2022 Annual Enrollment
FAQs

Annual enrollment for 2022 benefits is **Oct. 25 – Nov. 5, 2021**. You can review the benefit offerings and enroll in your benefits during this time at **MyPeoplePlace.com** by clicking on the Annual Enrollment tile. Additional benefits information is available at **BSWHealth.com/Benefits**. The coverage you choose will be in effect Jan. 1 – Dec. 31, 2022, unless you experience a qualified life event, and notify HR within 30 days of when the event occurs.

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**.

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GENERAL ENROLLMENT QUESTIONS

Q. What is changing this year?
Overall, our benefit offerings will remain the same. There are a few key changes in terms of costs and coverage for which you need to know, to keep the best coverage for you and your family.

- There are slight premium changes for medical, and dental—all other rates are holding steady. We applied the smallest increase possible to address rising healthcare costs and preserve the quality you have come to expect from our plans.
- You must actively enroll in a Healthcare and/or Dependent Care FSA to keep your account/s active for 2022.
- We have expanded our income bands this year to include a new tier for those making $72.01 and above. Visit the benefits website at **BSWHealth.com/Benefits** to learn more.

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Q. Is action required this year?
No action is required to keep what you already have, with the following exceptions:

- Short-term disability: If you wish to enroll in short-term disability coverage, you will need to actively enroll during the annual enrollment period.
- Flexible Spending Accounts (FSAs): You must also enroll or re-enroll in your Healthcare and Dependent Care FSA to keep your account/s active for 2022.

Q. How can I review my current enrollments?
As you prepare for 2022 enrollment, review your Pre-Enrollment Snapshot for your current benefits elections between Oct 8-24. To access this snapshot, follow these steps:

- Log into **MyPeoplePlace.com**
- Click Benefit Details
- Click Benefit Statements
- Click the Pre-enrollment Snapshot image

Q: How do I submit my annual enrollment?
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?
Yes, you can make changes at any time until midnight on Nov. 5, 2021. Once you make the necessary changes, make sure you click **Submit Enrollment.**

Q: How do I submit my enrollment if I am on a leave of absence?
Employees on a leave of absence can complete their enrollment in the PeoplePlace system the same way as other employees.

- 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

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MEDICAL PLAN AND FLEXIBLE SPENDING / SAVINGS ACCOUNT QUESTIONS

Q. How do I know which medical plan is right for me?
Ask Alex is live now and is a great resource to help decide which benefits are right for you. Connect with Alex by visiting **MyAlex.com/BSWH**. This year, Alex can be accessed via your mobile device, via Alex Go!

Q. When should I expect to receive my new medical ID card?
Medical ID cards will be mailed to your home address (or mailing address if one is on file and it's different than yourhome 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 BSWHP 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 BSWHP Member Portal. Or you can also contact BSWHPCustomer Advocacy at **844-843-3229** to request additional ID cards.
2. **Access the myBSWHealth app**, scroll down to the Baylor Scott & White Health Plan tile and click on View Card.

FINDING AN IN-NETWORK PROVIDER OR PHARMACY

We offer medical and prescription coverage through three different Tiers. Watch the **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?
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 care.

Q. Where can I find a list of providers?
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

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Q. What should I do if my doctors show up in the provider search results but say they are not part of thenetwork?
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 BSWHP 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 searchtool?
Contact BSWHP Customer Advocacy at **844-843-3229** and follow the prompts for BSWQA Health Access for assistance. BSWQA Health Access can also help you schedule appointments.

Q: What happens if BSWHP Customer Advocacy and/or BSWQA Health Access are unable to find an in-networkprovider for the specific specialist I need?
Ask your provider to submit a prior authorization request to BSWHP for their services to be considered at the in-networkbenefit level. The request will be evaluated, and a decision will be made upon completion of the review.

Q. What if I have dependent children on my plan that live out of state?
Employees and dependents who live 40 or more miles from the nearest Tier 1 BSWQA acute care 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**.

Q. What is the out-of-area coverage for the PPO and HSA plans?
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.

To ensure claims process correctly, employees and dependents must notify the BSWHP Customer Advocacy at **844-843-3229** prior to receiving care. 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 BSWHP to deactivate this coverage.

