



# 2024-2025

## LAITY BENEFITS 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 2025.

### Here's where to find...

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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.



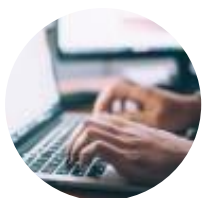
#### At Annual Enrollment

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.

## Enrollment Process

**The Diocese of Palm Beach** provides electronic enrollment through Explain My Benefits providing eligible employees the ability to make group insurance benefit elections online during the annual open enrollment, new hire orientation and qualifying events.

### Options to Enroll



**Self-Service Enrollment** – Complete your enrollment (**New Hires Only**) or process a qualifying life event online using any computer or smartphone with internet access.

- [www.embbenefits.com/diocese](http://www.embbenefits.com/diocese)
- Login instructions are on page 4
- Be sure to click “Checkout” at the end of the process and make note of your confirmation or email yourself a copy. If you do not receive a confirmation, you have not completed your enrollment and you will not be enrolled in your benefits.
- Return to the system at anytime to review your confirmation statement.



**Benefit Counselor Assisted - *New Hires Only***

- Schedule a telephonic enrollment meeting with a benefits counselor from Explain My Benefits. Visit the Benefits Portal and click the Schedule Your Enrollment Session Button to select the available date and time for a benefits counselor to call you and enroll you in your benefits.

[www.embbenefits.com/diocese](http://www.embbenefits.com/diocese)



**Mobile App** - You can enroll through the EMB mobile app, review the benefit guide, benefits and see important documents.

- Sign in using the Company Code: **dpb**

#### **Reminders**

- Be sure to review the 2024-2025 Benefits Guide and plan summaries **prior** to going through any enrollment process.
- Be prepared by gathering dependent and beneficiary information (i.e. Social Security Numbers and Dates of Birth).

**For more information about enrollment, videos and other important information, please visit:**

[\*\*www.embbenefits.com/diocese\*\*](http://www.embbenefits.com/diocese)



# BENEFITS ENROLLMENT APP

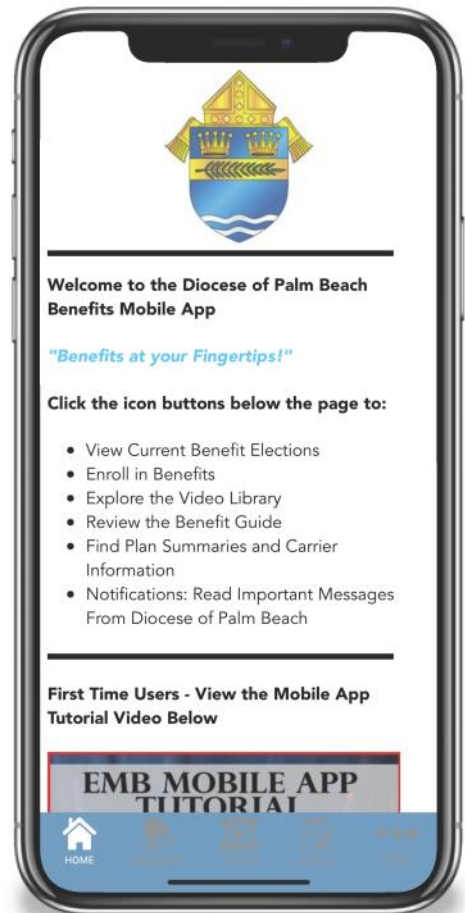
Diocese of Palm Beach has provided you a benefits app to manage your benefits that allows you to:

- ✓ Enroll in your insurance benefits from your phone
- ✓ View your current benefits
- ✓ Watch benefit education videos, and review insurance brochures
- ✓ Receive important message notifications about your benefits.

Please be sure to Enable Push Notifications

## TO DOWNLOAD:

1. Scan the QR Code
2. Download by clicking the link for iOS or Android
3. Enter Company Code: dpb



# Login Instructions

## ACCESSING EMB ENROLL

Access [www.embbenefits.com/diocese](http://www.embbenefits.com/diocese) and select **“Log Into Your Benefit System To Enroll or View Benefits”**

### Account Access Steps

1. Enter Username  
**1st Initial of your First Name AND  
Up to the 1st Six Characters of your Last  
Name AND Last 4 of SSN**  
**Example: Tim Johnson SSN 1234 =  
tjohnso1234**
2. Enter Password  
Date Of Birth (**YYYYMMDD**) and click  
Login

If you already created an account and are unable to log in, click **“Need Help?”** Follow the prompts to have a password sent or to retrieve your user name. Passwords are sent to your email on file with us.

