

# Diocese of Palm Beach Laity



## 2026 BENEFIT GUIDE





## Welcome to your Benefit Enrollment!

### When Can I Enroll?

There are up to three times during the year when you will be able to elect or make changes to your benefits. The choices you make will be in effect through July 2027.

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#### When you're first hired

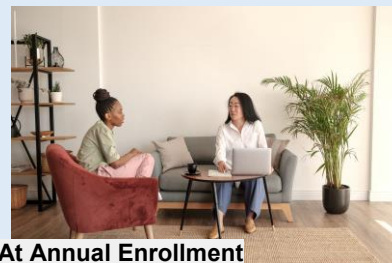
Your coverage begins on your benefit eligibility date. This is the time to enroll in any of the plans without a qualifying event.



#### If you have a life change

Certain life events like birth or adoption of a child, change in marital status, death, or loss of coverage due to no fault of your own may allow you to change your coverage during the year.

You must make your requested changes and provide your supporting documentation within 30 days of the qualifying event.



#### At Annual Enrollment

Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.

Benefits selected at Annual Enrollment are effective August through July.

## Access Bswift

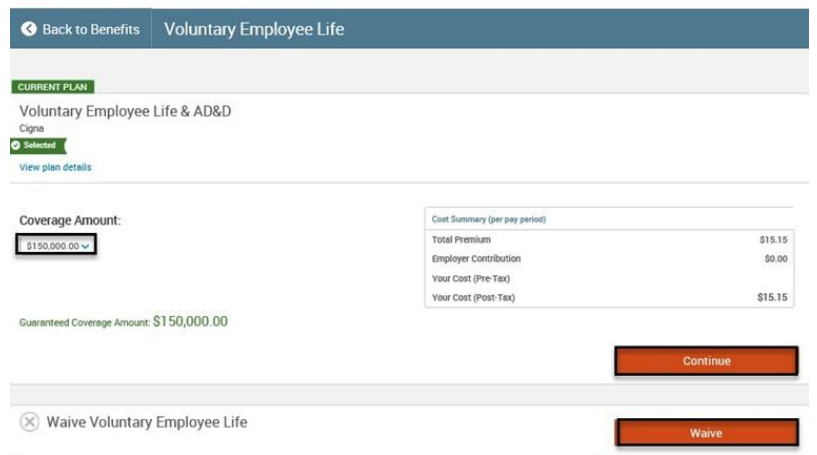
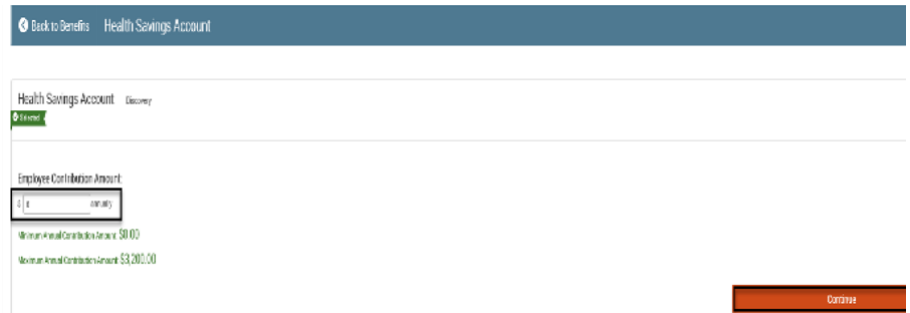
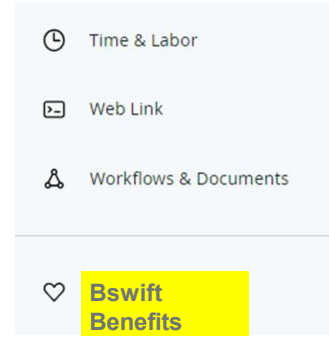
1. Log into the Self-Service Portal.
2. Navigate to **HR & Payroll > Bswift Benefits**

Contact the Diocesan Benefits Office for any additional assistance.

### COMPLETE AN ENROLLMENT EVENT IN BSWIFT

To complete an enrollment event in the Bswift system, an employee will need to:

1. Access Bswift.
2. Select **Start Your Enrollment**.
3. Review **Employee Demographic Information**.
  - Make any necessary updates in the **Self-Service Portal**. Those updates will reflect in Bswift within 24 hours.
  - Select **I agree** at the bottom of the page.
  - Select **Continue** in the right Sidebar Menu.
4. Review **Family Information**.
  - Select **Edit** to modify an existing dependent's demographic information.
  - Select **Add Dependents** to enter a new dependent.
  - Select **I agree** at the bottom of the page.
  - Select **Continue** in the right Sidebar Menu.
5. Enter Benefit Elections.
  - Medical, Dental, Vision Plans
  - Select **View Plan Options**.
  - Select the **Dependents** being covered.
  - Select **Continue**.
  - Select **View plan details** to review any applicable plan information.
  - Select the appropriate Plan or Waive option.
  - Basic Life and AD&D Plans
  - Employees do not need to make an election in these plans. These benefits are typically provided by the employer at no cost to the employee.
  - Select **View Information** to see additional plan details.
  - Voluntary Employee, Spouse, Domestic Partner, or Child Life and AD&D Plans
  - Select **View Plan Options**.
  - Select appropriate **Plan** or **Waive** option.
  - Select the appropriate **Coverage Amount** in the dropdown menu.
  - Select **Continue**.



