

2025 Benefits

Frequently Asked Questions (FAQs)

We offer a full menu of benefits to eligible employees and their families beginning on the first day of employment. You have 31 days from your hire date or the date you transition to a benefits-eligible position to enroll in plans – so be sure to take a close look and make your selections before the deadline. To enroll, visit [MyPeoplePlace.com](https://mypeopleplace.com) and click on the Benefit Details tile.

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 [LivewellBSWH.com](https://livewellBSWH.com) (passcode: oos). **Note:** If you live in Texas, please view these [FAQs](#).

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ELIGIBILITY QUESTIONS

1. Am I eligible for benefits?

Employees who meet the following eligibility requirements are eligible for coverage

- Full-time employees who work 30 or more hours per week
- Part-time employees who work 20-29 hours per week

2. Are PRNs eligible for benefits?

PRNs are not eligible for benefits with the exception of a few programs. For a complete list of each benefit program and eligibility by status (fulltime, part-time, PRN), view the [Benefits Eligibility by Status](#) resource



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3. Are my dependents eligible for benefits?

Spouses and children who meet the eligibility requirements below are eligible for coverage:

- Your Spouse or common-law spouse
- Your children or spouse's children up to the age of 26*, including:
 - Natural children
 - Step children
 - Legally adopted children
 - Children in the process of legal adoption
 - Foster care children
 - Children covered by a Qualified Medical Child Support Order
 - Children of whom you have legal guardianship

Note: If you and a dependent both work for Baylor Scott & White, only one can be covered as a dependent.

*Subject to approval, the age limit is waived if the child is unmarried, physically and mentally incapacitated and unable to earn an independent living; dependent on you for at least 50% of financial support; claimed by you as a dependent for federal taxes; and disabled and covered under the plan before age 26 (unless you are a new hire or newly benefit-eligible)

4. Will I need to take any action to verify my dependents?

Yes, when you add new dependents to your benefit plans, you will receive a request from the Dependent Verification Center. Documentation such as marriage certificates, birth certificates, legal guardianship paperwork and/or tax forms will be required. It is important to submit all requested documentation in a timely manner to ensure eligible dependents remain covered.

ENROLLMENT QUESTIONS

5. How do I submit my enrollment?

Please follow the steps below to submit your enrollment:

- Log into [MyPeoplePlace.com](https://mypeopleplace.com)
- Select the **Benefit Details** tile
- Select **Benefits Enrollment**
- Click **Start** to access your enrollment event
- Click each benefit tile to review and make your selections
- Click **Submit Enrollment** to finalize your choices

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

Yes, you can make changes as long as you are still within 31 days of your hire date or date of benefit eligibility. To make changes, contact PeoplePlace at **844-417-5223**.

7. Can I make changes to my benefits later in the year?

Once you elect benefits, you are not able to make changes throughout the year unless you experience a qualifying life event – such as marriage, divorce, birth of a child, etc. You will have 31 days to submit a life event via [MyPeoplePlace > Benefit Details > Life Events](#).

8. I already have benefit coverage elsewhere, do I need to take any action?



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If you do not take any action, all benefits will be waived with the exception of short-term leave (STL). All employee are automatically enrolled in STL. If you wish to opt out, you must do so during your enrollment window by following the steps listed in question 5.

Note: If you opt out of STL when you are first eligible, future coverage may be subject to the pre-existing condition provision. For more information about this provision, reference question number 74 and 75.

9. Do my benefit options change if I move to Texas?

Your medical plan offerings do differ if you move to Texas. Moving to Texas will automatically open a qualifying life event for you. Once your address has been updated in myPeoplePlace, you will have 31 days to elect in an in-state medical plan. To learn more about the Texas medical plans, view these [FAQs](#).

MEDICAL AND PRESCRIPTION PLAN

10. 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 tools to compare your BSW benefits to your spouse's plan. 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 within 31 days.

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

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

Medical ID cards will be mailed to your home address (or mailing address if one is on file) within 2 weeks of your finalized enrollment.

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

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 cards do not arrive, contact BSWHP Care Connect at **844-843-3229** to request additional cards

UNDERSTANDING MEDICAL PLAN RATES

12. 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 your hire or the date you become benefits eligible.

