FAQs
2020 Annual Enrollment

Contents

Overview

Annual enrollment for 2020 benefits is Oct 28 – Nov. 8, 2019. You can review the benefit offerings and enroll in your benefits during this time at **MyPeoplePlace.com** by clicking on the Annual Enrollment tile. The cost per paycheck based on your salary and additional benefits information is available at **BSWHealth.com/benefits**. Your premiums and the coverage you choose will be in effect Jan. 1 – Dec. 31, 2020.

Check out our list of frequently asked questions below. You can scroll through, click on a topic from the table of contents below, or search the entire document. If you still have questions about your benefits after reviewing the website and these FAQs, please contact PeoplePlace at 844-417-5223

General Enrollment Questions

Q. What is being done with the results of the benefits study from earlier this year?
A. More than 9,000 employees participated in the study and shared valuable feedback on our benefits. This feedback was analyzed by a leading benefits advisory group and is being reviewed by System leadership. The data will be used to influence changes over the next several years to make our benefits work better for you.

The data did show an interest in some of the supplemental benefits we already have, so we've brought those to the forefront of this year's annual enrollment materials.

Q. What is changing this year?
A. We know you want stability, and we are pleased to share *there are no significant plan design changes and no action is required to keep what you already have*.

Overall, you will see a slight increase to medical premiums across the plans. There are several improvements, too, including free video visits for SEQA/EQA and PPO participants, a new bundled maternity copay for SEQA/EQA and PPO participants and an expanded maternity support program.

Q. Is action required this year?
A. No action is required to keep what you already have (including FSA); however, it's always a good idea to review all your benefit options to make sure you're getting the most out of what we offer. You may even discover a few benefits you didn't know we had!

Q. How do I submit my annual enrollment?
A. Please follow the steps below to submit your enrollment:

- Log into **MyPeoplePlace.com**
- Click "**Annual Enrollment**"
- Click each of the steps to review and/or edit Personal Data, Dependent/Beneficiary Info and Benefits Elections
- Click "**Submit Enrollment**" to finalize your choices

Q. Can I make changes if I've already submitted my enrollment?
A. Yes, you can make changes at any time until midnight on Nov. 8, 2019. Once you make the necessary changes, click Submit Enrollment.

Q. How do I submit my enrollment if I am on a leave of absence?
A. Employees on a leave of absence can complete their enrollment in the PeoplePlace system by following the steps above.

Q. What is the age limit for eligibility for my dependent children?
A. Dependent children are covered up to age 26 (coverage will end on the last day of the month in which the child turns 26). 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).

Medical Plan Questions

Q. What is Scott and White Health Plan's role in my medical plan?
A. Scott and White Health Plan (SWHP) administers all three Baylor Scott & White Health medical plans:

- Select Exclusive Quality Alliance (SEQA)/Exclusive Quality Alliance (EQA)
- Preferred Provider Organization (PPO)
- Health Savings Account (HSA)

Baylor Scott & White funds the entire cost of its employee medical coverage. This means, the System assumes the financial risk of providing medical benefits to its employees and their covered dependents. SWHP has been hired to manage claims, deliver customer service and provide overall administration of our medical plans.

Q. Is Ask ALEX available to help me decide which plan is right for me and my family?
A. Alex is live now at **myalex.com/bswh/2020**.

Q. When should I expect to receive my new medical ID card?
A. Medical ID cards will be mailed to your home address (or mailing address if one is on file and it's different than your home address). The target date to have a medical ID card to you is by Jan. 1.

There are two ways to access a temporary copy of your medical card:

1. **Log into the SWHP Member Portal at bswh.swhp.org** to request additional medical ID cards or print and save a temporary copy of your medical ID card. Employees may need to create an account if they are a new hire or have not set up a Member Portal account. You can also view your medical ID card on MyBSWHealth app. To log in, use the same user name and password you use for the SWHP Member Portal. Or you can also contact SWHP Customer Advocacy at 844-843-3229 to request additional ID cards.
2. **Access the myBSWHealth app** and click on View Card.

Q. What number should I contact with questions about medical claims, prior authorization and coverage?
A. SWHP has set up a dedicated customer service number for Baylor Scott & White employees and covered dependents: 844-843-3229. The customer advocates can answer a wide range of questions and check with a subject matter expert on questions they can't resolve. SWHP Customer Advocacy Department hours are 7 a.m. - 7 p.m. CT, Monday - Friday.