## Access Bswift continued

6. Select **Continue** in the right Sidebar Menu once all selections have been made.
7. Enter any necessary Beneficiary Information.
8. Select **Continue**.
9. Review all selections.
10. Select **Edit Selection** to make changes to any elections.
11. Select **I agree, and I'm finished with my enrollment** and **Complete Enrollment** to submit the enrollment.
12. Select **View** to view a Confirmation Statement outlining the benefits elected.
13. Select **Email** to receive an email containing a Confirmation Statement outlining the benefits elected.
14. Select **Print** to print out a Confirmation Statement outlining the benefits elected.

"Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any benefits due after death of the employee/retiree. "Secondary Beneficiaries" represents the person or persons named to receive benefits if the Primary Beneficiary is not alive. Please review the options below and make changes as needed.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %

Total: 0% (must equal 100%)

[Add New Beneficiary](#)

[Add Secondary Beneficiaries](#) (optional)  
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll  
Beneficiaries  
Review and Confirm

4 Complete

Your Cost per pay period **\$188.31**

**Continue**

### Once You've Reviewed All Your Selections:

#### Participation

I understand that the choices I've made are in effect for one full benefit plan year and cannot be changed until the next enrollment period unless I have a qualified status change. If I do have a qualified family status change, I have 30 days from the date of the life event to make changes to my benefit plans, and that I may be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself. Finally, I authorize payroll deductions, if required, for my contributions in the cost of the coverage I have selected.

**I agree, and I'm finished with my enrollment.**

1 Your Info

2 Your Benefits

3 Enroll  
Beneficiaries  
Review and Confirm

4 Complete

**Complete Enrollment**



Your enrollment is complete!

You may make changes to your elections until: **January 19, 2019**

You have completed your enrollment. Click the picture of a printer to create a printer friendly copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, you are able to do so from returning to your home page. From your home page, while you are still within your enrollment window, you can click on the Enrollment Complete button to make any changes needed before your window closes.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW
 EMAIL
 PRINT

## BSWIFT ENROLLMENT CONFIRMATION FORM

To view the Enrollment Confirmation Form (Confirmation Statement), an employee will need to:

1. [Access Bswift](#)
2. Navigate to **My Benefits > Current Benefits**.
3. The Enrollment Confirmation Form (Confirmation Statement) will default to show enrollment information as of today's date.  
To view your enrollment information as of a different effective date, modify the **View your benefits as of another date**.
4. Select **Print** to print a copy of the form.
5. Select **Email** to receive an email containing the form.

My Benefits | My Profile | Library

Current Benefits

Confirmation Statement for Demo TEST21

Benefit Calculator

View your benefits as of another date: **12/5/2018**

**Your Benefits as of 12/5/2018**

EMAIL  
 PRINT

TOTAL COSTS PER PAY PERIOD	
Your Cost	<b>\$149.00</b>
Employer Cost	\$6.12

(+) Expand All (-) Collapse All

Medical Your cost per pay period **\$0.00**

**Important Information:** The **Email** option will only appear if an employee has a home or work email address on file.

# Overview of Core Group Benefits

## **Who is Eligible?**

Employees working at least 30 hours each work week and their eligible dependents. Some benefits are restricted offerings. Eligibility will be indicated for each benefit.

## **Dependents**

An individual who meets the eligibility criteria specified below is an Eligible Dependent and is eligible for coverage under this Booklet:

1. The Covered Employee's Spouse\*.
2. The Covered Employee's natural, newborn, Adopted, Foster, or step child(ren) (or a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian) who has not reached the end of the Calendar Year in which he or she reaches age 26 (or in the case of a Foster Child, is no longer eligible under the Foster Child Program), regardless of the dependent child's student or marital status, financial dependency on the Covered Employee, whether the dependent child resides with the Covered Employee, or whether the dependent child is eligible for or enrolled in any other health plan.
3. The newborn child of a Covered Dependent child who has not reached the end of the Calendar Year in which he or she becomes 26. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.

**Note:** *If a Covered Dependent child who has reached the end of the Calendar year in which he or she becomes 26 obtains a dependent of their own (e.g., through birth or adoption) such newborn child will not be eligible for this coverage and the Covered Dependent child will also lose his or her eligibility for this coverage. It is the Covered Employee's sole responsibility to establish that a child meets the applicable requirements for eligibility.*

\*SPOUSE shall mean for all purposes of the Trust and each Plan of the Trust, the individual to whom the Member Participant is civilly married under a marriage covenant between a man and a woman as described in Canon 1055 of the Code of Canon Law (Codex Iuris Canonici) for the Latin Rite of the Catholic Church.

**Medical and Dental** - Dependent children **up to age 26** regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the last day of the year the child turns 26.\*\*

**Vision** - Dependent children **up to age 30** regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the last day of the year the child turns 30.

\*\*A Covered Dependent child may continue coverage beyond the age of 26 (Medical ONLY under employee's payroll deduction), provided he or she is:

1. unmarried and does not have a dependent;
2. a Florida resident or a full-time or part-time student;
3. not enrolled in any other health coverage policy or plan; and
4. not entitled to benefits under Title XVIII of the Social Security Act unless the child is a Handicapped dependent child.