### Once You Have Access

Select **“Get Started”** from the middle section of the screen.

Explain My Benefits

### Login

Username

Password

Login

NEED HELP?

**For detailed visual login and online enrollment instructions, click [here](#).**



# 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 coverage child:  
Overage Child Standard Plan - \$598.74 per month  
Overage Child Premium Plan - \$646.68 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>				
<b>Individual</b>	\$400	\$600	\$300	Combined w/ In-Network
<b>Family</b>	\$1,200	\$1,800	\$900	Combined w/ In-Network
<b>Coinsurance</b>	20%	50%	10%	30%
<b>Out of Pocket Maximum (Includes Deductible, Coinsurance, Co-pays, Per Admission Deductible and Rx)</b>				
<b>Individual</b>	\$3,500	Combined w/ In-Network	\$2,500	Combined w/ In-Network
<b>Family</b>	\$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</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 Non-Formulary	<b>30 Day Retail</b> \$4 Copay \$25 Copay \$40 Copay	Full cost at purchase and must file a claim for reimbursement	<b>30 Day Retail</b> \$4 Copay \$20 Copay \$35 Copay	Full cost at purchase and must file a claim for reimbursement
Generic Formulary Non Formulary	<b>90 Day Retail</b> \$12.00 Copay \$75.00 Copay \$120.00 Copay		<b>90 Day Retail</b> \$12.00 Copay \$60.00 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.

## Life Line Screening Reimbursement Benefit

As a new and value-added benefit to the Diocese Wellness Program, **effective April 1, 2023**, we are please 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 \$167**, 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 \$167 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 \$167 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 **800-679-5191** or register online at <https://lisa.social/HSC> 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 hat 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**



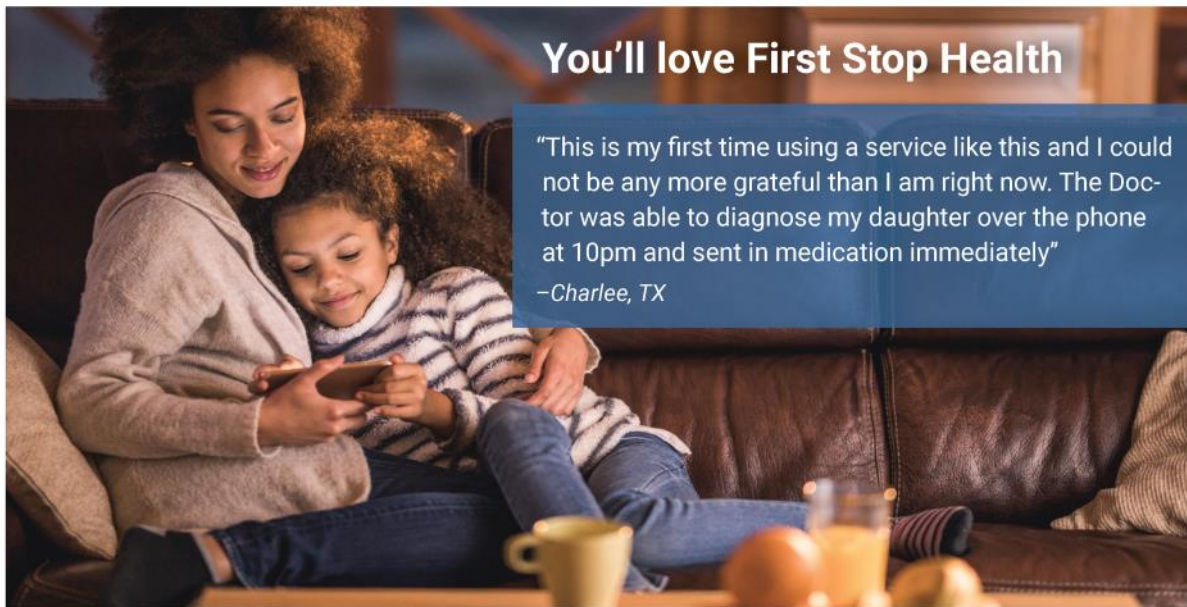
# Group Benefit - Medical - Telemedicine



## 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 - Prescription Drugs

Getting the Most from Your Pharmacy Benefits with Elixir

### 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** 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, Elixir is here to help!

