

2026 Annual Enrollment

Frequently Asked Questions

Annual Enrollment (AE) for 2026 benefits is **Oct. 27–Nov. 9, 2025**. You can review offerings and enroll during this time by visiting [MyPeoplePlace.com](https://mypeopleplace.com) and clicking on the Annual Enrollment tile. The coverage you choose will be in effect Jan. 1–Dec. 31, 2026 unless you experience a qualified life event, and notify HR within 31 days of when the event occurs.

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. **Note:** If you live outside of Texas, please view these [FAQs](#).

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GENERAL ENROLLMENT QUESTIONS

1. What is changing this year?

For 2026, your plans remain steady with only small adjustments.

- **Medical and dental:**
 - No changes to plan design—copays, maximums and deductibles stay the same but premiums increase slightly to keep coverage strong and sustainable.
- **Life, AD&D and well-being:**
 - A new buy-up option of \$20k will be offered for Child Life and Child AD&D.
 - Short-term leave premiums are increasing modestly.
 - Employee Assistance Program (EAP) will now be offered through ComPsych, still providing five free counseling sessions per issue plus expanded family resources.
- **Retirement:**



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- Catch-up contribution requirements are changing as a result of the SECURE 2.0 Act.
 - If your prior-year FICA wages exceeded \$145,000 any catch-up contributions must be Roth.
 - If you choose to make the additional catch-up contributions, deductions will not begin until you meet the standard retirement limit

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 2026.

3. How can I review my current enrollments?

As you prepare to make your elections for 2026, review your Pre-Enrollment Snapshot for your current benefit enrollments between Oct. 14-26. 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:

- 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** at the bottom of the page 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. 9, 2025. Once you make the necessary changes, make sure you click **Submit**. 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** at the bottom of the page to finalize your choices

7. Who can I contact if I have questions regarding benefits enrollment?

PeoplePlace is available at 844-417-5223 Monday – Friday 7:30 a.m. to 5 p.m. CST. PeoplePlace can assist with questions like how to enroll, adding or removing dependents, benefit options, eligibility and more.

8. What if PeoplePlace is closed when I need help?

If you need assistance outside of PeoplePlace's operating hours—especially during the final weekend of Annual Enrollment (Nov. 8-9)—please open a ticket via [MyPeoplePlace.com](https://mypeopleplace.com) > [HelpHub](#).

Important: To receive help after Annual Enrollment closes, your [HelpHub](#) ticket must be submitted while AE is still open. Tickets opened *after* AE closes cannot be used to make, adjust, or submit elections.



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9. What happens to my benefits if I have a qualifying life event after I submit my 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 2026 or make changes. You have 31 days to submit both your qualifying life event and carry over your Annual Enrollment elections.

10. 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.

11. When will my medical plan options update if I moved in/out of Texas and updated my address during Annual Enrollment?

If you change your address (in or out of Texas) during Annual Enrollment, an Address Event will open. You must submit your medical selection in this event as soon as possible. Your Annual Enrollment event will reopen 24 hours after submission of your address event. For help, contact PeoplePlace at 844-417-5223 Monday – Friday 7:30 a.m. to 5 p.m. CST and remember your Annual Enrollment elections must be submitted by 11:59 p.m. on Nov. 9, 2025.

MEDICAL AND PRESCRIPTION PLAN

12. 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](#). Don't forget—you'll still need to submit any changes in PeoplePlace by Nov. 9.

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

13. 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:** 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:

1. **Log into the BSWHP Member Portal** at [MyBSWHealth.com](#) 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 don't arrive by January, contact BSWHP Member Services at **844-843-3229** from 7 a.m. to 7 p.m. CST, Monday through Friday to request additional cards.



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UNDERSTANDING MEDICAL PLAN RATES

14. 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. 21, 2025.

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

Your hourly rate as of Sept. 21, 2025, will be used to determine your medical rate for 2026. 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.

16. 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. 21, 2025. 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.

17. 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 the plan you elected for the 2026 plan year to view providers as of Jan. 1, 2026. Search for different types of providers, such as:

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

18. 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.

19. 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 the 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.

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



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For assistance, contact BSWHP Member Services at 844-843-3229 from 7 a.m. to 7 p.m. CST, Monday through Friday, or use the chat feature on [MyBSWHealth.com](https://www.MyBSWHealth.com) from 8 a.m. to 5 p.m. CST, Monday through Friday.

21. What happens if Member Services 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.

22. 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.

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

The 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. 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 BSWHP Member Services at **844-843-3229** from 7 a.m. to 7 p.m. CST, Monday through Friday prior to receiving care. If you or your dependent already have the out-of-area coverage activated, it will automatically roll over to 2026. If you no longer need this coverage, contact BSWHP to deactivate.

24. 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.

25. 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 depend on your plan choice: SEQA/EQA has a \$500 copay, Premium has a \$500 copay plus 20% coinsurance, and HDHP is 10% coinsurance after meeting the deductible.

If you're admitted to a facility, the copays and coinsurance for SEQA/EQA and Premium plans will be waived, and for Premium members, the inpatient benefit will be based on the facility network status—Tier 1 and Tier 2 will follow their respective benefits, while admissions to Tier 3 facilities will be covered at the Tier 2 benefit level.

Coverage for out-of-country services is limited to emergencies, and the benefit is equivalent to the coverage provided for in-country services, depending on the plan you select for 2026.

26. 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?



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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 advice line. Additionally, you can use the chat feature under 'Get Care' on [MyBSWHealth.com](#) to receive guidance on the appropriate care option based on your symptoms.

