Friday. The customer advocates can answer a wide range of questions and check with a subject matter expert on questions they can't resolve.

29. On the medical plan Coverage and Cost chart, it only provides the deductible for Employee Only and Employee + Family. What is the annual deductible for Employee + Spouse or Children?

The deductible will be the same as Employee + Family:



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- The SEQA/EQA and Premium plans have embedded deductibles, which means the plan provides after-deductible coverage once an individual with family coverage meets the Employee Only deductible, even if the family deductible has not been met.
- The HDHP has an aggregate deductible, which means that there is no embedded deductible for each individual family member and the entire family deductible would need to be met before the plan pays for care or services for any family member.

30. How are emergency transportation services covered?

Emergency transportation services are covered at 100% after the applicable member cost sharing for the SEQA, EQA and Premium plans. Under the HDHP plan, emergency transportation services are covered at 90% after the deductible is met. Refer to the coverage and cost chart for details.

31. Are lab costs covered at 100% under preventive care?

If the labs are deemed preventive, billed as preventive and sent to an in-network lab, they will be covered at 100%.

32. What is the maternity coverage under each plan?

The SEQA/EQA and Premium plans offer a bundled maternity copay* which provides the following coverage:

- **SEQA/EQA Plan:** \$400 copay for all expenses related to maternity/delivery care, including pre-natal and well-baby charges, if newborn is added to the plan for coverage.
- **Premium Plan:** \$1,200 copay (Tier 1 only) for all expenses related to maternity/delivery care, including pre-natal and well-baby charges, if newborn is added to the plan for coverage.
- **HDHP plan:** Maternity coverage for Tier 1 providers is covered at 90% after the deductible is met.

**Copay applies to the facility claim. All other services billed with a maternity/delivery diagnosis code will be paid at 100%. Newborns must be added to the medical plan via myPeoplePlace within 30 days (beginning in 2025, team members will have 31 days of birth for well-baby charges to be covered).*

33. What happens to my spouse's medical insurance coverage when he or she turns 65 and is eligible for Medicare?

We do not have a requirement that states your spouse must be removed from the plan. You may continue to cover them on your plan even though they are eligible and may be enrolled in Medicare.

UNDERSTANDING PRESCRIPTION COVERAGE

34. How are prescription benefits different for 2025?

Rightway is our new prescription benefits administrator. You'll have access to medications at the lowest cost and have unlimited access to a trusted expert who can answer all of your pharmacy questions. Prescription formulary (covered medications) will change. Impacted members will be notified and receive more information on their options.

35. Do I need to notify my pharmacy of this change?

Yes, you must provide your new 2025 medical/prescription ID card to your pharmacy. This card should arrive to your home in December. This ID card has updated information for pharmacy claims processing and must be used to ensure your claims are not denied.



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36. Where can I find a list of covered medications?

Visit the medication search tool at JoinRightway.com/BSWH for a list of covered medications.

37. Is there an additional cost to use non-BSW pharmacies?

Yes. Your member cost share for prescriptions filled at non-BSW pharmacies is higher and will depend on the type of medication you are prescribed (e.g., preferred generic, preferred brand, etc.) and the plan you elect for 2025. Visit BSWHealth.com/Benefits for complete details about your prescription coverage and cost under each plan option.

38. What is the Member Choice Program?

The Member Choice program encourages members and providers to make more cost-effective medication choices. With this program, if you or your provider request a brand name drug when a generic equivalent is available, you become responsible for the non-preferred co-pay plus the difference in cost between the brand name and the generic equivalent. Please note the difference in cost does not apply to any deductible or out-of-pocket maximum for the Plan.

39. Are prescriptions applied to the deductible on all plans?

Prescriptions are not subject to the deductible for the SEQA, EQA and Premium plans. Under the HDHP plan, all prescriptions apply to the deductible and coinsurance.

40. Does the medical plan cover weight loss medications?

No, the medical plan does not cover weight loss medications, including the use of GLP-1s for weight loss.

41. Who should I contact if I have additional questions about 2025 prescription benefits?

Rightway's dedicated pharmacy team is available to assist with any questions during this transition. They can be reached at 866-987-5735.