Finding an In-network Provider or Pharmacy

We offer medical and prescription coverage through three different Tiers. Watch the **BSW Network Tiers video** for more details. You can find in-network providers by using the provider search tool at **bswh.swhp.org**.

Q. Are Baylor Scott & White facilities and affiliated entities covered under Tier 1 BSWQA Network?
A. 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 **bswh.swhp.org** to confirm provider network status prior to accessing service.

Q. Where can I find a list of providers?

A. A list of providers can be found in the provider search tool at **bswh.swhp.org.** Search for different types of providers, such as:

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

Q. What should I do if my doctors show up in the provider search results but say they are not part of the network?
A. Your provider's office staff may not be aware they are part of the network for Baylor Scott & White medical plans — either through direct contracts with SWHP or our Tier 2 Cigna National Network. If this situation arises with one of your doctors, please ask them to call Provider Services at 844-769-3994 to verify their network participation for Baylor Scott & White employee plan.

Q. What should I do if I am unable to find a specific specialist under the Find a Provider SEQA & EQA search tool?
A. Contact BSWQA HealthAccess at 844-279-7589 or SWHP Customer Advocacy at 844-843-3229 for assistance. BSWQA HealthAccess can also help you schedule appointments.

Q. What happens if SWHP Customer Advocacy and/or BSWQA HealthAccess are unable to find an in-network provider for the specific specialist I need?
A. Ask your provider to submit a prior authorization request to SWHP 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.

Q. How do I make sure the doctors who care for me in the hospital will be in network?
A. Hospital-based physicians (radiologists, anesthesiologists, pathologists, emergency providers, neonatologists and hospitalists) will not be part of the searchable provider options as they may be independent contractors. If you receive care from any of these physicians at any Tier 1 BSWQA Network facility, they will be paid at the Tier 1 BSWQA Network benefit level of the usual and customary rate. There may be instances when a non-contracted physician bills you for the difference between the provider's charge and the allowed amount (called balance billing) if they do not agree with the reimbursement rate applied to your claim. If this happens, contact SWHP Customer Advocacy at 844-843-3229 for assistance.

Q. What if I have dependent children on my plan that live out of state?
A. Employees and dependents who live 40 or more miles from the nearest Tier 1 BSWQA Network hospital should consider either the Preferred Provider Organization (PPO) plan or Health Savings Account (HSA) plan because of their expanded provider network. To find out if there are network providers who practice in the location where you or your dependent(s) live, check the provider search tool at **bswh.swhp.org**. If you or your dependent had the out-of-area coverage activated but no longer live 40 or more miles from a Tier 1 BSWQA Network hospital, contact SWHP to deactivate this coverage.

Q. What is the out-of-area coverage for the PPO and HSA plans?
A. Out-of-area coverage provides 80% of the coverage after the Tier 2 deductible has been met for employees and dependents who live 40 or more miles from the nearest Tier 1 acute care hospital and visit Tier 2 providers for inpatient and outpatient care.

Q. Under the SEQA/EQA plans, are out-of-area dependents covered at all?
A. Under the SEQA/EQA plans, the only coverage for out-of-area dependents would be for care that is urgent or emergency. If you have out-of-state dependents, you should look at the PPO or HSA plans.

Q. What access to coverage do we have for travel outside of Texas or outside of the country?
A. If you are traveling out of state, you have access to urgent and emergency care.

With urgent care, your copay is:

- SEQA - $50
- EQA - $75
- PPO - $75 for a Tier 1 provider and $100 for a Tier 2 or 3 provider
- HSA - your member responsibility is 10% after your deductible

If emergency care is required, your copay is $250 if you enroll in the SEQA/EQA or PPO plan. If you enroll in the HSA, your member responsibility is 10% after your deductible. If you are admitted, the copay under the SEQA/EQA and PPO will be waived, and the applicable inpatient benefit will apply based on the facility network status.

For example, under the PPO and HSA plans, if the facility is Tier 2, the Tier 2 inpatient benefit will apply. If the facility is Tier 3, inpatient services will be paid at the Tier 2 benefit level. 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 2020.

Q. 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?
A. The Patient Advisory Nurse line is available 24/7 to help patients make informed health care decisions. To talk to a nurse, call 800-724-7037.

Q. When I need urgent care, which facilities are covered by our plan?
A. Our provider networks include many urgent care locations in the Tier 1 BSWQA Network and Tier 2 Cigna National Network. All of our urgent care providers are listed in the provider search tool at **bswh.swhp.org**. We are continuing to review and expand our urgent care network as needed. Please use the provider search tool for a complete list.