27. 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 regardless of which urgent care center you visit. 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 AFC, Concentra, City Doc, Cook Children's Urgent Care, Fast Aid, Legacy, NextCare, Premier etc. We're 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.

28. 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

29. 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](#).

30. 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.

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

Please call BSWHP Member Services at **844-843-3229 3229** from 7 a.m. to 7 p.m. CST, Monday through Friday. The customer advocates can answer a wide range of questions and check with a subject matter expert on questions they can't resolve.

32. 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 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.



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- The HDHP has an aggregate deductible, which means 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.

33. 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, these services are covered at 90% after the deductible is met. Refer to the coverage and cost chart for details.

34. 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%.

35. 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 31 days.*

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

We don't 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

37. Are prescription benefits different for 2026?

No, Rightway will continue to be our 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.

38. How will my pharmacy know Rightway manages my prescription benefits?

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

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

Visit the medication search tool at RightwayHealthcare.com/bswh for a list of covered medications.

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



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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 2026. Visit [BSWHealth.com/Benefits](https://www.bswhealth.com/Benefits) for complete details about your prescription coverage and cost under each plan option.

41. 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 requests 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.

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

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

43. Does the medical plan cover weight loss medications?

No, the medical plan doesn't cover weight loss medications, including the use of GLP-1s for weight loss.

44. Who should I contact if I have additional questions about 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

45. Will I receive dental ID cards?

You can access your dental card by visiting [MyCigna.com](https://www.MyCigna.com) or downloading the myCigna app. Note: First-time users will need to select "Register Now" and enter the requested information, confirm identity 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.

46. 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](#)

47. 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



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- Choice Plus Plan – \$2,500 per person

48. 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.

49. 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

50. 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 for additional details on all plans.

UNDERSTANDING YOUR VISION COVERAGE

51. 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 won't receive a new ID card. You can also print an ID card through the EyeMed app or by visiting EyeMed.com, logging in and selecting Help and Resources.

52. What is covered with EyeMed?

Visit BSWHealth.com/Benefits for more details on what is covered by the vision plan, and a list of providers that accept EyeMed.

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

Visit EyeMed.com to locate a provider in your area.

SPENDING / SAVINGS ACCOUNTS

54. If I enroll in a 2026 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, 2026–Mar. 15, 2027.

55. 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, 2027.

56. What happens if I have remaining funds after Mar. 15, 2027, in my account?

You can continue to submit eligible expenses incurred by Mar. 15 through Apr. 30, 2027.

57. 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.

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



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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. Note: substantiation of debit card transactions may be requested by Optum Bank
- Pay out of pocket for an expense and request a reimbursement online or through the Optum mobile app

59. 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.

60. What are the maximum contributions for the FSA and HSA for 2026?

The maximum contributions for 2026 are:

- Healthcare FSA – \$3,300
- Dependent care FSA – \$5,000
- HSA individual coverage – \$4,400
- HSA family coverage – \$8,750

61. 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.

62. 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.

63. 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](#).

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

No, you can't contribute to an HSA if you are enrolled in Medicare.

65. 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

UNDERSTANDING CRITICAL ILLNESS, ACCIDENTAL INJURY AND HOSPITAL INDEMNITY PLANS

66. 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.

67. What is the critical illness plan?

The critical illness plan pays a lump sum if you or a covered dependent is 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



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transportation while you focus on getting well. This plan is a guarantee issue and no medical questions are required.

68. 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.

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

View the Benefit Summary on BSWHealth.com/Benefits for a complete list of covered accidents/injuries.

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

View the Benefit Summary on BSWHealth.com/Benefits for a complete list of covered illnesses.

71. What is covered with the hospital indemnity insurance?

View the Benefit Summary on BSWHealth.com/Benefits for a complete list of covered stays.

72. 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.

73. Is there a benefit waiting period?

No, there is no benefit waiting period. Coverage elected during Annual Enrollment is effective Jan. 1, 2026.

74. 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.).

75. 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.

76. 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.

77. 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

78. What is short-term leave (STL)?



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Short-term leave (also 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.

79. 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 the child's birth or placement to receive parental leave.

80. 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.

81. 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 2026. 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 Jan. 1), your pregnancy and delivery would not be eligible for coverage.

82. If I update my short-term leave coverage, will the pre-existing condition provision apply?

If you were enrolled in short-term leave in 2025 and you elect to change your coverage for 2026 (Ex: increasing from the 60% plan to the 70% plan) the pre-existing condition provision wouldn't apply.

83. If I start short-term leave in 2025, will my new Annual Enrollment election begin in 2026?

If you're on a leave of absence with short-term leave coverage prior to the new year, any changes you made to your STL coverage during AE will not take effect until you return to work. (Ex. If you waived STL in 2025 and your leave began before 2026, but you elected 60% STL during AE, your benefit will remain waived until you return to work).

84. How many weeks of parental leave benefits will I receive?

You'll receive four consecutive weeks of parental leave. Note: you must be enrolled in short-term leave prior to the child's date of birth or adoption in order to receive parental leave benefits.

85. 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.

86. 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.

87. 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.

88. Are there any changes to time off programs for 2026?



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No, there are no changes to time off programs for 2026 including no new groups transitioning to the Tracking-free Time Off (TFTO) program.

UNDERSTANDING LIFE AND AD&D COVERAGE

89. 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) form. 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**.

90. 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.

91. 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**.

92. 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.

93. Can I purchase life and AD&D for my child(ren)?

Yes, you can purchase \$10k or \$20k child life and child AD&D benefit. The \$20k benefit option is new for 2026!