DENTAL AND VISION PLANS

UNDERSTANDING YOUR DENTAL COVERAGE

42. Will I receive dental ID cards?

You can access your dental card by visiting MyCigna.com or downloading the myCigna app. Note: First-time users will need to select "Register Now" and enter the requested information, confirm identify and create security information. However, an ID card is not necessary to access your dental benefits. Your dental office can verify your eligibility and benefits by contacting Cigna at **877-505-5872** and providing your name, date of birth, and employee ID number or social security number.

Your employee ID number can be found on your paycheck in PeoplePlace.

43. How can I find a dental provider in my area?

To locate dental providers in the Cigna network, click on the applicable plan below. Enter your ZIP code and search by Type, Name or Health Facility.

- [Search DHMO/Access Plus Network](#)



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- [Search Choice/Cigna DPPO Network](#)

44. What are the benefits maximums for each of the dental plans with Cigna?

The annual maximum benefit is:

- DHMO Plan – There is no maximum benefit
- Choice Plan – \$1,250 per person
- Choice Plus Plan – \$2,500 per person

45. Is there a maximum age for orthodontia on the DHMO or Choice Plus plan?

Orthodontia is offered to both children and adults on the DHMO and Choice Plus plan.

46. Is there a maximum benefit orthodontia on the DHMO or Choice Plus plan?

The maximum benefit is:

- DHMO Plan – \$1,608 (child) and \$2,592 (adult) up to 24 months
- Choice Plus Plan – \$2,000 lifetime maximum benefit

47. Are any resources available to help me decide which plan is best and what is covered?

- Check out the [Decision Tool](#) to help you find the right plan.
- View the [DHMO Patient Charge Schedule](#) with details on covered services.
- Visit [BSWHealth.com/Benefits](https://www.bswhealth.com/benefits) for additional details on all plans.

UNDERSTANDING YOUR VISION COVERAGE

48. Will I receive a new ID card for vision?

New enrollees will receive an ID card from EyeMed. The goal is to have this to you no later than Jan. 1. If you were previously enrolled in the vision plan, you will not receive a new ID card. You can also print an ID card through the EyeMed app or by visiting [EyeMed.com](https://www.eyemed.com), logging in and selecting Help and Resources.

49. What is covered with EyeMed?

Visit [BSWHealth.com/Benefits](https://www.bswhealth.com/benefits) for more details on what is covered by the vision plan, and a list of providers that accept EyeMed.

50. How can I find a vision provider in my area?

Visit [EyeMed.com](https://www.eyemed.com) to locate a provider in your area.

SPENDING / SAVINGS ACCOUNTS

51. If I enroll in a 2025 Flexible Spending Account (FSA), what is the timeframe to use my funds?

FSA funds can be used to pay for eligible expenses incurred between Jan 1, 2025 – Mar. 15, 2026.

52. When can I use my FSA funds?

Healthcare FSA funds are available to use at the start of the plan year and you can use the entire amount right away. However, you must incur eligible expenses through Mar. 15, 2026.

53. What happens if I have remaining funds after Mar. 15, 2026, in my account?



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You can continue to submit eligible expenses incurred by Mar. 15 through Apr. 30, 2026.

54. Do I have to be enrolled in a BSW medical plan to enroll in the healthcare Flexible Spending Account (FSA)?

You can still participate in the healthcare or dependent care FSA even if you are not enrolled in a BSW medical plan.

55. How do I pay for items from my FSA/HSA account (i.e., card, reimbursement, etc.)?

Under the Health Savings Account (HSA) and Health care FSA, you have the following reimbursement and payment options:

- Use your Optum debit card, an electronic payment card, to pay some expenses
- Pay out of pocket for an expense and request a reimbursement online or through the Optum mobile app

56. Will I receive a new Optum Bank debit card if I already have one from last year?

New enrollees and those who have a card that is expiring will receive a debit card.

57. What are the maximum contributions for the FSA and HSA for 2025?

The maximum contributions for 2025 are:

- Healthcare FSA – \$3,200
- Dependent care FSA – \$5,000
- HSA individual coverage – \$4,300
- HSA family coverage – \$8,550

58. When can I use my funds if I elect the dependent care FSA?

Your funds are available after your contribution has been applied to your account. For daycares that accept credit cards, you can use your Optum card to pay for eligible expenses.

