



# EMPLOYEE BENEFIT GUIDE



**2026 - 2027**



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# Benefits

## DESIGNED FOR YOU

Your benefits are an important part of your total compensation package.

Please take the time to review this Benefits Guide to assist you in making informed enrollment decisions that are the best fit for the health, wellness and financial needs of you and your family.

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# IMPORTANT CONTACTS



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**REMINDER!** You can contact Total Health, Total You to help with claims, benefits questions, and more!

You can reach them by calling the number on your ID card, using the Sydney Health app, or visiting [Anthem.com](http://Anthem.com)

Questions About	Contact	Phone	Website / Email
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Medical	Anthem BC&BS	833-388-1403	<a href="http://www.enrollmentanthem.com/DioceseofToledo">www.enrollmentanthem.com/ DioceseofToledo</a>
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Telemedicine	LiveHealth Online	888-548-3432	<a href="http://livehealthonline.com">livehealthonline.com</a>
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Health Savings Account	Anthem	Please visit the Sydney Health mobile app or call the member services number on the back of your ID card	<a href="http://www.Anthem.com">www.Anthem.com</a>
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Flexible Spending Accounts	BAS MyEnroll	800-945-5513	<a href="http://www.myenroll.com">www.myenroll.com</a>
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Employee Assistance Program	Anthem	800-865-1044	<a href="http://www.anthemEAP.com">www.anthemEAP.com</a> Company Code: Diocese of Toledo
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# ELIGIBILITY



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**COVERAGE BEGINS:** For those who enroll, coverage begins the first of the month following the date of hire.

**COVERAGE ENDS:** If employment is terminated, coverage ends on the last day of the month of termination.



You are eligible for benefits if you work at least 25 hours per week for more than five consecutive months per year.

## MAKING CHANGES DURING THE YEAR

Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment.

The only exception is if you have a qualifying life event. In most cases, changes must match the event and be requested within **30 days**. Qualifying events include, but aren't limited to:

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Death of a dependent
- Change in your spouse's employment status
- Change in coverage under your spouse's plan
- A loss of eligibility for other health coverage
- Termination of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) (60 days)
- Becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP (60 days)



### ELIGIBLE DEPENDENTS



Your spouse



Your children from birth to age 26\*



### SUBMITTING PROOF

- ✓ Birth Certificate
- ✓ Social Security Card
- ✓ Marriage License
- ✓ Legal Documents
- ✓ Adoption Certificate

# COST OF COVERAGE



EMPLOYEE MEDICAL CONTRIBUTION				
	Single Coverage Employer Contribution	Single Coverage Employee Contribution	Two-Party	Family
<b>Medical</b>				
Premium Plan	85%	15% (\$186/month)	To find out the premium cost for two-party or family coverage, please contact the benefits administrator at your employment location, or you may also find the information when you log in to <a href="http://www.MyEnroll360.com">www.MyEnroll360.com</a> .	
Standard Plan	95%	5% (\$53/month)		
Advantage Plan (HDHP)	100%	No Cost		

## UNDERSTANDING YOUR PRE-TAX BENEFIT PAYROLL DEDUCTIONS

The Section 125 Cafeteria Plan lets you pay for benefits like medical, dental, and vision with pre-tax dollars, reducing taxable income. Elections are locked in for the 12-month plan year unless a qualifying life event occurs.

## CONTINUATION OF COVERAGE

Employees who terminate employment may be eligible for continuation of healthcare coverage pursuant to state of Ohio law or Diocesan policy. Please contact the Diocesan Benefits Administrator for more information about continuation coverage.

# INFO TO KNOW



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	PREVENTIVE CARE	DIAGNOSTIC CARE
WHAT IT MEANS:	Routine proactive care to maintain good health and prevent illness.	You have a symptom, or you have a known health issue.
WHAT YOU PAY:	You won't pay anything.	This is a diagnostic claim. Deductible, copays, and coinsurance apply.