\***Medical** - For a separate monthly cost for EACH overage child: Overage  
Child Standard Plan - \$658.92 per month Overage Child  
Premium Plan - \$710.94 per month

\***Vision** - Dependents will be covered under Employee & Child(ren) or Employee Family rates.

This eligibility shall terminate on the last day of the Calendar Year in which the dependent child reaches age 30.

**Supplemental Term Life** - Dependent children **up to age 19 or 25, if a full-time student**. Coverage ends the last day of the year the child turns 19 or 25.

## Group Benefit - Medical

Plans	Florida Blue Standard		Florida Blue Premium	
	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible</b>				
<i>Individual</i>	\$400	\$600	\$300	Combined w/ In-Network
<i>Family</i>	\$1,200	\$1,800	\$900	Combined w/ In-Network
<i>Coinsurance</i>	20%	50%	10%	30%
<b>Out of Pocket Maximum (Includes Deductible, Coinsurance, Co-pays, Per Admission Deductible and Rx)</b>				
<i>Individual</i>	\$3,500	Combined w/ In-Network	\$2,500	Combined w/ In-Network
<i>Family</i>	\$7,000	Combined w/ In-Network	\$7,500	Combined w/ In-Network
<b>Preventive Care</b>				
<b>Office Visit</b>	Covered 100%	50% Coinsurance	Covered 100%	30% Coinsurance
<b>Mammograms</b>	Covered 100%	Covered 100%	Covered 100%	Covered 100%
<b>Colonoscopy (age 45+)</b>	Covered 100%	50% Coinsurance	Covered 100%	30% Coinsurance
<b>Physician Office Visit</b>				
<b>Primary Care</b>	\$25 Co-pay	50% after Ded.	\$25 Co-pay	30% after Ded.
<b>Specialist</b>	\$50 Co-pay	50% after Ded.	\$50 Co-pay	30% after Ded.
<b>Diagnostic Labs</b>	20% Coinsurance <b>(Quest Labs)</b>	50% after Ded.	10% Coinsurance <b>(Quest Labs)</b>	30% after Ded.
<b>Complex Imaging</b>	\$50 Co-pay	50% after Ded.	\$50 Co-pay	30% after Ded.
<b>Hearing Aids</b> External hearing aids covered up to a max of \$4,500 within a 36 month period	20% after Ded.	50% after Ded.	10% after Ded.	30% after Ded.
<b>Hospital Services, Urgent Care &amp; Walk-In Clinics</b>				
<b>In-Patient Hospital Services</b>	20% after Ded.	50% after Ded. + \$500 Per Admission Deductible	10% after Ded.	30% after Ded. + \$300 Per Admission Deductible
<b>Outpatient Surgery</b>	20% after Ded.	50% after Ded.	10% after Ded.	30% after Ded.
<b>Emergency Room</b>	20% after Ded. + \$100 Per Visit Deductible	20% after Ded. + \$100 Per Visit Deductible	10% after Ded. + \$50 Per Visit Deductible	10% after Ded. + \$50 Per Visit Deductible
<b>Urgent Care</b>	\$25 Co-pay	50% after Ded.	\$25 Co-pay	30% after Ded.
<b>Prescriptions – See following page regarding important information regarding Generic vs Brand Member Cost Responsibility.</b>				
<b>Max Out of Pocket</b>	\$50 per Rx	Full cost at purchase and must file a claim for reimbursement	\$50 per Rx	Full cost at purchase and must file a claim for reimbursement
Generic Formulary	<b>30 Day Retail</b> \$4 Copay	Full cost at purchase and must file a claim for reimbursement	<b>30 Day Retail</b> \$4 Copay	Full cost at purchase and must file a claim for reimbursement
Non-Formulary	\$25 Copay		\$20 Copay	
Generic Formulary	\$40 Copay	Full cost at purchase and must file a claim for reimbursement	\$35 Copay	Full cost at purchase and must file a claim for reimbursement
Non-Formulary	<b>90 Day Retail</b> \$12.00 Copay		<b>90 Day Retail</b> \$12.00 Copay	
Generic Formulary	\$75.00 Copay		\$60.00 Copay	
Non-Formulary	\$120.00 Copay		\$105.00 Copay	
<b>Specialty Drugs</b>	\$350 Copay (30 day supply)	Not Covered	\$200 Copay (30 day supply)	Not Covered

Go to [www.floridablue.com](http://www.floridablue.com) to locate a network provider. Please note that your out-of-pocket costs will be more if you choose to go to an out-of-network provider.

## Group Benefit - Medical - Prescription Drugs



**Formerly known as Elixir**

### **Understanding Dispense As Written(DAW) 1 & 2 What It Means for Your Prescription Costs**

#### **What Is “DAW”?**

DAW stands for Dispense As Written. It tells the pharmacy whether they must fill the brand-name drug or if they can substitute a lower-cost generic. Generics have the same active ingredients, safety, and effectiveness as brand-name drugs — but usually cost much less.

#### **DAW 1 — Your Doctor Requires the Brand**

##### **What this means:**

Your doctor has indicated that the brand-name medication must be used and that the pharmacy cannot substitute a generic.

##### **How this affects your cost:**

Because a generic is available but cannot be used, your plan may charge a DAW penalty, which can include your normal brand copay plus the difference in cost between the brand and the generic.