59. Are my Health Savings Account (HSA) funds available to use immediately?

Your funds are available to you after your contribution has been applied to your account.

60. Am I able to update my HSA contribution amount throughout the year?

Yes, you can update your HSA contribution anytime throughout the year by going to [BSWHelpHub](#).

61. Am I able to contribute to an HSA if I am enrolled in Medicare?

No, you cannot contribute to an HSA if you are enrolled in Medicare.

62. Am I able to update my FSA contribution amount throughout the year?

Team members can change their elected amount only within 30 days (beginning in 2025, you will have 31 days) of a qualifying life event.

LIFESTYLE BENEFITS

UNDERSTANDING CRITICAL ILLNESS, ACCIDENTAL INJURY AND HOSPITAL INDEMNITY PLANS

63. What is the accidental injury plan?



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The accidental injury plan pays a fixed cash benefit when you or a covered dependent experience a covered accident like a fracture or dislocation. A schedule of benefits is used to determine how much you receive and items covered including doctor and emergency room visits, x-rays and hospital stays. These payments can be used to cover things like co-pays and deductibles, groceries and childcare.

64. What is the critical illness plan?

The critical illness plan pays a lump sum if you or a covered dependent are diagnosed with a covered critical illness, like cancer or a heart attack. The payment can be used as you wish, to cover expenses like rent or transportation while you focus on getting well. This plan is a guarantee issue and no medical questions are required.

65. What is the hospital indemnity plan?

The hospital indemnity plan pays a lump sum if you or a covered dependent are hospitalized after your coverage effective date, you will receive a fixed benefit admission and daily benefit after a qualified hospitalization, including childbirth on day 1. The payment can be used for medical copays and deductibles, travel to see a specialist, childcare, help around the house, alternative treatments and more.

66. What accidents or injuries are covered on the accidental injury insurance?

View the Benefit Summary on [BSWHealth.com/Benefits](https://www.bswhealth.com/Benefits) for a complete list of covered accidents/injuries.

67. What illnesses are covered on the critical illness insurance?

View the Benefit Summary on [BSWHealth.com/Benefits](https://www.bswhealth.com/Benefits) for a complete list of covered illnesses.

68. What is covered with the hospital indemnity insurance?

View the Benefit Summary on [BSWHealth.com/Benefits](https://www.bswhealth.com/Benefits) for a complete list of covered stays.

69. Are there pre-existing condition limitations?

Benefits are not payable for any condition that was diagnosed or treated prior your coverage effective date. For the hospital indemnity plan, hospitalization associated with childbirth that occurs after the effective date will be covered.

70. Is there a benefit waiting period?

No, there is no benefit waiting period. Coverage elected during annual enrollment is effective Jan. 1, 2025.

71. What is the wellness benefit?

A \$50 wellness benefit is available for each covered person on the accidental injury and critical illness plan if a covered health screening is performed (i.e. annual check-up, colonoscopy, mammogram, vaccinations, etc.).

72. How often can a covered person be paid a benefit for the Health Screening Benefit or Wellness Benefit under these plans?

The benefit is payable one time per covered person per calendar year. Note: If you are enrolled in the accidental injury and critical illness plans, you can receive this benefit under both plans.

73. Can I waive coverage and still enroll dependents into these plans?

No, employee coverage must be issued for dependent spouse and/or child coverage to become effective.

74. Do I need to be enrolled in the medical plan to elect accidental injury, critical illness or hospital indemnity coverage?



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No, these plans do not replace medical insurance, they are supplements to your existing medical coverage, however you do not have to elect a medical plan through BSWH to enroll in these benefits.

UNDERSTANDING TIME OFF AND DISABILITY COVERAGE

75. What is short-term leave?

Short-term leave (formerly known as short-term disability) coverage provides income replacement if you can't work because of a qualifying illness, injury or you become the parent of a new child. Benefits are payable for up to 180 calendar days as long as you continue to be eligible.

76. Do I need to be enrolled in short-term leave coverage to receive parental leave benefits?

Yes, you must be enrolled in short-term leave to receive parental leave.

77. How much coverage does short-term leave provide?

Short-term leave provides a base coverage of 60% with the option to buy-up coverage to 70%.