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

A. If you elect the SEQA or EQA plan, you are only responsible for paying the applicable Tier 1 copay. If you elect the PPO or HSA 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 cost and coverage under each plan.

Q. Because Tier 1 BSWQA Network is limited geographically, do we receive a deeper discount on services?
A. Tier 1 BSWQA Network provides a higher quality of care and the plan covers a greater share of the cost for facilities/providers.

Q. Where can I find a list of contracted pharmacies?
A. Please visit the provider search tool at **bswh.swhp.org** for a list of contracted pharmacies under each plan. 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 2020. Please visit **BSWHealth.com/benefits** for complete details about your prescription coverage under each plan option.

Understanding Medical Coverage and Procedure Costs

Q. On the Medical Plan Coverage and Costs, it only provides Employee only and Employee + Family options. Is there an annual deductible specific to Employee + Spouse of Children?
A. No, the deductible is the same as Employee + Family. The EQA and PPO plans have embedded deductibles, which means the plan provides after-deductible coverage once an individual with family coverage meets the individual deductible, even if the family deductible has not been met. **Note:** This does not apply to the HSA plan.

Q. How often can I schedule a preventive care visit and what's covered?
A. Scott and White Health Plan provides preventive care coverage at no member cost-share **once per calendar year** for Tier 1 and Tier 2 providers. For example, if you last visited your office for an annual preventive visit on May 1, 2019, you can schedule their next visit anytime in 2020 — before, on or after May 1 and receive 100% coverage when the claim is billed as a preventive care visit. Visit the **Preventive Care page** to review a complete list of services.

Q. What are the benefits for outpatient surgery under the SEQA/EQA plan?
A. Outpatient care requires a copay of $150, then the rest is covered at 100%.

Q. Is there additional cost to use non-BSW pharmacies?
A. 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 plan you elect for 2020. Please visit **BSWHealth.com/benefits** for complete details about your prescription coverage under each plan option.

Q. Are prescriptions applied to the deductible of the EQA, PPO or HSA plans?

A. Prescriptions are not applied to the deductible for the EQA and PPO plans. Under the HSA plan, prescriptions are subject to deductible and coinsurance.

Q. What is the copay to see a specialist?
A. The amount you pay for an office visit to a specialist will vary based on the plan you elect for 2020. For example, a specialist copay is $40 in the SEQA plan and $50 in the EQA plan. Please visit the benefits website at **BSWHealth.com/benefits** for complete details about your cost and coverage under each plan option.

Q. How are emergency transportation services covered?
A. Emergency transportation services are covered at $250 copay for SEQA, EQA and PPO plans. HSA is covered at 10% after deductible.

Q. What is the mental/behavioral health coverage under the SEQA/EQA plans?
A. Coverage is at the applicable PCP copay for office visits and outpatient care. You have a copay of $150/day (max of 5 days) for inpatient care, then the plan pays at 100%.

Q. How is urgent care covered on the SEQA/EQA plan?

A. The copay for an urgent care visit (different from an emergency room visit) is $50 for SEQA and $75 for EQA. You have access to any urgent care provider, regardless of the network status.

Q. How is urgent care covered on the PPO or HSA plan?
A. With the PPO, your copay for Tier 1 is $75 and for Tier 2 and Tier 3 it is $100. Under the HSA, for Tier 1 you pay 10% after your deductible is met, and for Tier 2 and Tier 3 you pay 50% after your deductible is met.

Q. Is chiropractic care covered?
A. Coverage is provided for the detection and correction by manual or mechanical means of nerve interference resulting from or related to misalignment or partial dislocation of or in the vertebral column. Benefits under each plan are limited to 20 visits per person per calendar year.

Q. Are lab costs covered at 100% under preventive care?
A. If the labs are billed as preventive and sent to an in-network lab, they will be covered at 100%.

Q. Are lab costs covered under the copay for non-preventive office visits?
A. Member cost share for labs for non-preventive office visits are:

- SEQA – 20% coinsurance
- EQA – 30% coinsurance
- PPO – Covered with the applicable office visit copay if labs are billed by the provider as part of the office visit; otherwise, deductible/coinsurance applies
- HSA – Subject to the applicable deductible/coinsurance

Q. What is included in the new bundled maternity copay?

A. For participants enrolled in the SEQA/EQA and PPO plans, prenatal care is covered at 100% if billed as a prenatal visit. Below are the bundled maternity copays* designed to cover mom and well-baby expenses:

- SEQA/EQA Plan: $400 copay for all expenses related to maternity/delivery care, including baby's postnatal services
- PPO Plan: $1,200 copay for all expenses related to maternity/delivery care, including baby's postnatal services

*Copay applies to the facility claim. All other services billed with a maternity/delivery diagnosis code will be paid at 100%, including well-baby charges and prenatal services.