**IN-NETWORK:** These are doctors, hospitals, and clinics that have an agreement with your insurance company, to offer services at lower preset prices.



**OUT-OF-NETWORK:** These are doctors, hospitals, and clinics that don't have an agreement with your insurance company, so they can charge you the full price for their services.

## What the terms mean...

**Annual Deductible** — The amount you pay before insurance pays.

**Embedded Deductible (Premium/Standard Plan)** — The individual deductible is part of the family deductible, so no one member can contribute more than the individual amount. Once a member meets the individual deductible, they move to copays/coinsurance, while other family members may still have deductible costs until either their individual deductible or the family deductible is met.

**Non-embedded Deductible (Advantage Plan)** — This is a true family deductible. Individual deductibles don't apply—everyone's expenses count toward the family deductible. Once it's met, copays/coinsurance apply to all members.

**Copayment** — After the deductible has been met, you and the plan will split the cost of claims.

**Out-of-Pocket Maximum** — The maximum you will pay in the calendar year. Once you meet the OOP max, the plan pays 100% of eligible claims for the remainder of the year.

**Copayment** — The fixed amount you pay for common services.

**100%**  
coverage for  
preventive care

# MEDICAL

	Premium Plan	Standard Plan	Advantage Plan HDHP
Network	Blue Access PPO	Blue Access PPO	Blue Access PPO
<b>DEDUCTIBLE</b>	<b>Embedded</b>	<b>Embedded</b>	<b>Non-Embedded</b>
Individual	\$500	\$1,500	\$2,000
Family	\$1,000	\$3,000	\$4,000
<b>COINSURANCE</b>			
Plan Pays	90%	70%	80%
You Pay	10%	30%	20%
<b>OUT OF POCKET MAXIMUM</b>			
Individual	\$6,600	\$6,600	\$4,000
Family	\$13,200	\$13,200	\$8,000
<b>COMMONLY USED SERVICES</b>			
Primary Care Physician (PCP) Visit	\$20 Copay	\$30 Copay	Deductible & Coinsurance
Specialist (SPC) Visit	\$30 Copay	\$40 Copay	Deductible & Coinsurance
LiveHealth Online Primary, Acute, Urgent Care, Mental Health / Substance Use Disorder / Specialist	No Cost Specialist: \$30 Copay	No Cost Specialist: \$40 Copay	No Cost Specialist: Deductible & Coinsurance
Preventive Care Services	No Cost	No Cost	No Cost
Urgent Care Visit	\$30 Copay	\$30 Copay	Deductible & Coinsurance
Emergency Room Visit	\$100 Copay	\$150 Copay	Deductible & Coinsurance
Diagnostic Lab & Imaging	No Charge	No Charge	Deductible & Coinsurance
Complex Imaging ( MRI, CT)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Hospitalization	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance

# PLAN COMPARISON

## Premium & Standard PPO vs. Advantage HDHP



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	Premium & Standard Plan PPO	Advantage Plan HDHP
Premium Amount	Higher	Lower
Annual Deductible	Lower	Higher
Preventive Care	✓	✓
Copays Before Deductible	✓	
Out of Network Coverage	✓	✓
Health Savings Account		✓
Flexible Spending Account	✓	

If you are electing the Advantage Plan (HDHP) with a Health Savings Account (HSA), Anthem Partners with WealthCare Saver to open a Health Savings Account (HSA) for employees enrolled in the Advantage Plan. You will receive more information, including an HSA debit card in the mail from Anthem and WealthCare Saver. Once the HSA account is open, you may set up a direct deposit from your payroll to contribute to your HSA through payroll deduction on a pre-tax basis. Contact your business manager or benefits administrator for more information.

