



# Catholic Diocese *of* Cleveland

**1<sup>st</sup> Annual Online Open Enrollment**  
**April 20<sup>th</sup> to May 8<sup>th</sup> 2026**

# Benefits Website

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What is the URL to log in?

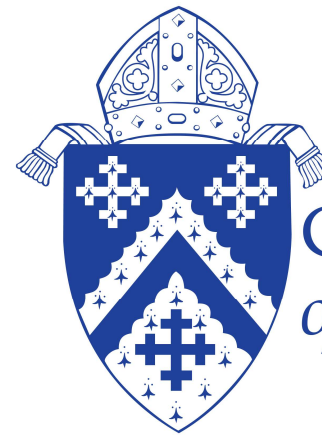
<https://dioceseofcleveland.bswift.com>

For many users your username will be:

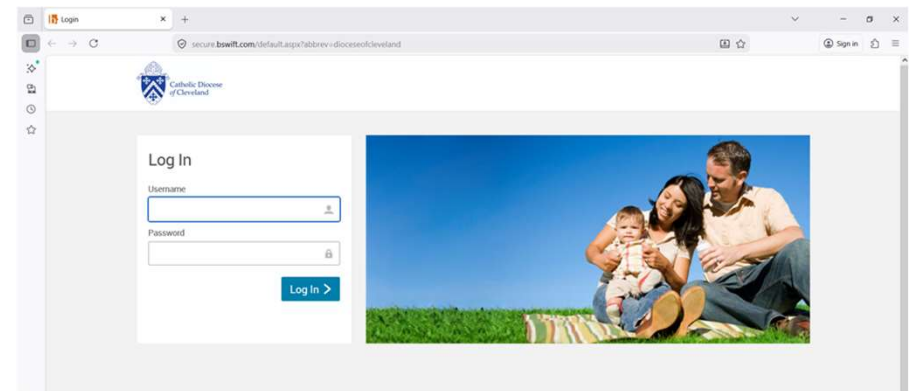
first initial + last name (all one word)

Password: last 4 of SSN

If your name is a close match to another user, it may vary slightly. Your local Business Manager, HBO Office, and HR will be able to assist with logging in.



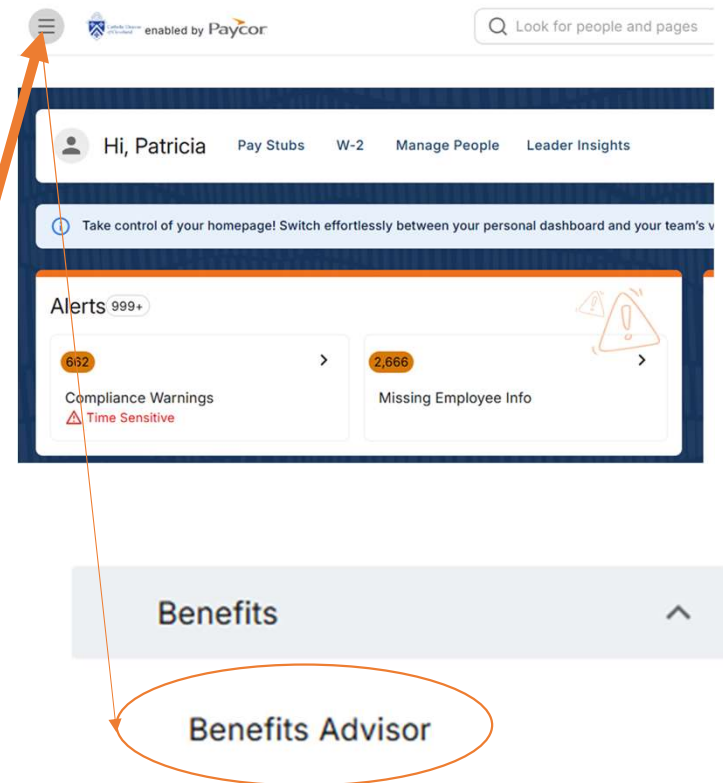
Catholic Diocese  
*of Cleveland*



# Logging in to Benefits through Paycor

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- Employees who have a Paycor log in can use SSO to enter the benefits system.
- Log into: [Paycor Login](#)
- Then click on the three lines next to the logo on the top left of the screen.
- Then select, People, Benefits, Benefits Advisor