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

Your hourly rate as of your hire date or transfer to a benefit-eligible 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.

Note: Hourly rates are locked in as of Sept. 22, 2024 for those that were eligible for benefits in 2024.



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14. 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 your hire date or transfer to a benefit-eligible role. 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

We offer medical coverage through Baylor Scott & White Health Plan (BSWHP) with a nation-wide network under United Healthcare, the sole network for out-of-state Live well medical plans.

15. 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. Search for different types of providers, such as:

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

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 of the shared service agreement between BSWHP and UnitedHealthcare network access. If this situation arises with one of your doctors, please ask them to call the UnitedHealthcare Provider Services at **888-830-0179** to verify their network participation.

17. What happens I am 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.

18. What access do we have for travel outside of the country?

Coverage 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. For Live well Premium, your copay is \$500 + 20% coinsurance. The Live well HDHP cost is 10% coinsurance after deductible is met.

If you are admitted, the copay + coinsurance under Live well Premium plan will be waived, and the inpatient benefit will apply.

19. 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.

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

Please use the provider search tool at BSWHealthPlan.com/BSWH for a complete list of urgent care providers under the UnitedHealthcare network.



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UNDERSTANDING MEDICAL COVERAGE AND PROCEDURE COSTS

- 21. 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](https://www.BSWHealth.com/Benefits).
- 22. 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](https://www.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.
- 23. What number should I contact with questions about medical coverage, claims and prior authorization?**
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.
- 24. 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:
- The Live well Premium plan has 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 Live well 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.
- 25. What are the virtual care options under the Live well plans?**
You have access to virtual care options through Teladoc.
- 26. How are emergency transportation services covered?**
Emergency transportation services are covered at 100% after the \$250 copay for the Live well Premium plan. Under the Live well HDHP plan, emergency transportation services are covered at 90% after the deductible is met. Refer to the coverage and cost chart for details.
- 27. Are lab costs covered at 100% under preventive care?**
If the labs are sent to an in-network lab and considered and billed as preventive, they will be covered at 100%.
- 28. 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



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29. What are the benefits of the prescription coverage?

Rightway, the prescription benefits administrator, provides access to medications at the lowest cost and unlimited access to a trusted expert who can answer all of your pharmacy questions.

30. How do I access my prescription benefits?

You must provide your medical/prescription ID card to your pharmacy. This ID card has information for pharmacy claims processing and must be used to ensure your claims are not denied.

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

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

32. What are the benefits of Walgreens mail-order?

Only Walgreens mail-order can fill a 90-day supply of medication (the maximum day supply through a contracted pharmacy is 30 days). Walgreens mail-order is also the only way to fill specialty medications.

33. 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.

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

Prescriptions are not subject to the deductible for the Live well Premium plan. Under the Live well HDHP plan, all prescriptions apply to the deductible and coinsurance.

35. 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.

36. 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

37. 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.



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

38. 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](#)
- Search [Choice/Cigna DPPO Network](#)

39. 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

40. 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.

41. 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

42. Are there 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 [LivewellBSWH.com](#) for additional details on all plans.

UNDERSTANDING YOUR VISION COVERAGE

43. Will I receive an ID card for vision?

New enrollees will receive an ID card from EyeMed. You can also print an ID card through the EyeMed app or by visiting [EyeMed.com](#), logging in and selecting Help and Resources.

44. What is covered with EyeMed?

Visit [LivewellBSWH.com](#) for more details on what is covered by the vision plan, and a list of providers that accept EyeMed.

45. How can I find a vision provider in my area

Visit [EyeMed.com](#) to locate a provider in your area.

SPENDING / SAVINGS ACCOUNTS

46. 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 through Mar. 15, 2026.



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47. When can I use my FSA funds?

Healthcare FSA funds are available to use upon enrollment and you can use the entire amount right away. However, you must incur eligible expenses through Mar. 15, 2026.

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

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

49. 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.

50. 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

51. Will I receive an Optum Bank debit card?

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

52. 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

53. 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.

54. 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.

55. 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](#).

56. 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.

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

Team members can change their elected amount only within 31 days of a qualifying life event.