# PHARMACY BENEFITS



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PRESCRIPTION DRUG	Premium Plan	Standard Plan	Advantage Plan (HDHP)
Pharmacy Network	Advantage Network w/Rx MN90		
Formulary	Essential Direct Four-Tier		
Tier 1 Retail	\$5	\$10	Deductible & Coinsurance
Tier 2, 3 & 4 Retail	30% Coinsurance	30% Coinsurance	Deductible & Coinsurance
Mail Order	Tier 1 \$5 Copay Tier 2-4 30% Coinsurance	Tier 1 \$10 Copay Tier 2-4 30% Coinsurance	Deductible & Coinsurance

## Your plan covers:

- Brand-name and generic drugs on your drug list.
- Certain preventive drugs at a more affordable or no extra cost to you.
- Most specialty drugs required to treat an ongoing health matter or serious illness.

## Coverage requirements

- Certain medications require you to take other steps before your plan covers them.
- **Preapproval**, also known as prior authorization, helps ensure your medications are safe and appropriate. If necessary, we'll work directly with your doctor to find the best fit with no action needed on your part.

- **Step therapy:** You may need to try other medicine before we can cover the one your doctor prescribed.
- **Quantity limits:** To help protect your health, your plan may limit how much medication you can receive each month.
- **Dose optimization:** If a higher strength is available, you may be able to switch from taking multiple doses to a single dose each day.
- **90-day supply:** If you take maintenance medication for ongoing conditions like asthma, diabetes, or high cholesterol, your plan may require that you set up a 90-day supply at a local pharmacy or through CarelonRx Pharmacy home delivery.

## To understand pharmacy benefits:

- Review your medication list to see if your prescriptions are covered.
- Use the Price a Medication tool on **Sydney Health** to find the best price in your plan's network, which can save you more when buying certain medicines.
- Check to make sure your local retail pharmacy is in your plan's network by using the Find a Pharmacy tool on **Sydney Health**.
- Explore home delivery with CarelonRx Pharmacy to make getting your regular prescription medications easier and help lower your costs.
- Get more information on our specialty pharmacy once you have a health plan. Most specialty drugs are covered if you need them.
- Review the drug tier chart to see where your medicines fall and how to save money.

## Your pharmacy options

You have choices for filling your prescriptions, including local retail pharmacies in your plan's network and convenient home delivery with CarelonRx Pharmacy. If you use a specialty medicine, it will need to be filled through our specialty pharmacy.

The **Advantage Network** features 58,000 pharmacies nationwide, including well-known retail pharmacies like CVS, Target, Kroger, Costco, and Walmart. Most independent retail pharmacies are also included. To find a pharmacy, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://anthem.com/pharmacyinformation/rxnetworks.html) and choose the Advantage Network list.

## Save with a 90-day supply

**Retail 90:** Receive a 90-day fill of the medicines you take regularly at a participating retail pharmacy. You can save money and time with fewer trips to the pharmacy and stay on top of your medicine easier by switching to a 90-day supply.

# TELEMEDICINE



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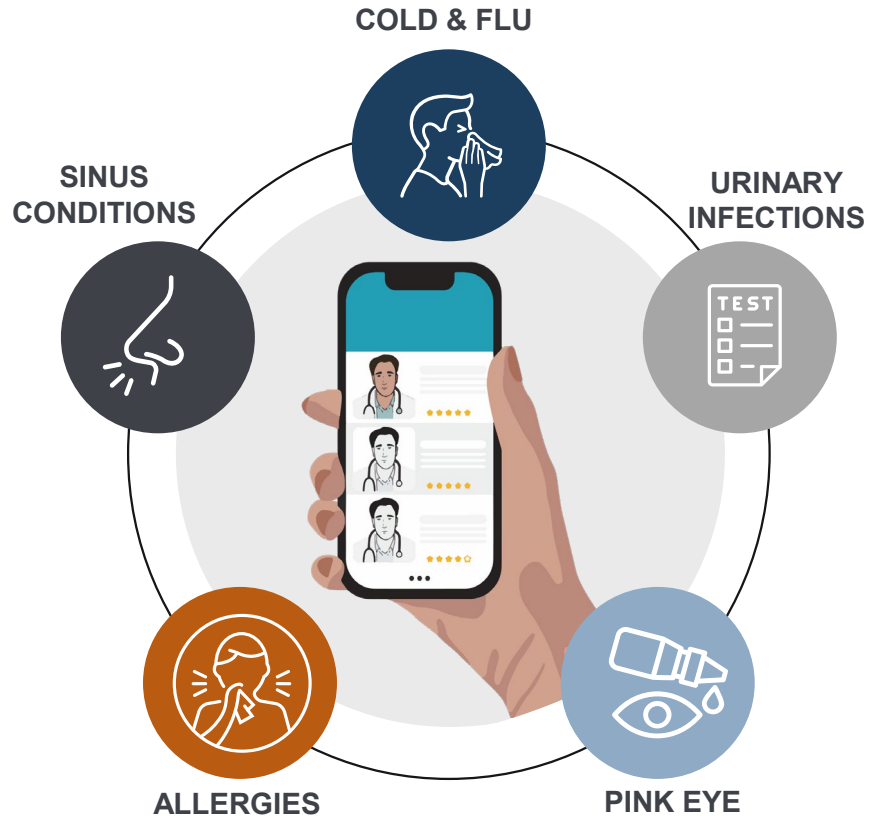
LiveHealth Online gives you 24/7/365 access to a **doctor** through the convenience of phone or video consults. It's an affordable option for quality medical care for acute conditions or specialty care.