#### **DAW 2 — You Request the Brand**

##### **What this means:**

A generic is available, and your doctor allows it — but you ask the pharmacy to fill the brand-name version instead.

##### **How this affects your cost:**

You may pay your normal brand copay plus the difference in cost between the brand and the generic because you chose the brand when a lower-cost option was available.

#### **Why Does the Plan Charge a DAW Penalty?**

DAW penalties help keep prescription costs affordable for everyone by encouraging the use of safe, effective, lower-cost generics.

#### **How to Avoid Extra Costs**

- Ask your doctor if a generic is right for you.
- Review your plan’s drug list or price-comparison tools.
- Talk to your pharmacist if you’re unsure why a DAW code was applied.

#### **Need Help?**

Your pharmacy, doctor, or plan’s customer service team can help you understand your options and costs.

## Group Benefit - Medical - Prescription Drugs



Formerly known as Elixir



GETTING THE MOST FROM YOUR PHARMACY BENEFITS WITH MEDIMPACT

# Member Support: Anytime, Anywhere









## Get more from your pharmacy benefits with your online Member Portal

As a member, you and your dependents have secure, online access to valuable information regarding your prescription benefits in your Member Portal. It's mobile-friendly, so you can log in at any time and from anywhere.

To activate your online account:

- Go to [elixirsolutions.com](https://elixirsolutions.com) and select 'Register'
- Enter 800004 for the Rx Bin and, when directed to the portal login page, select "Sign Up Now" on the right side.

## Using your online Member Portal, you can:

-  Review your coverage and copay amounts
-  Find in-network pharmacies
-  Discover lower-cost alternatives
-  Research drug info and pricing
-  View your claims history
-  Display/print your ID card
-  Set refill reminders
-  Access and complete forms

## As your pharmacy benefit manager, MedImpact is here to help!



800-771-4648



### Help Desk hours:

6 a.m. – 9 p.m. (CST)  
M-F 9 a.m. – 5 p.m. (CST) Saturday



[care@medimpact.com](mailto:care@medimpact.com)



[medimpact.com](https://medimpact.com)

Don't wait—take advantage of our convenient tools and resources today!

Due to HIPAA legislation, members may only view their own personal health information and that of dependents under the age of 18. You can request access for covered adults under the "My Account" page. Permission must be provided through one user name.

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**MedImpact**

## Life Line Screening Reimbursement Benefit

As a new and value-added benefit to the Diocese Wellness Program, **effective April 1, 2026**, we are pleased to offer employees covered under our diocesan medical plan, Florida Blue Standard and Premium PPOs, and their covered dependents, reimbursement of up **to a maximum of \$179**, per calendar year, per covered individual, for the cost of certain preventive screenings offered by Life Line Screening.

The eligible employee and/or dependent will be responsible for paying for the service in full at the time of the screening. Pursuant to this program, they may be eligible to be reimbursed up to \$179 for certain preventative screenings at Life Line. Should the covered individual choose additional or alternative screenings offered by Life Line outside this program, they will be responsible for those payments in full and will not be eligible for reimbursement. Life Line Screening does NOT ACCEPT Florida Blue insurance. This is a reimbursement program for specified preventative screenings and all signatory requirements must be completed along with a Life Line receipt attached to the Confirmation of Life Line Screening form.

Covered individuals may be eligible to receive a \$179 reimbursement for the following preventative screenings offered by Life Line:

- Carotid Artery
- Abdominal Aortic Aneurysm
- Peripheral Arterial Disease
- EKG to detect Atrial Fibrillation (irregular heartbeat)

Covered employees/dependents may select any location offered by Life Line for the screening. In order to receive the discounted rate for the preventative screenings, covered individuals should call **800-324-9458**(use **Promo Code HABC001**) or register online at <https://www.lisa.social/habc> or **text the word CIRCLE to 216-279-1607**. They will then be eligible for the "Community Circle" discount and a Preferred Appointment! In order to receive the reimbursement, the Confirmation of Life Line Screening form **must be signed by the covered employee**, and, if applicable, for an adult dependent, signed by the covered eligible dependent, as **proof of completion** of the actual screening. Proof will be considered the receipt you receive from Life Line for payment **AND** the form must also be signed by the representative of Life Line Screening that is present at the testing location.

Once screening is completed and the form signed, submit the completed form and receipt to the diocesan Benefit Office for review and processing of the reimbursement. The form must be submitted and received in the Diocese of Palm Beach Benefits Office within **thirty (30) days** of the date of the screening or reimbursement will be voided and waived. The form and a list of FAQs can be found on the Benefit Resource Website at [www.embbenefits.com/diocese](http://www.embbenefits.com/diocese).

Your results will NOT be provided to the diocese. **The results are confidential and protected under HIPAA.**



## Group Benefit - Medical - Telemedicine



# Diocese of Palm Beach Telemedicine Service

### **WHAT is telemedicine?**

Doctors available via phone or video, 24/7

### **WHEN should I call First Stop Health?**

When you don't feel well, experience a minor injury or illness, run out of a prescription\* while traveling, or have a medical question.

### **WHY should I use telemedicine?**

It saves you time and money. Doctors can diagnose and treat you from the comfort of home (or wherever you are).

### **HOW does it work?**

Call, log in at [fshealth.com](http://fshealth.com), or download the First Stop Health mobile app to request your doctor visit. You're all set to get started – no registration required!

