

2023 Benefits

FAQs

We offer a full menu of benefits to eligible employees and their families beginning on the first day of employment. You have 30 days from your hire date or the date you transition to a benefits-eligible position to enroll in plans—so be sure to take a close look and make your selections before the deadline. To enroll visit [MyPeoplePlace.com](https://mypeopleplace.com) and click on the Benefit Details tile.

Check out our list of frequently asked questions below. You can 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 [Benefits website](#) and these FAQs, please contact PeoplePlace at [844-417-5223](tel:844-417-5223).

TABLE OF CONTENTS

Eligibility Questions	1
Enrollment Questions	2
Medical and Pharmacy Plan	3
Finding an In-Network Provider or Pharmacy.....	4
Understanding Medical Coverage and Procedure Costs.....	6
Understanding Pharmacy Coverage	8
Spending / Savings Account Questions	9
Dental and Vision Plan Questions	10
Understanding your Dental Coverage.....	10
Understanding your Vision Coverage.....	11
Supplemental Benefits	11
Understanding Critical Illness, Accidental Injury and Hospital Care Plans.....	11
Understanding Short- and Long-term Disability, Life and AD&D Coverage	12
Retirement Benefits	14
Paid Time Off (PTO) Benefits	14

ELIGIBILITY QUESTIONS

Q: Am I eligible for benefits?

Employees who meet the eligibility requirements below are eligible for coverage:

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

Q: Are PRNs eligible for any benefits?

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



2023 Benefits

FAQs

Q: Are my dependents eligible for benefits?

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

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

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

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

Q: Will I need to take any action to verify my dependents eligibility?

Yes, when you add new dependents on our benefit plans, you will receive a request from the Dependent Verification Center. This step is important to ensure your dependents remain.

Documentation such as marriage certificates, birth certificates, legal guardianship paperwork and/or tax forms will be required. It is important to submit all requested documentation in a timely manner to ensure eligible dependents remain covered.

ENROLLMENT QUESTIONS

Q: How do I submit my enrollment?

Please follow the steps below to submit your enrollment:

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

Q: Can I make changes if I've already submitted my enrollment?

Yes, you can make changes as long as you are still within 30 days of your hire date or date of benefit eligibility. To make changes, please contact PeoplePlace at [844-417-5223](tel:844-417-5223).

2023 Benefits

FAQs

Q: Can I make changes to my benefits later in the year?

Once you elect benefits, you are not able to make changes throughout the year unless you experience a qualifying life event—such as marriage, divorce, birth of a child, etc. You will have 30 days to submit a life event event in PeoplePlace > Benefit Details > Life Events.

Q: I already have benefits coverage elsewhere, do I need to take any action?

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

Note: If you opt out of STD when you are first eligible, future coverage may be subject to the pre-existing condition provision.

MEDICAL AND PHARMACY PLAN

Q. 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. Connect with Alex by visiting MyAlex.com/BSWH. Don't forget—you'll still need to submit any changes in PeoplePlace within 30 days.

Alex can also be accessed via your mobile device, via Alex Go!

Q. What if I live or 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 BSWHealthPlan.com/BSWH.

Q. 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 PPO or HSA plans.

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) within 2-3 weeks of your enrollment. If you need your medical card before that, there are three ways to access a temporary copy:

1. **Log into the BSWHP Member Portal** at BSWHealthPlan.com/BSWH 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 username and password you use for the BSWHP Member Portal.
2. Contact BSWHP Customer Advocacy at **844-843-3229** to request additional ID cards.

2023 Benefits

FAQs

3. **Access the myBSWHealth app**, scroll down to the Baylor Scott & White Health Plan tile and click on View Card.

Q. Will my medical premiums change if my salary changes throughout the year?

Upon hire or benefit eligibility, your hourly rate at that time will be used to determine your medical premiums for the year. Hourly rates are then pulled each fall to determine your premiums for the next year.

FINDING AN IN-NETWORK PROVIDER OR PHARMACY

Depending on the plan you select, 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 BSWHealthPlan.com/BSWH.

Q. Where can I find a list of providers?

A list of providers can be found in the provider search tool at BSWHealthPlan.com/BSWH. Search for different types of providers, such as:

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

Q. Are BSW 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 BSWHealthPlan.com/BSWH to confirm provider network status prior to accessing care.

Q. What should I do if my doctors show 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 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 search tool?

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.

2023 Benefits

FAQs

Q: What happens if BSWHP Customer Advocacy and/or BSWQA Health Access are unable to find an in-network provider 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-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.

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

If you are traveling out of state and need emergency care, your member cost share will be based on the plan you decide to enroll in. For the SEQA, your copay is \$250 + 10% coinsurance, EQA is \$300 copay + 10% coinsurance, PPO is \$350 + 10% coinsurance and HSA is 10% coinsurance after deductible is 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 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 2023.