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

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Q. 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 copay is $250 if you enroll in the SEQA/EQA. If you are enrolled in the PPO plan, emergency care is $350 + 10% coinsurance. If you enroll in the HSA, your member responsibility is 10% after your deductible has been met. If you are admitted, the copay under the SEQA/EQA and PPO will be waived, and if you are enrolled in the PPO 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 isTier 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 2022.

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?
The 24/7 Nurse Line is available 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?
Under the SEQA/EQA plans urgent care is covered at the applicable copay no matter what urgent care center you go to. For our PPO and HSA plans, our provider networks include many urgent care locations in the Tier 1 BSWQA Network and Tier 2 Cigna National Network. Tier 1 BSWQA Network urgent care locations include Concentra, PrimaCare, Cook Children's Urgent Care, MedPost Urgent Care, NextCare Urgent Care, etc. We are continuing to review and expand our urgent care network as needed.

Please use the provider search tool at **bswh.swhp.org** for a complete list.

Q. What is the coverage if I use of 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 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 coverage and cost under each plan.

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 medicationyou are prescribed (e.g., preferred generic, preferred brand, etc.) and the plan you elect for 2022.

Please visit **BSWHealth.com/Benefits** for complete details about your prescription coverage under each plan option.

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UNDERSTANDING MEDICAL COVERAGE AND PROCEDURE COSTS

Q. What number should I contact with questions about medical claims, prior authorization, and coverage?
Please call BSWHP customer service 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.

Q. What is prior authorization?
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 myprovider's responsibility?
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.

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 or Children?
No, the deductible is the same as Employee + Family. The SEQA, 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. Is there an additional cost to use non-BSW pharmacies?
Yes. Your member cost share for prescriptions filled at non-BSW pharmacies is higher and will depend on the type of medication you are prescribed (e.g., preferred generic, preferred brand, etc.) and the plan you elect for 2022. Please visit **BSWHealth.com/Benefits** for complete details about your prescription coverage and cost under each plan option.

Q. Are prescriptions applied to the deductible on all plans?
Prescriptions are not applied to the deductible for the SEQA, EQA and PPO plans. Under the HSA plan, prescriptions are subject to deductible and coinsurance.

Q. How are emergency transportation services covered?
Emergency transportation services are covered at 100% after a $250 copay for SEQA, EQA and PPO plans. Under the HSA plan, emergency transportations services are covered at 10% after the deductible is met.

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Q: How is chiropractic care covered under the SEQA/EQA plans?
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.

Coverage includes initial consultation and treatment. You pay the specialty visit copay for each visit, up to a maximum of 20 visits per person per calendar year.

Q. 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%.

Q. What is the maternity coverage under each plan?
The SEQA/EQA and PPO 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.
- PPO 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.
- The HSA plan does not offer the bundled maternity copay and provides maternity coverage at 10% after the deductible is met, for care with a Tier 1 provider.

**Copay applies to the facility claim. All other services billed with a maternity/delivery diagnosis code will be paid at 100%, including pre-natal services and well-baby charges. Newborns must be added to the medical plan for well-baby charges to be covered.*

Q: What is a deductible?
A deductible is the amount you pay for covered services before the plan starts to pay.

Q. What changes were made to the deductible on the SEQA/EQA plan?
For 2022, inpatient and outpatient services, durable medical equipment expenses, private duty nursing, hearing aids, skilled nursing, home health, and hospice care all apply to the deductible with the SEQA/EQA plan.

Q. 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 have Medicare.

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UNDERSTANDING MEDICAL PLAN PREMIUMS, THRIVE REQUIREMENTS AND PRE-TAX ACCOUNTS

Q. Will my medical premiums go up if my salary changes or I receive a bonus?
Your hourly rate as of Sept. 26, 2021, will be used to determine your medical premiums for 2022. 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 will 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?
The cost of your medical premiums will be based on your hourly rate as of Sept. 26, 2021. This hourly rate will be used todetermine your medical premiums.