### **HOW MUCH does it cost?**

Nothing! \$0 – no fees or copays. It's provided to medical-enrolled employees and their covered dependents as part of the Diocese of Palm Beach benefits package.

**Talk to a doctor 24/7!**  
**888-691-7867**



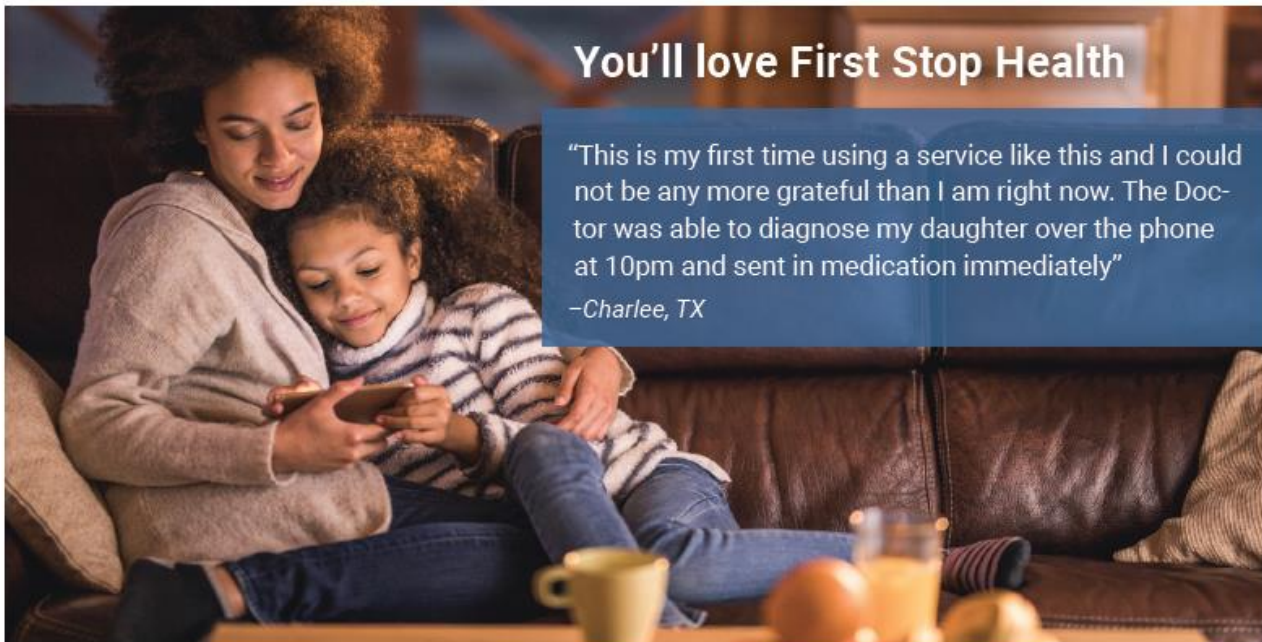
## Group Benefit - Medical - Telemedicine



### Top 10 Reasons to Call First Stop Health

1	Cough	6	Muscle/Joint Pain
2	Sinus Issue	7	Medication Refill
3	Urinary Tract Infection	8	Skin Rash
4	Sore Throat	9	Cold
5	Earache	10	Eye Infection

**But that's not all!** Our doctors diagnose and treat a wide variety of health concerns every day, and can also answer your medical questions.



## Talk to a doctor within MINUTES

 888-691-7867

 Mobile App



# Group Benefit - Medical

## Important Terms

Insurance can sometimes sound like a foreign language. Take a moment to review the meaning of these common terms to best understand your benefit plans.

### Copay

A flat fee you pay whenever you use certain medical services, like a doctor visit.  
*Accrues toward your out-of-pocket maximum.*

### Coinsurance

The percentage of covered expenses you continue to pay after you've met your deductible and before you reach your out of pocket maximum.  
*Accrues toward your out-of-pocket maximum.*

### Network

A specific group of doctors, facilities, hospitals and providers who contract with the insurance plan.  
In-network providers are your lowest cost for care.

### Deductible

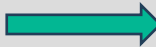
The annual dollar amount you pay before your insurance begins paying deductible-eligible claims.  
Accrues toward your out-of-pocket maximum.

### Out-of-Pocket Maximum

The most you will pay during the calendar year for covered expenses. This includes copays, deductibles, coinsurance and prescription drugs.

### Balance Billing

The amount you are billed to make up the difference between what your **out-of-network** provider charges and what insurance reimburses.



**Balance Billing is in addition to, and does not count toward your out-of-pocket maximum**



Semi-Monthly (24 Pay Period) Rates		
Coverage Tier	Florida Blue Standard Plan	Florida Blue Premium Plan
Employee Only	\$13.00	\$40.50
Employee + 1	\$368.50	\$424.00
Family	\$505.00	\$567.50

18 Pay Period Rates		
Coverage Tier	Florida Blue Standard Plan	Florida Blue Premium Plan
Employee Only	\$17.34	\$54.00
Employee + 1	\$491.34	\$565.34
Family	\$673.34	\$756.67

## Group Benefit - Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Diocese of Palm Beach dental benefit plan through **Delta Dental**.