Once logged in from either option you will land on the home page

The screenshot shows the user interface of the Catholic Diocese of Cleveland enrollment portal. At the top left is the diocese logo. The top right contains links for Preferences, Change Password, and Log Out. A blue navigation bar includes Home, My Benefits, My Profile, News, Library, and Help. The main content area features a 'Welcome to your enrollment!' message, a 'Your Status Not Started' indicator, and a 'Start Your Enrollment' button. On the left, a 'Welcome,' greeting is followed by a 'My Profile' dropdown menu with options to edit profile, dependent profiles, and address. A large banner image of a family is accompanied by a 'Welcome' text overlay. Below this, the 'My Benefits' section shows an effective date of 4/16/2026 and a 'Medical MMQ PPO Plan' with the Medical Mutual of Ohio logo. The 'Documents' section lists 'Skyway Plus EPO 07-01-2026' and 'MMO HSA Plan 07-01-2026'.

Click the  
“Start Your  
Enrollment”  
to begin open  
enrollment



Home My Benefits ▾ My Profile News Library ▾

# Welcome to your enrollment!

Your Status **Not Started**

[Start Your Enrollment](#)

# You will see the open enrollment announcement

## Employee Information

### Welcome to the Diocese of Cleveland Open Enrollment.

Open Enrollment will take place **April 20 through May 8, 2026**. During this time, you may review your current benefits and make any necessary changes for the upcoming plan year.

All elections and changes made during Open Enrollment will be **effective July 1, 2026**.

Please note:

- The rates currently displayed reflect **existing incentive levels**.
- Updated 2026–2027 wellness incentives will be applied, and final rates will be reflected effective July 1, 2026.

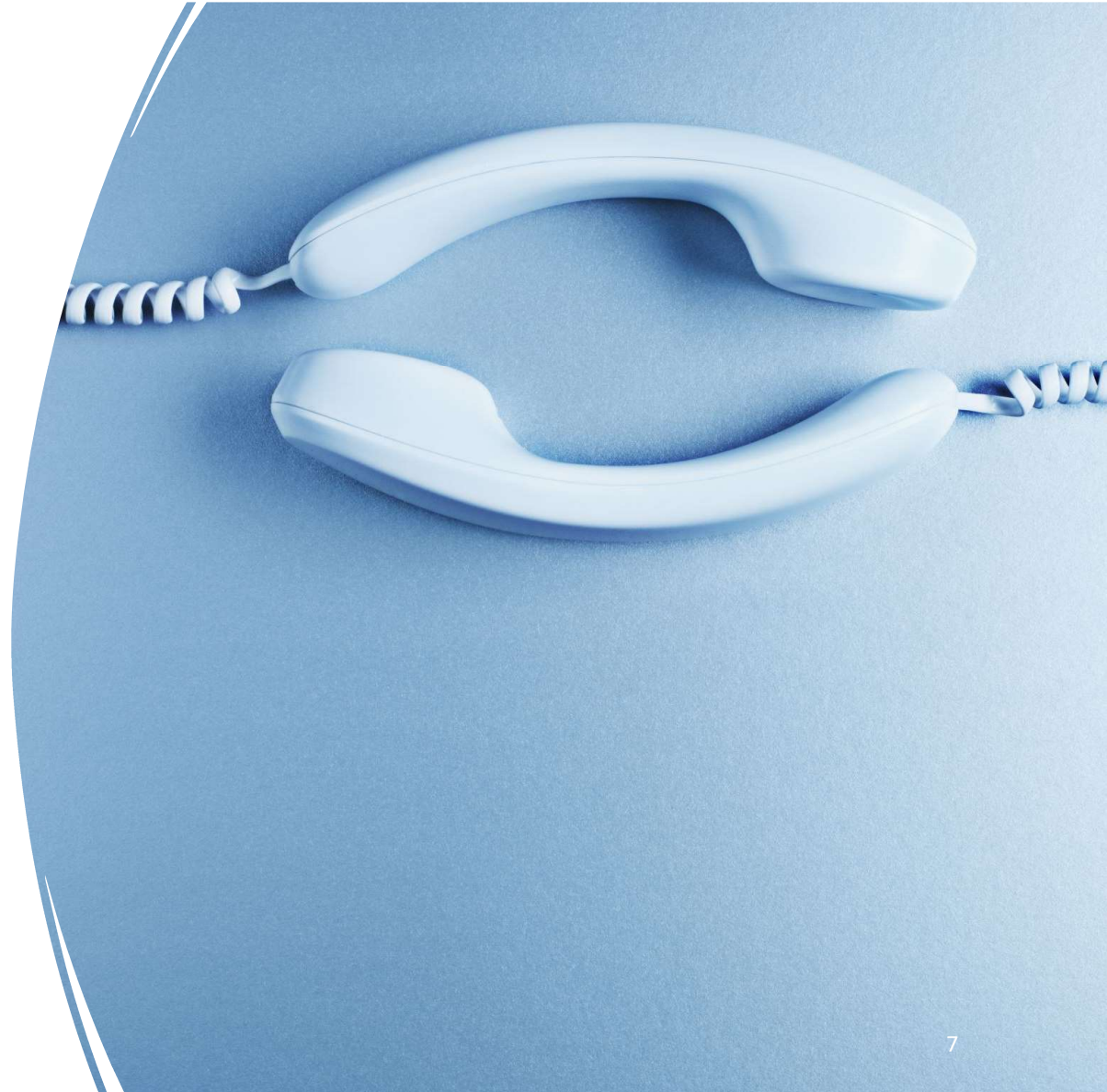
We encourage you to review your benefit options carefully to ensure your selections best meet your needs for the upcoming year.