- ✓ On a vacation or business trip
- ✓ After business hours or weekend
- ✓ For non-emergent care
- ✓ If your Primary Care Physician is unavailable
- ✓ For a short-term Rx refill



## NOT ALL VIRTUAL DOCTOR'S VISITS ARE TELEMEDICINE

*Be sure to use LiveHealth Online for a lower cost share.*



## COST OF CARE



	Primary, Acute, Urgent Care / Mental Health / Substance Use Disorder	Specialty Care
Premium Plan	No Cost	\$30 Copay
Standard Plan	No Cost	\$40 Copay
Advantage Plan (HDHP)	No Cost	80% After Deductible

## CONTACT



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



(888) 548-3432



Download the Sydney app!

# KNOW WHERE TO GO



## TELEMEDICINE

Telemedicine is a good alternative when your own doctor is not available, or when you need non-urgent medical care.

- Cold or flu symptoms
- Bladder infections
- Rashes
- Sinus problems
- And more

WHAT IT COSTS: LOWEST COST

\$



## DOCTOR'S OFFICE

If your symptoms **aren't urgent**, make an appointment with your regular doctor to discuss your health issue.

*Remember, you may be able to have a video or telephone visit with your doctor instead of going in-person.*

WHAT IT COSTS: MEDIUM COST

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## URGENT CARE

Urgent Care centers can treat moderate medical concerns, such as:

- Sprains, minor wounds, broken bones
- Severe cold or flu symptoms

WHAT IT COSTS: HIGHER COST

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## EMERGENCY CARE

Go to the ER if you're experiencing a true emergency where immediate medical care is needed such as\*:

- Chest pain, large wounds, broken bones

WHAT IT COSTS: MOST EXPENSIVE

\$\$\$\$\$

*\*call 911 if your health issue is life-threatening*

# COMPARING; FSA vs. HSA ACCOUNTS



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<b>FSA Premium &amp; Standard Plan</b>	<b>HSA Advantage Plan</b>
Pre-tax money	Pre-tax money
“Use it or lose it”	Money remains in account earning interest until it is used
Medical, dental, or vision expenses	Medical, dental, or vision expenses
All elected funds are available on the first day of the plan year	Funds are only available after deposit into HSA
You choose to use your debit card or online claims processing	Debit card
Receipts may be requested	Save receipts in case of IRS audit

# FLEXIBLE SPENDING ACCOUNT PREMIUM & STANDARD PLAN



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A pre-tax account that allows you to pay for out-of-pocket health care costs with your tax-free contributions.