	Delta Dental PPO In-Network	Delta Dental PPO Out of Network*
<b>Calendar Year Deductible</b>		
Per Individual	\$100	\$100
Annual Plan Maximum (per individual)	\$3,000	\$3,000
<b>Preventative Services</b>		
Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers	Plan pays 100% Deductible waived	Plan pays 100% Deductible waived
<b>Basic Services</b>		
Fillings, sealants, denture repairs, endodontics, periodontics, oral surgery	80% Covered	80% Covered
<b>Major Services</b>		
Crowns, inlays, onlays, cast restorations, bridges, dentures	70% Covered	70% Covered



Coverage Tier	Semi-Monthly (24 Pay Period) Rates	18 Pay Period Rates
<b>Employee Only</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Employee + 1</b>	<b>\$65.00</b>	<b>\$86.67</b>
<b>Family</b>	<b>\$83.50</b>	<b>\$111.34</b>

Go to [www.deltadentalins.com](http://www.deltadentalins.com) to locate a network PPO provider. Please note that your out-of-pocket costs may be more if you choose to go to an out-of-network provider.

**\*\*\*Dependent children up to age 26 regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the last day of the year the child turns 26**

\*When you receive services from an Out of Network Dentist, the percentages in this column indicate the portion of Delta Dental's Out of Network Dentist Fee that will be paid for those services. The Out of Network Dentist Fee may be less than what your dentist charges and you are responsible for the difference.

## Group Benefit - Vision

Regular eye examinations cannot only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. Protection for your eyes should be a major concern to everyone. Vision benefits offered through **VSP. Available to all employees.**

<b>WellVision Exam</b>	Focuses on your eyes and overall wellness Routine retinal screening	\$10 Up to \$39	Every plan year**
<b>Essential Medical Eye Care</b>	Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat \$20 per exam immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.	\$20 per exam	Available as needed
<b>Frame</b>	\$220 Featured Frame Brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$200 Walmart/Sam's Club frame allowance \$110 Costco frame allowance	Included in Prescription Glasses	Every plan year
<b>Lenses</b>	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every plan year
<b>Lens Enhancements</b>	Progressive lenses Anti-glare coating Impact-resistant lenses Average savings of 30% on other lens enhancements	\$0 \$0 \$0	Every plan year
<b>Contacts (instead of glasses)</b>	\$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every plan year
<b>VSP Lightcare</b>	\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	\$25	Every plan year
<b>Additional Savings</b>	<p><b>Glasses and Sunglasses:</b> Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a>. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</p> <p><b>Laser Vision Correction:</b> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</p> <p><b>Exclusive Member Extras for VSP Members:</b> Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a>. Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="http://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</p>		

### Your Coverage with Other Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

\*Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details.

\*\*Plan year begins in August

Coverage Tier	Semi-Monthly (24 Pay Period) Rates	18 Pay Period Rates
Employee Only	<b>\$4.85</b>	<b>\$6.46</b>
Employee & Spouse	<b>\$9.67</b>	<b>\$12.90</b>
Employee & Children	<b>\$10.35</b>	<b>\$12.90</b>
Family	<b>\$16.54</b>	<b>\$22.06</b>



Go to [www.vsp.com](http://www.vsp.com) to locate a network provider. Please note that your out-of-pocket costs may be more if you [choose to go to an out-of-network provider](#).

## Group Benefit - Term Life Insurance

### Basic Term Life and AD&D

The Diocese of Palm Beach provides Basic Life and AD&D Insurance through **The Standard** for all eligible employees at no cost to the employee. The Basic Life benefit is \$25,000 and AD&D insurance benefit is \$25,000.



### Voluntary Supplemental Term Life

You also have the opportunity to purchase supplemental term life coverage for yourself, spouse and dependent children. Please note that dependent children include unmarried adopted, natural or stepchildren from birth to the age 19 (25 if full-time student).

**Employee:**

You may purchase in \$10,000 increments up to a maximum of \$300,000.

**Spouse:**

You may purchase for your spouse up to 100% of your elected amount in \$10,000 increments up to a maximum of \$150,000.

**Child(ren):**

You may purchase for your child(ren) in \$2,000 increments up to a maximum of \$10,000, not to exceed 100% of your elected amount.

**Guaranteed Issue**

**Employee** - \$150,000

**Spouse** - \$30,000

**Child(ren)** - \$10,000

*Guaranteed Issue is only for employees enrolling within their initial eligibility enrollment.*

**\*If you have no current coverage, Evidence of Insurability is required. If you are currently covered you can increase 2 increments of \$10,000 up to the Guaranteed Issue.**

**Anything over the Guaranteed Issue will require EOI. EOI forms should be forwarded to the Diocese Benefits Office.**

**Note:** Coverage reduces by 50% at age 70

Monthly Rate Per \$1,000 of Life and AD&D		
Age Band	Employee & Spouse	Child(ren)
0-29	\$ .100	\$.200
30-34	\$ .110	
35-39	\$ .140	
40-44	\$ .200	
45-49	\$ .260	
50-54	\$ .440	
55-59	\$ .730	
60-64	\$ 1.04	
65-69	\$ 1.57	
70-100	\$ 2.93	

**Example:** A 36 year old employee wants to purchase \$50,000 of term life and AD&D insurance

Coverage Amount	<u>\$50,000</u>
# of Units/\$1,000 (Coverage Amount/\$1,000)	<u>50</u>
Monthly Rate per \$1,000 from table on left	<u>.140</u>
Total Monthly Premium	<u>\$7.00</u>

## Group Benefit - Disability

### Long Term Disability

**Laity employees** of the Diocese of Palm Beach are provided, at no cost to you, Long Term Disability (LTD) coverage, **after 30 days of employment with the Diocese**. LTD coverage supplements your lost wages should you be unable to work due to an illness or injury. LTD coverage begins after missing the specific elimination period below due to a medically certified reason. Benefits are payable up to the specific benefit duration period below. Benefits may be off-set by deductible sources of income - please see your policy for details.