# Demographics

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- Please review the demographics.
- This information is shared with the medical plans you enroll in. They will send communications. Please be sure your information is is to date.
  - Is this you?
  - Is this your address?
    - Have you moved?
  - Is your email and phone number accurate?

Please reach out to HBO if this information needs updated.



- Mark radio button for email preference
- Scroll to the bottom.

City Concord Township  
State OH - Ohio  
Zip 44077-8906  
Home Phone  
Cell Phone  
Home Email

Work Email **afordyce@vasj.com**

Preferred Email  Home Email  Work Email  None

- Mark the box to “Agree”

I confirm that the information provided on this page is accurate and up-to-date. Or, if it is not correct, that I will reach out to the HBO Office or my local BMR for needed revisions.

I agree

- Click “Continue”

1 Your Info  
Employee Information  
Family Info  
2 Your Benefits  
3 Enroll  
4 Complete

Continue



## Family Information

Please take time to add any family members that you plan to include on coverage or as a beneficiary(s)

**Amanda**  
**Forde**

Female Employee

4

SSN: X

[Edit >](#)

**Andrew**  
**Forde**

Male Child

/9/2007

SSN:

Verified

[Edit >](#)



Add Dependents

- Click the plus to add beneficiary or dependents
- Click Edit to make a correction to an existing dependent or beneficiary

- Scroll to the bottom
- Mark the “Agree”

I understand that changes elected during open enrollment will be effective 07/01/2026.

I agree

Click continue

Continue

# Enrollment Options

- Each plan you are eligible for will have an option to “elect” coverage or “waive”.
- If you do not want the coverage mark: [I don't want this benefit \(waive\)](#)
- To see all plan options (example medical has several options) select view plan options: [View Plan Options](#)


The screenshot displays a user interface for medical enrollment. At the top, a green heart icon is next to the word "Medical". To the right, the cost is listed as "\$392.00" with a dropdown arrow, and below it, "Your Cost per pay period". Underneath, the plan name is "Medical MMO PPO Plan" by "Medical Mutual of Ohio", with a link to "View plan details". The coverage type is "Employee + Family". A table shows two rows: "Employee" and "Child", both with a green checkmark and the word "Cover". At the bottom left, a green checkmark indicates "Completed". At the bottom right, there are two buttons: "I don't want this benefit (waive)" and "View Plan Options".