 **800-771-4648**  
**913-262-8939** (KC Metro Area)

Help Desk hours:  
6 a.m. – 9 p.m. (CST) M-F  
9 a.m. – 5 p.m. (CST) Saturday

 **answers@elixirsolutions.com**

 **elixirsolutions.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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# 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

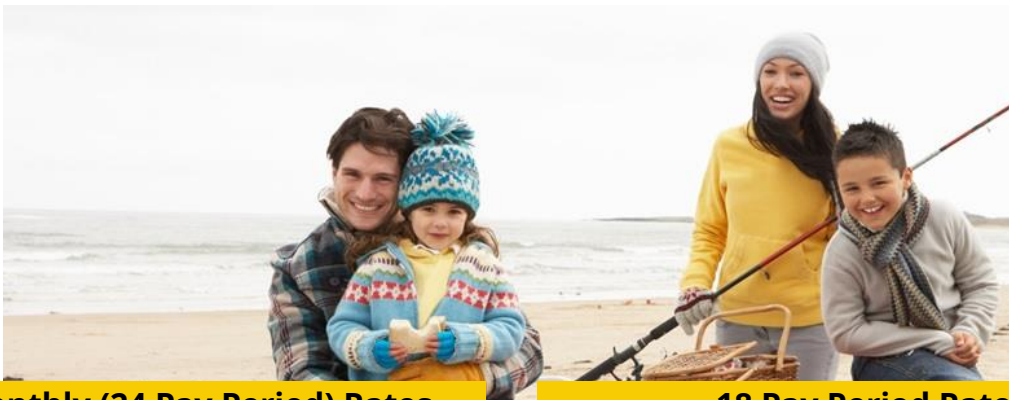
The most you will pay during the calendar year for covered expenses. This includes copays, deductibles, coinsurance and prescription drugs.

### 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	\$11.00	\$33.50
Employee + 1	\$304.50	\$350.50
Family	\$417.50	\$469.00

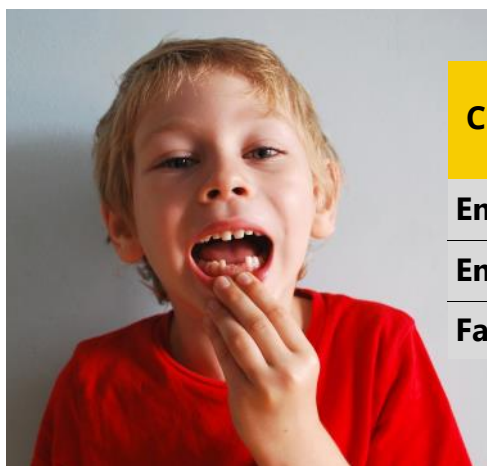
#### 18 Pay Period Rates

Coverage Tier	Florida Blue Standard Plan	Florida Blue Premium Plan
Employee Only	\$14.67	\$44.67
Employee + 1	\$406.00	\$467.33
Family	\$556.67	\$625.33

## 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
Employee Only	\$0.00	\$0.00
Employee + 1	\$53.50	\$71.33
Family	\$69.00	\$92.00

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	\$10	Every plan year**
<b>Prescription Glasses</b>		\$25	See frames and lenses
<b>Frame</b>	\$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% off amount over your allowance	Included in Prescription Glasses	Every other plan year
<b>Lenses</b>	Single vision, lines bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every plan year
<b>Lens Options</b>	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% off other lens options	\$55 \$95 - \$105 \$150 - \$175	Every plan year
<b>Contacts (instead of glasses)</b>	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every plan year
<b>Diabetic Eyecare Plus Program</b>	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
<b>Extra Savings and Discounts</b>	<b>Glasses and Sunglasses:</b> 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. <b>Retinal Screening:</b> Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam. <b>Laser Vision Correction:</b> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		