**Elimination Period:** 90 Days

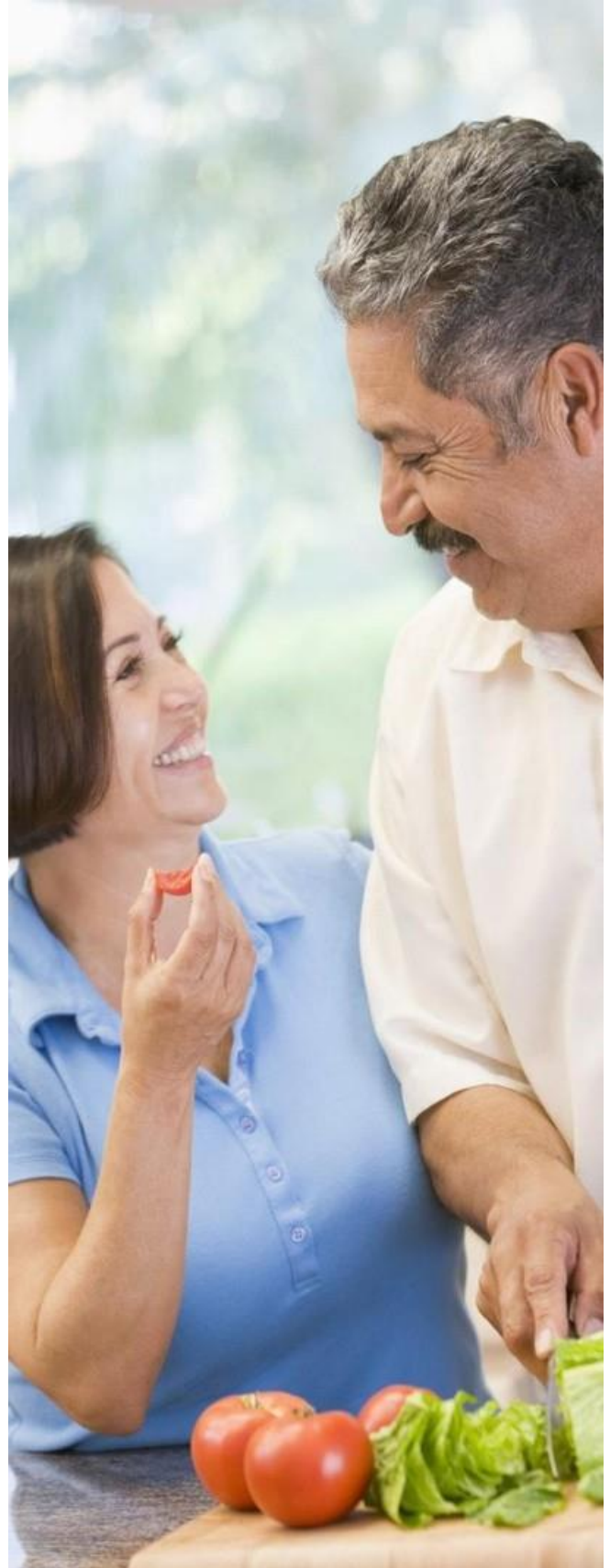
**Monthly Benefit:** 60% of your monthly earnings to a maximum benefit of \$3,000

**Maximum Benefit Period:**

Under age 61	to SSNRA*, but not less than 60 months
Age 61	to SSNRA*, but not less than 48 months
Age 62	to SSNRA*, but not less than 42 months
Age 63	to SSNRA*, but not less than 36 months
Age 64	to SSNRA*, but not less than 30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69+	12 months

*\*SSNRA (Social Security Normal Retirement Age), your normal retirement age is your retirement age under the Social Security Act where retirement age depends on your year of birth.*

**Pre-Existing Condition:** Conditions you received treatment for during the **three months** prior to the start of the coverage are excluded for the first **12 months** of coverage.



## Group Benefit - Disability



### Short Term Disability

Available to Laity only.

As an employee of the Diocese of Palm Beach, you are able to enroll in Short Term Disability (STD) coverage at your own expense. STD coverage supplements your lost wages should you be unable to work due to illness, injury or pregnancy. STD coverage begins after missing the specific elimination period below due to a medically certified reason. Benefits are payable up to the specific benefit duration period below.