Note: Participants enrolled in the HSA plan are not eligible for the bundled maternity copay.

Q. What applies to the deductible on the EQA plan?
A. Durable medical equipment expenses, private duty nursing, hearing aids, skilled nursing, home health, and hospice care all apply to the deductible with the EQA plan. If you don't need these services, you wouldn't run into a situation where you would go into deductible. Most services have a fixed copay, then the plan pays 100% (labs are 30% coinsurance).

Q. If I enroll in the SEQA/EQA plan and stay more than five inpatient days, how is that handled?
A. After the five-day maximum, care is covered at 100%.

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

Q. What is prior authorization?
A. The prior authorization process requires your physician, or any other health care provider, to secure pre-approval for certain procedures, services, or mediations to determine medical necessity and ensure the request is appropriate.

Q. Where can I find a list of what services are subject to prior authorization? Is this my responsibility or my provider's responsibility?
A. The prior authorization list can be found at **bswh.swhp.org** 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.

Understanding Medical Plan Premiums, Thrive Requirements, HRA Dollars and Pre-tax Accounts

Q. Why are medical premiums based on hourly pay rates?
A. Our medical premiums are based on several factors including: full time or part time status, hourly rate of pay, plan selection and coverage tier. The reason hourly rate of pay is a factor is to avoid employees with lower incomes spending a significantly higher share of their income on premiums.

Q. Will my medical premiums go up if my salary changes or I receive a bonus?
A. Your hourly rate as of Sept. 29, 2019 will be used to determine your medical premiums for 2020. Even if you have changes throughout the year (increases or decreases), your rate for medical coverage will stay the same. The only time your rate would change is if you go from full-time to part- time, or vice versa.

Q. How is the cost of medical premiums determined for salaried employees?
A. The cost of your medical premiums will be based on your hourly rate as of Sept. 29, 2019. This hourly rate, along with your full or part time status, plan selection and coverage tier will be used to determine your medical premiums.

Q. If I do not currently have BSWH insurance, do I need to complete the Thrive requirements?
A. While it is certainly encouraged to still take part in Thrive, it's not required. Only employees who currently have BSWH medical insurance and plan to enroll in BSWH medical insurance for 2020 need to complete the requirements to avoid the $40 per pay period surcharge.

Q. What is the deadline to complete my wellness requirement to avoid paying the $40 wellness surcharge?
A. The deadline to complete your Thrive requirements is Nov. 8, 2019.

Q. Does my spouse or dependent have to complete the Thrive requirements to avoid an additional $40 per paycheck surcharge?
A. No, spouses and dependents are not required to complete the 2020 Thrive requirements.

Q. Am I required to complete an annual preventative visit if I am NOT enrolled in the Baylor Scott & White medical plan in 2019, but plan to enroll in 2020?
A. The requirement to avoid the $40 per pay period surcharge only applies to those currently enrolled in a Baylor Scott & White medical plan. Once enrolled in the plan in 2020, you will need to complete the Thrive requirements for future years.

Q. What happens to the employer funded Health Reimbursement Account (HRA) dollars?
A. The HRA rollover for 2020 is capped at $1,000 and the account will be discontinued at the end of 2020. If you have unused HRA dollars remaining in your account, you can still use them to help pay for eligible expenses if you are enrolled in the SEQA/EQA or PPO plans during 2020. Any unused funds at the end of 2020 will be forfeited. To review your HRA balance, log in to the SWHP Member Portal at **bswh.swhp.org**. You can also view your HRA balance on MyBSWHealth app. To log in, use the same user name and password you use for the SWHP Member Portal.

Q. Why are we sunsetting the employer-funded HRA accounts?
A. The HRA accounts were originally designed to offset expenses incurred in the high-deductible HRA medical plan. Since the new SEQA and EQA plans offer very affordable coverage – with either no deductible or a very low deductible for a limited number of services – individuals have not needed to use their HRA dollars as frequently. Additionally, in support of our ongoing commitment to Affordability, since we've seen a recent decline in usage of the

HRA accounts but continue to pay administrative fees, we have decided to slowly phase out the HRA by end of calendar year 2020.

Q. What happens to my HRA employer dollars if I move to the HSA?
A. If you have an HRA account and enroll in the HSA your HRA funds would be forfeited.