LIFESTYLE BENEFITS



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UNDERSTANDING CRITICAL ILLNESS, ACCIDENTAL INJURY AND HOSPITAL INDEMNITY PLANS

58. What is the accidental injury plan?

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.

59. 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.

60. 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.

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

Visit the Summary of Benefits on [LivewellBSWH.com](https://www.livewellBSWH.com) for a complete list of covered accidents/injuries.

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

Visit the Summary of Benefits on [LivewellBSWH.com](https://www.livewellBSWH.com) for a complete list of covered illnesses.

63. What is covered with the hospital indemnity insurance?

Visit the Summary of Benefits on [LivewellBSWH.com](https://www.livewellBSWH.com) for a complete list of covered stays.

64. Are there pre-existing condition limitations?

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

65. Is there a benefit waiting period?

No, there is no benefit waiting period.

66. 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.).

67. 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.



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

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

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

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

70. 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.

71. 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 prior to your child's birth or adoption to receive parental leave.

72. How many weeks of parental leave is offered?

You may be eligible for up to 4 weeks of continuous parental leave. Visit [BSWHealth.com/Benefits](https://www.bswhealth.com/benefits) to learn more.

73. How much coverage does short-term 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.

74. Are pre-existing conditions covered on the short-term leave (STL) plan?

If you enroll as a new hire or because you are newly eligible for benefits, the pre-existing condition provision does not apply. If you enroll for the first time during annual enrollment or a qualifying life event, you will be subject to the preexisting condition exclusion, and any condition for which you receive treatment, diagnosis, or medical advice (including pregnancy) within 3 months prior to the effective date of the plan would be excluded from coverage for a period of 12 months.

75. If I waive short-term leave coverage now, and opt to enroll at later time (i.e. annual enrollment or life event), will the pre-existing condition provision apply?

Yes, if you waive short-term leave during your initial eligibility and elect to enroll later, the pre-existing condition provision would apply

76. 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.

77. How long can I receive LTD benefits?

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



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

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

79. What time off program am I eligible for?

Visit [LivewellBSWH.com](https://www.livewellBSWH.com) to confirm the time off program you are eligible for.

Note: Advanced Practice Professionals (APPs) and additional corporate team members will be transitioning to tracking-free time off (TFTO) in June 2025. Check out the [TFTO FAQs](#) to learn more.

UNDERSTANDING LIFE AND AD&D COVERAGE

80. 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 your enrollment is finalized, 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**.

81. 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.

82. When am I required to submit EOI?

Evidence of insurability will be required if:

- You elect to enroll in supplemental life greater than 3x
- You elect to enroll in spouse life coverage greater than \$75,000

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

83. 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

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

To view the catalog of covered programs, visit [BSW.GuildEducation.com](https://www.BSW.GuildEducation.com).

85. Will my education assistance be taxed?

If a BSW employee receives more than \$5250 in education assistance in a calendar year, the amount they receive over \$5250 will be subject to taxation.

- BSW employees are responsible for paying those taxes, and BSW may deduct them directly from your paycheck. Depending on your earnings and individual tax elections, these tax deductions could result in a lower paycheck than you normally receive. Your individual circumstances may vary and you may consider speaking with your payroll department or a tax advisor if you have questions.

86. If I don't see the program I want to take offered today, will it be offered in the future?



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We will continue to assess our benefit offerings and may make adjustments to align with the needs of Baylor Scott & White Health and our employees.

87. How often does the catalog change?

The catalog is reviewed on a quarterly basis and may be updated at any time.

88. What is a “clinical” program and what is a “non-clinical” program?

- Clinical Programs: Healthcare programs (e.g., nursing, allied health) that are applicable to the clinical setting.
- Non-Clinical Programs: All other programs that are not applicable to the clinical setting.

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

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.

90. How do I see what programs are available?

Log in to the Guild platform (BSW.GuildEducation.com) to review the full list of programs supported in the catalog.

91. The program I am looking for is not offered. Is there a similar program available for me to consider?

Guild Support is a great resource for discussing your options. They can also help with questions about transferring credits and continuing your education in the most seamless way, staying within our policy.

Log in to the Guild platform (BSW.GuildEducation.com) to review the full list of programs still supported in the catalog and get in touch with Guild Support.

92. 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 future.