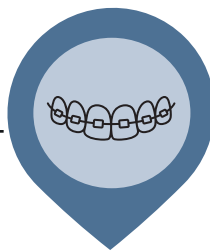
Funds available on first day of plan year for:



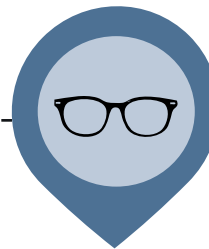
Medical  
Deductibles  
& Copays



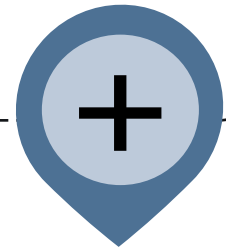
Prescriptions



Dental  
Expenses



Glasses  
& Contacts



Other Qualified  
Medical Expenses



## CLAIM FILING

Funds must be used for eligible expenses.

### TO FILE A CLAIM:

FSA funds can be accessed using the WEX Health Benefits Card (special purpose Mastercard), or by filing a claim for reimbursement. Visit [www.MyEnroll.com](http://www.MyEnroll.com) for claim filing instructions. Contact the BAS Client Services Team by email at [service@BASusa.com](mailto:service@BASusa.com) or by phone at 800-945-5513 (Monday - Friday, 8:30 am - 5:00 pm ET).

## THINGS TO CONSIDER

✓ **2026 CONTRIBUTION LIMIT:** \$3,400

✓ *GRACE PERIOD:* 2.5 months to use up any remaining funds

⚠ **IMPORTANT:** Use it or lose it before the grace period expires

- Save your receipts for your claims
- No changes allowed without life event

# DEPENDENT CARE FSA ALL PLANS



A pre-tax account for covering eligible expenses for dependents under 13 or a disabled spouse/dependent, allowing you (or both you and your spouse) to work.

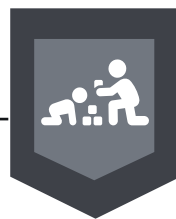
Funds available as they are deposited:



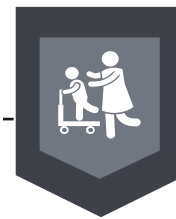
In-Home  
Babysitting



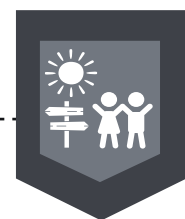
Before & After  
School Care



Day Care



Nanny  
Expenses



Summer Day  
Camps



## CLAIM FILING

Funds must be used for eligible expenses.

### TO FILE A CLAIM:

Funds can be accessed using the WEX Health Benefits Card (special purpose Mastercard), or by filing a claim for reimbursement. Visit [www.MyEnroll.com](http://www.MyEnroll.com) for claim filing instructions. Contact the BAS Client Services Team by email at [service@BASusa.com](mailto:service@BASusa.com) or by phone at 800-945-5513 (Monday - Friday, 8:30 am - 5:00 pm ET).



## THINGS TO CONSIDER

✓ **2026 CONTRIBUTION LIMIT:**  
\$7,500 (\$3,750 for married couples filing separately)

✓ **GRACE PERIOD:** 2.5 months to use up any remaining funds

⚠ ✓ **IMPORTANT:** Use it or lose it before the grace period expires

- Save your itemized receipts for your dependent care

# HEALTH SAVINGS ACCOUNT (HSA) ADVANTAGE PLAN



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Enrollment in the Advantage Plan allows you to contribute to an HSA. Contributing to an HSA is a smart way to save for medical expenses— from medical bills and prescriptions to band-aids and OTC medicine.

## SOME THINGS TO REMEMBER



Set up your account in the Anthem portal before you have any medical costs



You can use the money now for medical expenses or let your balance grow for the future.



The money is yours and stays in your account until you use it.



Money can only be used for eligible expenses. Otherwise, there is a tax penalty.