Q. For 2020, can the HRA employer funds be used for all medical-related expenses, including prescriptions, hospital stays, etc.?
A. HRA employer funds pay for member cost share for all covered services in Tier 1 and non-Tier 1 urgent and emergency care.

Q. How do I access my employer funded HRA dollars?
A. There is no change to the payment process. SWHP will continue to send claims to Discovery Benefits via a file feed and they will issue payment to providers on your behalf.

Q. What is the difference between a general-purpose and a limited-purpose FSA?
A. General-purpose FSAs are available to all benefit-eligible employees that are not enrolled in the HSA medical plan. Only employees enrolled in the HSA medical plan are eligible to enroll in the limited-purpose FSA. For a full list of eligible expenses under both plans, visit **optumbank.com**.

Q. If I enroll in a Flexible Spending Account (FSA), what is the timeframe to use my funds?
A. FSA funds can be used to pay for eligible expenses incurred between Jan 1, 2020 – Mar.15, 2021.

Q. How do I pay for items from my FSA/HSA account (i.e. card, reimbursement, etc.)?
A. Under the 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 an expense or request a reimbursement online or through the Optum mobile app

Debit cards are not available for a Dependent Care FSA; for these claims, you may pay an expense or request reimbursement online or through the Optum mobile app.

Q. Will I receive a new Optum Bank debit card if I already have one from last year?
A. No, only new enrollees will receive a debit card.

Q. What happens if I have remaining funds after Mar. 15, 2021, in my account?
A. You can continue to submit eligible expenses incurred by Mar. 15 until Apr. 30, 2021.

Q. What are the maximum contributions for the FSA and HSA for 2020?
A. The maximum contributions for 2020 are:

- FSA healthcare – $2,700
- FSA dependent care – $5,000
- HSA individual coverage – $3,550
- HSA family coverage – $7,100

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

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

Q. Am I able to update my FSA contribution amount throughout the year?
A. Employees can change their elected amount only as a result of a qualifying life event.

Q. Is my Health Savings Account (HSA) balance available to me immediately?
A. Your funds are available to you after your contribution has been applied to your account.

Q. Am I able to update my HSA contribution amount throughout the year?
A. Yes, you can update your HSA contribution anytime throughout the year by going to **Request Help**.

Accessing Video Visits

Q. What is a video visit?
A. A video visit makes it easy to get face-to-face care with a trusted provider in the comfort of your own home—or wherever you may be!

Q. How long does a video visit typically last?
A. On average, most visits take just 10-15 minutes to complete.

Q. When are video visits available?
A. They are available now, Monday – Friday from 8 am to 12 pm and 1 pm to 5 pm. Beginning Jan. 1, 2020, video visits will be available 8 a.m. to 8 p.m., seven days a week.

Q. Who is eligible to book video visits?
A. Baylor Scott & White employees and their covered dependents that are enrolled in a medical plan with a **MyBSWHealth** account can book a video visit if they have previously seen a BSWH provider. Covered dependents must be 14 years and older with their own **MyBSWHealth** account.

Q. If I am set up with proxy access for my child in MyBSWHealth, can I schedule a video visit for them?
A. At this time, proxy access does not apply for scheduling video visits. We expect this functionality to become available in early 2020.

Q. What is the cost of a video visit?
A. Video visits are free for Baylor Scott & White employees who have enrolled in a SEQA/EQA and PPO plan. HSA plan enrollees must first meet their deductible before the visit is covered at 100%.

Q. What providers are utilized for the video visits?
A. All are BSWH employed providers and are part of a pool of providers dedicated to cover video visits and eVisits. When scheduled, a provider is dedicated, not jumping between in person visits and video visits. This means no running behind or waiting around. Visits start right when they are scheduled, at a time convenient to your schedule.

Q. Is it possible to request a provider for the video visit?
A. It is not. For same day video visits, there is a dedicated team that covers all available hours in order to ensure access is when you need it. Many PCP and specialists also offer video visits for certain types of visits.

Q. What conditions can be treated via video visit?
A. These visits are meant to treat common non life-threatening conditions. Such as:

- Cold, Flu, Allergies, Sinusitis, Sore throat
- Women's health: UTI, yeast infection
- Minor eye conditions
- Skin conditions: acne, cold sore
- Stomach/digestive issues
- Tobacco cessation

Q. Can the provider prescribe medication?
A. Yes, if that is the determined course of treatment, the provider can diagnose and issue a prescription to your pharmacy of choice.