Q: If I do not currently have BSW insurance, do I need to complete the Thrive requirements?
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 2022 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?
The deadline to complete your Thrive requirements is Nov. 5, 2021.

Q. Does my spouse have to complete the Thrive requirements to avoid an additional $40 per paychecksurcharge?
No, spouses are not required to complete the 2022 Thrive requirements.

Q: Do I have to complete the wellness requirement if I am NOT enrolled in the Baylor Scott & White medical plan in 2021, but plan to enroll in 2022?
The requirement only applies to those currently enrolled in a Baylor Scott & White medical plan. Once enrolled in the plan in 2022, you will need to complete the Thrive requirements for future years.

Q: If I enroll in a 2022 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, 2022 – Mar. 15, 2023.

Q: 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, 2023.

Q: What happens if I have remaining funds after Mar. 15, 2023, in my account?
You can continue to submit eligible expenses incurred by Mar. 15 until Apr. 30, 2023.

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Q: 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.

Q: How do I pay for items from my FSA/HSA account (i.e., card, reimbursement, etc.)?
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 out of pocket for an expense and request a 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?
New enrollees and those who have a card that is expiring will receive a debit card.

Q: What are the maximum contributions for the FSA and HSA for 2022?
The maximum contributions for 2022 are:

- Healthcare FSA – $2,750
- Dependent care FSA – $5,000
- HSA individual coverage – $3,650
- HSA family coverage – $7,300

Q: 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.

Q: 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.

Q: 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 **Request Help**.

Q: Am I able to contribute to an HSA if I am enrolled in Medicare?
A: No, you cannot contribute to an HSA if you are enrolled in Medicare.

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

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DENTAL AND VISION PLAN QUESTIONS

UNDERSTANDING YOUR DENTAL COVERAGE

Q. Will I receive dental ID cards?
An ID card is not necessary to access your dental benefits. Your dental office can verify your eligibility and benefits bycontacting 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?
To locate dental providers in the MetLife network, go to **Metlife.com**, enter your ZIP code and choose the PDPnetwork.

Q. What is the dental maximum for the PPO plan vs. the PPO Plus plan with MetLife?
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?
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?
Implants are covered as a major service. Your deductible would apply first, then the plan would pay 50%. The costwould apply to the annual maximum.

UNDERSTANDING YOUR VISION COVERAGE

Q. 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 werepreviously 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?
Visit **BSWHealth.com/Benefits** for more details on what is covered by the vision plan, and a list of providers thataccept EyeMed.

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

SUPPLEMENTAL BENEFITS

UNDERSTANDING CRITICAL ILLNESS AND ACCIDENTAL INJURY PLANS

Q. 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 (Jan.1, 2022).

Q. Is there a benefit waiting period?
No, there is no benefit waiting period. Coverage elected during annual enrollment is effective Jan. 1, 2022.

Q. What accidents or injuries are covered on the accidental injury insurance?
Visit the Summary of Benefits on **BSWHealth.com/Benefits** for a complete list of covered accidents/injuries.

Q. What illnesses are covered on the critical illness insurance?
Visit the Summary of Benefits on **BSWHealth.com/Benefits** for a complete list of covered illnesses.

Q. 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.

Q. 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.

Q: Do I need to be enrolled in the medical plan to elect accidental injury/critical illness?
No, these are individual offerings and do not require medical plan enrollment.

UNDERSTANDING SHORT- AND LONG-TERM DISABILITY, LIFE AND AD&D COVERAGE

Q. Do I need to be enrolled in short-term disability (STD) coverage to receive parental leave benefits?
Yes, you must be enrolled in STD to receive maternity, non-birthing parent or adoption leave benefits.

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Q. Are pre-existing conditions covered on the short-term disability (STD) plan?
If you do not currently have STD coverage, you will need to enroll in this benefit to be covered for 2022. Those who enroll for the first time during Annual Enrollment will be subject to the pre-existing condition exclusion, and any condition for which you receive treatment, diagnosis, or medical advice between October and 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?
LTD will continue to make payments up until Social Security retirement age if someone continues to meet the definitionof disabled under the plan.

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

Q: 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.

Q: 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 Cigna at **800-362-4462**.