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 [BSWHealthPlan.com/BSWH](https://www.BSWHealthPlan.com/BSWH) for a complete list.

2023 Benefits

FAQs

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](https://www.bswhealth.com/Benefits) for complete details about your coverage and cost under each plan.

Q. Where can I find a list of contracted pharmacies?

Please visit the provider search tool at [BSWHealthPlan.com/BSWH](https://www.bswhealthplan.com/BSWH) 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 2023.

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

UNDERSTANDING MEDICAL COVERAGE AND PROCEDURE COSTS

Q: What is a deductible?

A deductible is the amount you pay for covered services before the plan starts to pay.

Q: What is coinsurance?

After the deductible is met, you and the plan share the cost of a covered service. This is called coinsurance. Percentages may vary by service and network tier.

Q: What is a copay?

A copayment — or “copay” — is a flat fee per visit that you pay for a medical or pharmacy service. The plan pays the rest of the cost.

Q: What is an out-of-pocket maximum?

The out-of-pocket maximum is the most you will pay for eligible Tier 1 or Tier 2 healthcare and pharmacy expenses, including your deductible and coinsurance, in a plan year.

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 medications to determine medical necessity and ensure the request is appropriate.

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

This information is available in the Summary Plan Description and can be found at [BSWHealth.com/Benefits](https://www.bswhealth.com/Benefits).

2023 Benefits

FAQs

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

Please call BSWHP Customer Advocacy 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. 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.

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: I am a remote employee working out of state. Can I use virtual appointments through the BSWH app?

You may be able to use the MyBSWHealth virtual care option, but due to clinical licensing requirements, clinicians may not be able to send a prescription out-of-state, if needed.

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 transportation services are covered at 90% after the deductible is met.

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

The BSWQA Low Back Pain Program guides members experiencing low back pain to the right provider at the right time. If you are having low back pain, a Primary Care Provider is a good place to start. Most low back pain can be managed with stretches and exercises done at home. Treatment options can also include physical therapy and chiropractic care, which is covered at 100% by the plan for the first 3 visits if you enroll in the SEQA, EQA or PPO plan. Any additional treatment will be subject to the standard benefit and maximum visits per calendar year.

Q3: How do we ensure the member share for the first three physical therapy or chiropractic visits will be waived? Can you go to any Chiropractor and the first 3 visits are covered?

The benefit will be driven by the referral received from your Primary Care Provider.

2023 Benefits

FAQs

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 within 30 days of birth.
- 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. Maternity coverage for Tier 1 providers is at 10% 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%, including pre-natal services and well-baby charges. Newborns must be added to the medical plan within 30 days of birth for well-baby charges to be covered.*

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 be enrolled Medicare.

UNDERSTANDING PHARMACY COVERAGE

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 2023. Please visit [BSWHealth.com/Benefits](https://www.bswhealth.com/benefits) for complete details about your prescription coverage and cost under each plan option.

Q. What is the Member Choice Program?

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

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

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

2023 Benefits

FAQs

SPENDING / SAVINGS ACCOUNT QUESTIONS

Q: If I enroll in a 2023 Flexible Spending Account (FSA), what is the timeframe to use my funds?

FSA funds can be used to pay for eligible expenses incurred between when you enroll and Mar. 15, 2024.

Q: When can I use my FSA funds?

Healthcare FSA funds are available to use upon enrollment and you can use the entire amount right away. However, you must incur eligible expenses through Mar. 15, 2024.

Q: What happens if I have remaining funds after Mar. 15, 2024, in my account?

You can continue to submit eligible expenses incurred by Mar. 15 until Apr. 30, 2024.

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: What are the maximum contributions for the FSA and HSA for 2023?

The maximum contributions for 2023 are:

- Healthcare FSA – \$2,850
- Dependent care FSA – \$5,000
- HSA individual coverage – \$3,850
- HSA family coverage – \$7,750

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.

2023 Benefits

FAQs

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?

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?

Employees can change their elected amount only within 30 days of a qualifying life event.

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 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.

Q. 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](#)

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

The annual maximum benefit is:

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

Q. 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.

Q. 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

Q. How are dental implants covered?

Implants are covered as a major service.



2023 Benefits

FAQs

- DHMO Plan – Cost can range, please reference the Fee Schedule for cost.
- Choice Plus Plan – Your deductible would apply first, then the plan would pay 50%. The cost would apply to the annual maximum

UNDERSTANDING YOUR VISION COVERAGE

Q. Will I receive an ID card for vision?

New enrollees will receive an ID card from EyeMed within 2-3 weeks of enrollment. You can also print an ID card by visiting [EyeMed.com](https://www.eyemed.com), logging in and selecting Help and Resources.