### Your Coverage with Other Providers

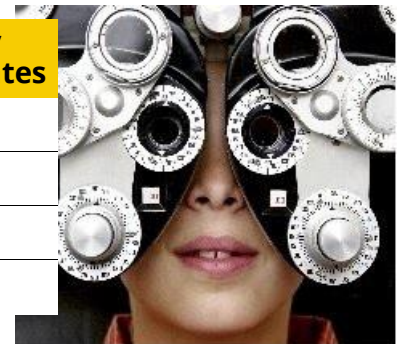
Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

Exam.....up to \$45    Single Vision Lenses.....up to \$30    Lined Trifocal Lenses.....up to \$65    Contacts.....up to \$105  
 Frame.....up to \$70    Lined Bifocal Lenses.....up to \$50    Progressive Lenses.....up to \$50

**\*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
<b>Employee Only</b>	\$3.28	\$4.37
<b>Employee &amp; Spouse</b>	\$6.54	\$8.71
<b>Employee &amp; Children</b>	\$7.00	\$9.33
<b>Family</b>	\$11.18	\$14.90



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

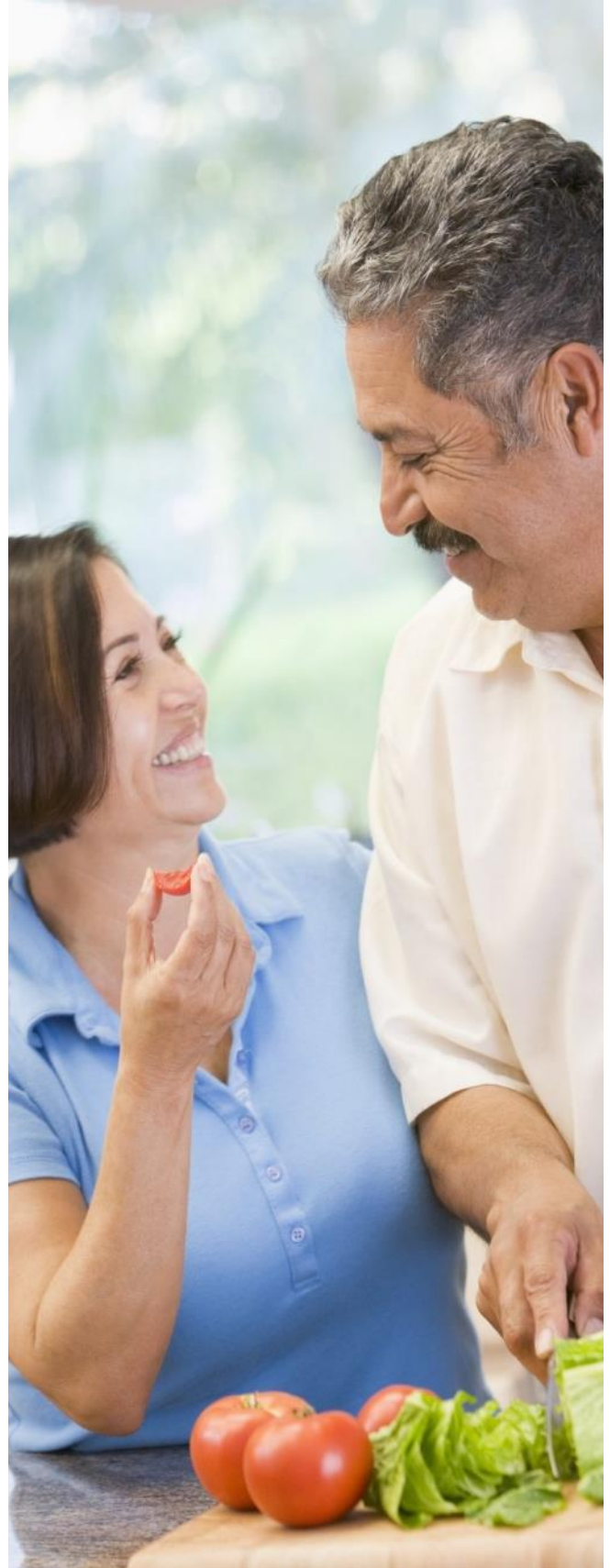
**Monthly Benefit:** 60% of your monthly earnings to a maximum benefit of \$3,000

### **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.

**Elimination Period:** 14 days

**Maximum Benefit Period:** 11 weeks

**Weekly Benefit:** 60% of your weekly earnings to a maximum benefit of \$1,500

**Cost per \$10 of weekly benefit:** \$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 Benefits

## What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on your needs and affordability. **Available to all employees.**

- Ownership – Policies are fully portable and belong to you if you leave the Diocese, price and plan benefits remain the same
- Benefits are payroll deducted
- **Cash benefits are paid directly to you, not to a hospital or to a doctor**
- **Benefits are paid regardless of any other coverage you may have**
- Level premiums—Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills



The Voluntary Benefits offered are **Accident** and **Universal Life with Long Term Care** through Trustmark.