**Pay for eligible  
healthcare  
expenses**

[irs.gov/publications](https://www.irs.gov/publications)  
Publication 969

### You are eligible if:

You are enrolled in the **ADVANTAGE HDHP PLAN**



You are not covered by a spouse's plan or FSA



No one can claim you as a dependent



You are **NOT** enrolled in Medicare, Tricare, or Tricare for Life



You haven't received VA benefits in the last 3 months



### How do I set up my HSA?

You must set up your account in the Anthem portal before you have any medical costs. Once Anthem receives your enrollment information, you will receive your Anthem Blue Cross and Blue Shield Debit Mastercard in the mail. Be on the lookout for this card, as it comes in a plain white envelope with an Anthem return address.

### Who can use the money in my HSA?

You may use the money in the HSA to pay for qualified expenses for you, your spouse and dependents. You can use the money for expenses for your spouse and dependents, even if they are not enrolled in the Advantage Plan.

### What happens if I use the money in my HSA for something other than a qualified healthcare expense?

If you're under 65, you'll have to pay a 20% penalty and taxes on the withdrawn funds. If you're 65 or older, you will only have to pay taxes on the funds, but will not have to pay the penalty.

### What if I change jobs or health plans?

HSAs are portable, which means you keep your HSA even if you change employers or health plans.

## 2026 MAXIMUM CONTRIBUTIONS

	IRS Maximum
Employee Only	\$4,400
Employee + Dependent (s)	\$8,750
55+ Catch up	\$1,000



[www.anthem.com](https://www.anthem.com)



833-388-1403



Download the Sydney Health app

# EMPLOYEE ASSISTANCE PROGRAM

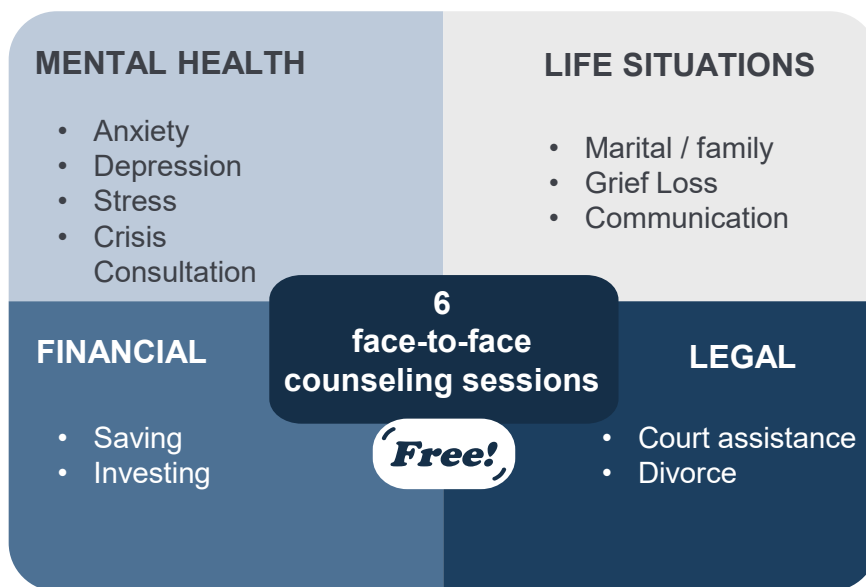


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## SERVICES PROVIDED

Anthem provides in-person and 24/7 online services for individuals, married couples, and families for a variety of situations. Common situations included, but are not limited to:



## FREE SERVICES

Each eligible family member may receive up to 6 face-to-face counseling sessions and 24/7 telephonic counseling, work/life balance resources.

## CONFIDENTIALITY

Anthem services are fully confidential, and no information, including your name, will be shared without your written consent.

*The only exceptions are if the counselor must warn about a serious threat or report child or elder abuse as required by law.*

## CONTACT

[www.anthemep.com/diocese-of-toledo](http://www.anthemep.com/diocese-of-toledo)

Company Code: Diocese of Toledo

800-865-1044



*Note: Anthem EAP is an independent service offered to Anthem customers in a variety of workplaces. All content provided through Anthem EAP is not vetted by the Diocese of Toledo and may not fully align with the teachings of the Catholic Church. Please keep this in mind when reviewing their wide range of materials.*