Q. What is covered with EyeMed?

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

Q. What local optometrists can we access with EyeMed?

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

SUPPLEMENTAL BENEFITS

UNDERSTANDING CRITICAL ILLNESS, ACCIDENTAL INJURY AND HOSPITAL CARE PLANS

Q. What is the accidental injury plan?

Accidental Injury insurance pays a fixed cash benefit directly to you when you have a covered accident like a fracture or dislocation. A schedule of benefits is used to determine how much you receive and items covered include 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.

Q. What is the critical illness plan?

If you're diagnosed with a covered critical illness, like cancer or a heart attack, your lump sum benefit can be used to as you wish, to cover expenses like rent or transportation while you focus on getting well. This plan is guaranteed issue and no medical questions are required.

Q. What is the hospital care plan?

If you 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. Use it for medical copays and deductibles, travel to see a specialist, childcare, help around the house, alternative treatments and more.

2023 Benefits

FAQs

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

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

Q. What is covered with the hospital care insurance?

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

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. For the hospital care plan, hospitalization associated with childbirth that occurs after the effective date will be covered.

Q. Is there a benefit waiting period?

No, there is no benefit waiting period.

Q. 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.).

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. Note: If you are enrolled in the accidental injury and critical illness plans, you can receive this benefit under both plans.

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 or hospital care plan?

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

2023 Benefits

FAQs

Q. What is short-term disability (STD)?

STD coverage provides income replacement if you suffer a non-work-related injury, illness or pregnancy that prevents you from working. STD benefits are payable for up to 180 calendar days as long as you continue to be disabled.

Q. Do I need to be enrolled in STD coverage to receive parental leave benefits?

Yes, you must be enrolled in STD to receive maternity, non-birthing parent or adoption leave benefits.

Q. How much coverage does STD provide?

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

Q. Are pre-existing conditions covered on the short-term disability (STD) plan?

If you waive coverage during your initial eligibility and elect it later either during annual enrollment or if you experience a life event, you will be subject to the pre-existing condition exclusion which states: If you've been diagnosed, treated or received medical advice for a condition (including pregnancy) within three months of your effective date on the plan, that condition will be excluded for a period of 12 months.

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

LTD coverage provides income replacement benefits if you are still disabled from an occupational or non-occupational illness or injury after the later of 180 days or the end of the STD benefit. Basic LTD coverage is provided to you at no cost with the option to buy-up 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 definition of 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 your 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**.

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

2023 Benefits

FAQs

- 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**.

RETIREMENT BENEFITS

Q: When can I enroll or make changes to my 401(k)?

You can start, stop or change your contribution anytime throughout the year.

Q: How do I enroll in 401(k)?

Visit [BSWHRetirement.com](https://www.bswhealth.com/retirement) or click Retirement in PeoplePlace.

Q: What is the difference between the 401(k) and the Roth 401(k)?

You choose whether to contribute pre-tax or Roth (after-tax) or a combination of both:

- Pre-tax contributions lower your current taxable income
- After-tax contributions lower your taxable income during retirement

Q: How much can I contribute?

You can contribute from 1-50% of your eligible base salary up to the annual retirement limit. The annual before-tax 401(k) contribution limit for 2023 is \$22,500. You can also make an additional \$7,500 catch-up contribution if you turn 50 or older anytime during the year.

Q: Does BSW provide a matching contribution?

Yes, BSW provides a dollar-for-dollar matching contributions up to 5% of eligible base salary.

Q: When do I become vested?

You're always 100% vested in your contributions and you vest in BSW's matching contributions after three years of service.

Q: Can I roll over my 401(k) from another company?

Yes, you can roll over your other 401(k) balance(s). You may be able to carry over outstanding loans associated with those retirement accounts as well. Contact Empower at **844.722.2794** to explore your options.

PAID TIME OFF (PTO) BENEFITS

Q: How much PTO do I get?

The amount you accrue is based on the number of regular hours you work (up to your standard hours) and years of service. View the PTO Policy for details.

2023 Benefits

FAQs

Q: When do I start accruing PTO?

You start earning (accruing) PTO on your first day of work.

Q: How much PTO do I accrue each year?

The amount you accrue is based on the number of regular hours you work (up to your standard hours) and years of service. View the PTO Policy for details.

Q: How do I request PTO?

Coordinate with your manager to schedule time away and enter this time in our [Time & Attendance system](#).

Q: How do I view my PTO balance?

You can view your PTO balance by following the steps in this [job aid](#).

Q: How much PTO can I carry over year over year?

Employees can carryover 200 hours into the new year. Any balance over 200 after Jan. 1, 2023, will be reduced to 200 hours on Jan. 2, 2023, and excess hours will be forfeited. It is important to consider the carryover limit when scheduling PTO and determining if you want to participate in the PTO Sell/Donate campaign.

Q: Can I sell or donate PTO?

While there is no substitute for taking time away from work to rest and recharge, eligible employees can choose to sell and/or donate PTO during our annual campaign, which takes place in the fall.