## LIFE CHANGE AFFECTING YOUR VOLUNTARY BENEFITS?

These benefits may require a custom rate quote and/or underwriting questions to make changes.

[Click Here](#) to Submit a Request

## Accident Plan



A plan that helps pay for the unexpected expenses that can result from an accident.

- **On and off-the-job coverage**, 24 hours per day, 7 days per week
- Family coverage available
- Sports related injuries covered also

Just a few examples of benefit included in the plan:

- Initial Doctor's Office Visit: \$200
- Hospitalization: \$3,200 admission, \$500 per day
- Fractures: up to \$15,000
- Dislocation: up to \$12,000

**Wellness Benefit Included:** A wellness benefit is paid for routine physicals, vaccines, and health screening tests for each covered person. There is a 60-day waiting period, after initial enrollment, for this benefit.

This benefit pays \$50 per test per person, twice each year (maximum \$100 annually per insured).

Coverage Tier	Semi-Monthly (24 Pay Period) Rates	18 Pay Period Rates
Employee Only	\$8.91	\$11.87
Employee & Spouse	\$14.76	\$19.67
Employee & Children*	\$18.57	\$24.76
Family*	\$24.40	\$35.53

\*Dependents up to age 26 can be covered.

## Voluntary Individual Benefits

### Universal Life with Long Term Care

Universal Life with Long Term Care includes both a death benefit and a living benefit.

- Trustmark Universal Life with Long Term Care is a permanent life insurance policy that is designed to match your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection.
- The Universal Life with Long Term Care policy is priced to remain the same cost to you until age 100.
- The death benefit reduces at age 70 when the need for life insurance typically decreases.
- The Living Benefit, Long Term Care never reduces and is 4% of the original death benefit per month for up to 25 months.
- **If you use the Long Term Care benefit, your death benefit amount does not reduce due to the Benefit Restoration feature included.**
- Coverage is available for spouse (\$25,000) and children (child term rider).
- **Employee must enroll in coverage in order to cover spouse and/or children.**
- Available through age 64.

#### Special Underwriting at Initial Offering Guaranteed Issue - \$100,000 (Employee Only)



***If you waived this benefit previously, you must answer a few health questions and be approved for coverage.***

#### **Rates**

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. **Your specific rate will be calculated for you in the electronic enrollment system.**



# Identity Theft Protection

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 LifeLock, 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.

## LifeLock offers Proactive Protection in both of the plans offered:

### Benefit Elite 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

### Ultimate Plan

*Provides all of the benefits of the Benefit Elite 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

LifeLock's proactive approach works to help stop identity theft before it happens. As a LifeLock 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 Elite Plan</b>		<b>Ultimate Plan (New)</b>	
<b>Employee Only</b>	\$4.25	\$5.66	\$12.75	\$17.00
<b>Employee &amp; Spouse</b>	\$8.49	\$11.32	\$25.49	\$33.99
<b>*Employee &amp; Children</b>	\$7.43	\$9.91	\$18.06	\$24.08
<b>*Family</b>	\$11.68	\$15.57	\$30.81	\$41.08

**\*Employee & Children and Family Tiers: You may enroll up to 8 children with 4 of those children between the ages of 18 and 26.**

## 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**

Elixir 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**

LifeLock  
800.543.3562  
[www.lifelock.com](http://www.lifelock.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)



### **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)

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



### **Voluntary Worksite Benefits**

Trustmark  
800.918.8877  
[www.trustmarksolutions.com](http://www.trustmarksolutions.com)

**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)



### **Benefit Guide Description**

*This summary of benefits is not intended to be a complete description of the Diocese's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.*

*In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although the Diocese maintains its benefit plans on an ongoing basis, the Diocese reserves the right to terminate or amend each plan in its entirety or in any part at any time.*

*For questions regarding the information provided in this overview, please contact your Diocese human resources representative.*