Dental and Vision Plan Questions

Understanding Your Dental Coverage

Q. Will I receive dental ID cards?
A. An ID card is not necessary to access your dental benefits. Your dental office can verify your eligibility and benefits by contacting MetLife at 800-942-0854 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.

Q. How can I find a dental provider in my area?
A. To locate dental providers in the MetLife network, go to **metlife.com**, enter your ZIP code and choose the PDP network.

Q. What is the dental maximum for the PPO plan vs. the PPO Plus plan with MetLife?
A. Under the PPO plan, the annual maximum benefit is $1,250 per person. On the PPO Plus plan, the annual maximum is $2,500 per person. The Plus plan includes coverage for implants and orthodontia.

Q. Is there a maximum age for orthodontia on the PPO Plus plan?
A. Orthodontia is offered to both children and adults on the Plus plan. There is a $2,000 plan lifetime maximum for this benefit.

Q. How are implants covered on the PPO Plus plan?
A. Implants are covered as a major service. Your deductible would apply first, then the plan would pay 50%. The cost would apply to the annual maximum.

FAQs

2020 Annual Enrollment

Understanding Your Vision Coverage

Q. Will I receive a new ID card for vision?
A. 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 by visiting **EyeMed.com**, logging in and selecting Help and Resources.

Q. What is covered with EyeMed?
A. Visit **BSWHealth.com/benefits** for more details on what is covered by the vision plan, and a list of providers that accept EyeMed.

Q. What local optometrists can we access with EyeMed?
A. Visit **EyeMed.com** to locate a provider in your area.

Supplemental Benefits

Understanding Critical Illness and Accidental Illness Plans

Q. Can I waive coverage and still enroll dependents into these plans?
A. No, employee coverage must be issued for dependent spouse and/or child coverage to become effective.

Q. Is there a pre-existing condition limitation?
A. Benefits would not be payable for any condition that was diagnosed or treated prior to the coverage effective date (Jan. 1, 2020).

Q. Is there a benefit waiting period?
A. No, there is no benefit waiting period. Coverage elected during annual enrollment is effective Jan. 1, 2020.

Q. How often can a covered person be paid a benefit for the Health Screening Benefit or Wellness Benefit under these plans?
A. The benefit is payable one time per covered person per calendar year.

Q. What value-added services are included with these products and is there an additional cost?
A. For a full list of value-added services, please visit **BSWHealth.com/benefits**.

Q. Where can I learn more about the accidental injury and critical illness plans and what is covered?
A. Please visit **BSWHealth.com/benefits** under Protection Benefits>Critical Illness and Accidental Injury.

Q. Can I be covered under short-term disability (STD) and accident injury/critical illness at the same time?

A. Yes, you can be covered by all of these plans because they are individual offerings.

Understanding Short- and Long-term Disability, life and AD&D Coverage

Q. I didn't sign up for short term disability (STD) during my new hire period. What do I need to do to elect this benefit during Annual Enrollment?
A. If you do not currently have STD coverage, you will need to enroll in this benefit to be covered for 2020. Those who enroll for the first time during Annual Enrollment will be subject to pre-existing condition exclusion, and any condition for which you receive treatment, diagnosis, or medical advice for between October – December would be excluded for coverage during the first 12 months of the policy. This means that if you enroll in short term disability, and then find out you are pregnant in November or December (prior to the coverage effective date of January 1), your pregnancy and delivery would not be eligible for coverage.

Q. Does the long-term disability (LTD) plan have a limit for how long the benefit is paid?
A. LTD will continue to make payments up until Social Security retirement age as long as someone continues to meet the definition of disabled under the plan.

Q. While submitting my enrollment, I received a warning message about an evidence of insurability. Am I required to do anything?
A. Yes, you are required to submit a completed Evidence of Insurability (EOI). Shortly after annual enrollment, you will receive an email from Cigna with the Evidence of Insurability and instructions to submit. For questions about the EOI form, contact Cigna at 800-362-4462.

Q. What is Evidence of Insurability (EOI)?
A. Evidence of Insurability (EOI) is an application process in which you provide information on the condition of your health or your dependent’s health in order to be considered for certain types of insurance coverage.

Q. When am I required to submit EOI?
A. Evidence of Insurability is required if the amount of your Voluntary Life insurance exceeds the lesser of $1,000,000 or 3x annual base pay or if your Spouse Voluntary Life insurance exceeds $75,000.

Q. Whom should I contact with questions about the EOI form?
A. For questions about the EOI form, contact CIGNA at 800-362-4462.