PLAN	Medical MMO PPO Plan	Medical Mutual of Ohio	<a href="#">View plan details</a>
COVERAGE	Employee + Family		
	Employee	Cover	
	Child	Cover	

Completed [I don't want this benefit \(waive\)](#) [View Plan Options](#)

# Who will be covered?

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- Each plan will ask who will be covered
- Employee is always selected (muted in color as you cannot cover a dependent if you are not on the plan).
- Add missing dependents
- Mark the box for all covered
- Then click 

## Medical

### Who will be covered by this plan?

Employee

Spouse

[+ Add Dependents](#)

# Plan details

- Each plan has a link to the plan brochure
- Plan details
- Cost of plan

Summary of Benefits and Coverage: What This Plan Covers & What You Pay For Covered Services  
The Diocese of Cleveland - HSA

Coverage Period: 07/01/2026- 06/30/2027  
Coverage for: Single or Family | Plan Type: HSA

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-610-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [MedMutual.com/SBC](http://MedMutual.com/SBC) or call 800-610-2583 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$3,400/single, \$6,800/family Network, \$6,000/single, \$12,000/family Non-Network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care and all services with copayments are covered and paid by the plan before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$4,000/single, \$8,000/family Network, \$8,000/single, \$16,000/family Non-Network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

**Medical MMO PPO/HSA Plan**  
Medical Mutual of Ohio



View plan details  
Plan Brochure

Compare

Your cost per pay period

**\$141.00**

Tier: Employee + Family



[Select](#)

- If you are participating in the wellness and tobacco incentives, the rates shown reflect the applied discounts. Discount of \$15/month (single coverage) or \$30/month (family coverage) for each of the two incentives.
- Critical Illness will be added for anyone enrolled in the PPO/HSA plan.

[The Annual Physical & Tobacco Attestation form is located in the Document Library](#)

Cost Details (per pay period)	
Total Premium	\$1,051.00
Employer Cost	(\$910.00)
Employee Cost	\$141.00

Click Select to elect the coverage

<b>Medical MMO PPO/HSA Plan</b> Medical Mutual of Ohio	 <a href="#">View plan details</a> <a href="#">Plan Brochure</a> <input type="checkbox"/> Compare	Your cost per pay period <b>\$141.00</b> <input type="text"/> Tier: Employee + Family <a href="#">Select</a>
<ul style="list-style-type: none"><li>• If you are participating in the wellness and tobacco incentives, the rates shown reflect the applied discounts. Discount of \$15/month (single coverage) or \$30/month (family coverage) for each of the two incentives.</li><li>• Critical Illness will be added for anyone enrolled in the PPO/HSA plan. <a href="#">The Annual Physical &amp; Tobacco Attestation form is located in the Document Library</a></li></ul>		
<b>Medical Skycare EPO Plan</b> Skyway Healthcare	 <a href="#">View plan details</a> <a href="#">Plan Brochure</a> <input type="checkbox"/> Compare	Your cost per pay period <b>\$325.00</b> <input type="text"/> Tier: Employee + Family <a href="#">Select</a>
<ul style="list-style-type: none"><li>• If you are participating in the wellness and tobacco incentives, the rates shown reflect the applied discounts. Discount of \$15/month (single coverage) or \$30/month (family coverage) for each of the two incentives. <a href="#">The Annual Physical &amp; Tobacco Attestation form is located in the Document Library</a></li></ul>		

- Review each plan
  - Select dependents
  - Waive or elect coverage
- 
- When finished click continue

You have waived this benefit.

Completed [View Plan Options](#)

**FSA Dependent Care** NO PLAN SELECTED  
\* Selection Required [I don't want this benefit \(waive\)](#) [View Plan Options](#)

**Critical Illness** \$0.00  
Your Cost per pay period  
PLAN Critical Illness - Supplement to MM0 PPO/HSA Plan MetLife [View plan details](#)  
COVERAGE Employee  
 Employee  Child  Cover  Waive  
Completed [View Plan Options](#)

**Employee Assistance** \$0.00  
Your Cost per pay period  
PLAN Employee Assistance Program Moore Counseling & Meditation Services [View plan details](#)  
Completed [View Information](#)


Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

# Review and Confirm

- Review all plan selections
- Scroll down
- Click the button to acknowledge and agree
- Click complete enrollment 
- Click complete enrollment

## Once You've Reviewed All Your Selections:

By clicking "I Agree" and "Enroll Now," you acknowledge that:

- Your benefit elections are accurate and complete
- You understand that these elections will be effective July 1, 2026
- You authorize any applicable payroll deductions for elected benefits
- You understand that changes cannot be made after Open Enrollment unless you experience a qualifying life event

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

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

Complete Enrollment

# Congratulations

## Your enrollment is complete!

You may make changes to your elections until: **May 8, 2026**

You have completed your enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button.

### 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