<b>Elimination Period:</b>	14 days
<b>Maximum Benefit Period:</b>	11 weeks
<b>Weekly Benefit:</b>	60% of your weekly earnings to a maximum benefit of \$1,500
<b>Cost per \$10 of weekly benefit:</b>	\$0.17

*\*An Evidence of Insurability (EOI) form will be required if enrolling after the initial New Hire enrollment period. Coverage is subject to approval by The Standard. EOI forms should be forwarded to the Diocese Benefits Office.*

#### Calculation for Total Monthly STD Cost

**Example:** Employee as a \$52,000 annual salary and wants to purchase short term disability

Step 1	Indicate your weekly earnings	\$1,000
Step 2	Multiply your weekly earnings by .60	\$600
Step 3	Divide amount in Step 2 by 10 (if amount in Step 2 is more than \$1,500 use 150)	60
Step 4	Multiply the amount in Step 3 by the rate of \$0.17 to obtain your total STD monthly cost.	\$10.20

## Voluntary Individual Benefit – Norton LifeLock Benefit Solutions

Identity theft in the United States is a major problem that continues to be on the rise. Professional protection and assistance have become important tools in fighting the identity theft epidemic.

Thieves today can get a hold of your personal information from trash cans, dumpsters, stolen mail, and even shoulder surfing. Once thieves have your information, it's a simple matter to open new fraudulent accounts and make purchases in your name.

When you enroll in Norton LifeLock Benefit Solutions, you can be confident knowing that they are available 24 hours a day, 7 days a week, and committed 100% to helping protect your information as if it were their own.

**Norton LifeLock offers 2 Plans – Benefit Premier and Benefit Premier Plus.**

### Benefit Premier Plan

- LifeLock Identity Alert System
- Lost Wallet Protection
- Address Change Verification
- Black Market Website Surveillance Live Member Service Support
- LifeLock Privacy Monitor
- Reduce Pre-Approved Credit Card Offers
- Identity Restoration Support
- Stolen Funds Replacement - up to \$100,000
- Fictitious Identity Monitoring
- Court Records Scanning
- Data Breach Notifications
- Investment Account Activity Alerts

### Benefit Premier Plus Plan

*Provides all of the benefits of the Benefit Premier Plan plus:*

- Stolen Funds Replacement - up to \$1,000,000
- Credit Card, Checking & Savings with Account Activity Alerts
- Online Annual Credit Report Online Annual Credit Score
- Checking & Savings Account Application Alerts
- Bank Account Takeover Alerts
- Credit Inquiry Alerts
- Online Annual Tri-Bureau Credit Reports & Scores
- Monthly Credit Score Tracking
- File Sharing Network Searches
- Sex Offender Registry Reports
- Priority Live Member Service Support

### \$1 Million Total Service Guarantee

Norton's LifeLock Benefit Solutions proactive approach works to help stop identity theft before it happens. As a Norton's LifeLock Benefit Solutions member, if you become a victim of identity theft because of a failure in their service, they will help fix it at their expense, up to \$1,000,000.

Coverage Tier	Semi-Monthly (24 Pay Period) Rates	18 Pay Period Rates	Semi-Monthly (24 Pay Period) Rates	18 Pay Period Rates
	<b>Benefit Premier Plan</b>		<b>Benefit Premier Plus Plan</b>	
<b>Employee Only</b>	\$4.00	\$5.33	\$6.25	\$8.33
<b>Employee &amp; Family*</b>	\$7.49	\$9.99	\$10.74	\$14.32

*\*Family Tier:* Qualified dependents may encompass parents, in-laws, spouse/domestic partner, and/or children (for whom the employee is the legal guardian or parent), regardless of whether they reside at the same address.

Link to set up account - [Norton.com/ebsetup.com](https://Norton.com/ebsetup.com)

## Important Contacts



### **Medical**

Florida Blue  
800.345.3885  
[www.floridablue.com](http://www.floridablue.com)



### **Telemedicine**

First Stop Health  
888.691.7867  
[www.fshealth.com](http://www.fshealth.com)



### **Pharmacy**

**Formerly Elixir**  
MedImpact Pharmacy  
Benefits 800.771.4648  
[www.elixirsolutions.com](http://www.elixirsolutions.com)



### **Dental**

Delta  
800.521.2651  
[www.deltadentalins.com](http://www.deltadentalins.com)



### **Vision**

VSP  
800.877.7195  
[www.vsp.com](http://www.vsp.com)



### **Identity Theft**

Norton's LifeLock Benefit Solutions  
800.607.9174  
[www.mynorton.com](http://www.mynorton.com)



### **Basic and Voluntary Supplemental Life**

The Standard  
Contact the Benefits office at  
the Diocese:  
Sandy Maulden: 561.775.9574  
[smaulden@diocesepb.org](mailto:smaulden@diocesepb.org)

Ana Jarosz: 561.775.9525  
[anaj@diocesepb.org](mailto:anaj@diocesepb.org)



### **Short Term & Long Term Disability**

The Standard  
Contact the Benefits office at the  
Diocese:  
Sandy Maulden: 561.775.9574  
[smaulden@diocesepb.org](mailto:smaulden@diocesepb.org)

Ana Jarosz:  
561.775.9525  
[anaj@diocesepb.org](mailto:anaj@diocesepb.org)

**For other questions please contact the Diocesan  
Benefits Office:**

Or go to the website at:  
<http://www.embbenefits.com/diocese>

Sandy Maulden: 561.775.9574  
[smaulden@diocesepb.org](mailto:smaulden@diocesepb.org)

Ana Jarosz: 561.775.9525  
[anaj@diocesepb.org](mailto:anaj@diocesepb.org)



*This benefit summary prepared by*



Insurance | Risk Management | Consulting