Note: Depending on your role, additional plan options may be available.

78. Are pre-existing conditions covered on the short-term leave plan?

If you do not currently have coverage, you will need to enroll in this benefit to be covered for 2025. Those who enroll for the first time during Annual Enrollment will be subject to the preexisting condition exclusion, and any condition for which you receive treatment, diagnosis, or medical advice between October and December would be excluded for the first 12 months of the policy.

This means that if you enroll in short-term leave, and then find out you are pregnant in October, November or December (prior to the coverage effective date of January 1), your pregnancy and delivery would not be eligible for coverage.

79. If I update my short-term leave coverage, will the preexisting condition provision apply?

If you were enrolled in short-term leave in 2024 and you elect to change your coverage for 2025 (Ex: increasing from the 60% plan to the 70% plan, the preexisting condition provision would not apply).

80. Will I receive 3 or 4 weeks of parental leave benefits if I take leave in 2025?

If your child is born or adopted in 2024, you will receive 3 weeks of parental leave. If your child is born on or after Jan. 1, 2025, you will receive 4 weeks of parental leave.

81. What is long-term disability (LTD)?

LTD coverage provides income replacement benefits if you are still disabled from an illness or injury after 180 days. Basic LTD coverage is provided to you at no cost with the option to buy-up coverage.

82. How long can I receive LTD benefits?

If approved, LTD benefits may continue for as long as you are disabled (and you meet certain criteria), or until you reach normal Social Security retirement age.

83. Will my premiums/rates for short-term leave and LTD change throughout the year if my salary changes?

Yes, your premiums for short-term leave and LTD may adjust throughout the year if your salary changes.



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84. Which team members are transitioning to tracking-free time off in 2025?

Advanced Practice Providers (APPs) and additional corporate team members will be transitioning to tracking-free time off in June 2025. Those that are impacted should have received a communication in September.

85. Which team members are receiving a PTO accrual increase in 2025?

PTO-eligible team members with 1 – 3 years of service will receive an increase to their accrual rate. To view details of this increase, visit BSWHealth.com/Benefits.

UNDERSTANDING LIFE AND AD&D COVERAGE

86. While submitting my enrollment, I received a warning message about evidence of insurability for life insurance. Am I required to do anything?

Yes, you are required to submit a completed evidence of insurability (EOI). Shortly after annual enrollment, you will receive an email from New York Life with instructions. For questions about the EOI form, contact New York Life at **800-362-4462**.

87. What is evidence of insurability (EOI)?

Evidence of insurability (EOI) is an application process in which you provide information on the condition of your health or your dependent's health to be considered for certain types of insurance coverage.

88. When am I required to submit EOI?

During annual enrollment, evidence of insurability will be required if:

- You waived coverage when you were first eligible
- You increase your coverage amount more than 1x or your new coverage exceeds 3x
- You increase your spouse coverage more than 1x or the new coverage exceeds \$75,000

For questions about the EOI form, contact New York Life at **800-362-4462**.

89. Will my premiums/rates for life and AD&D coverage change throughout the year if my salary changes?

Yes, your premiums for life and AD&D coverage may adjust throughout the year if your salary changes.

TUITION ASSISTANCE BENEFITS

90. Where can I find a list of covered tuition assistance programs?

To view the catalog of covered programs, visit BSW.GuildEducation.com.

91. Why is the catalog changing?

We have made updates to the catalog to ensure the fully funded programs that are offered align with the greatest area of business need.

92. How often does the catalog change?

The catalog is reviewed on a quarterly basis and can be updated at any time with or without notice.

93. What if there is not a covered program available in the fully or partially funded catalog?



2025 Annual Enrollment

Frequently Asked Questions (FAQs)

If your degree program is not available through our fully or partially funded catalog, you may still be eligible for tuition reimbursement. View the Tuition Assistance policy to learn more about eligible programs.

94. What if the program I am trying to enroll in is full?

If the program you want to enroll in is full, be sure to check back. New applications are accepted on a quarterly basis. We are working with Guild on including “notify me” functionality that should be available in the near future.

95. If I am currently enrolled in a fully funded program, are my education benefits subject to income tax?

Education benefits that exceed \$5,250 are subject to income tax, as required by the IRS.