



Catholic Diocese
of Cleveland

New Hire Enrollment

Benefits Website

What is the URL to log in?

<https://dioceseofcleveland.bswift.com>

For many users your username will be:

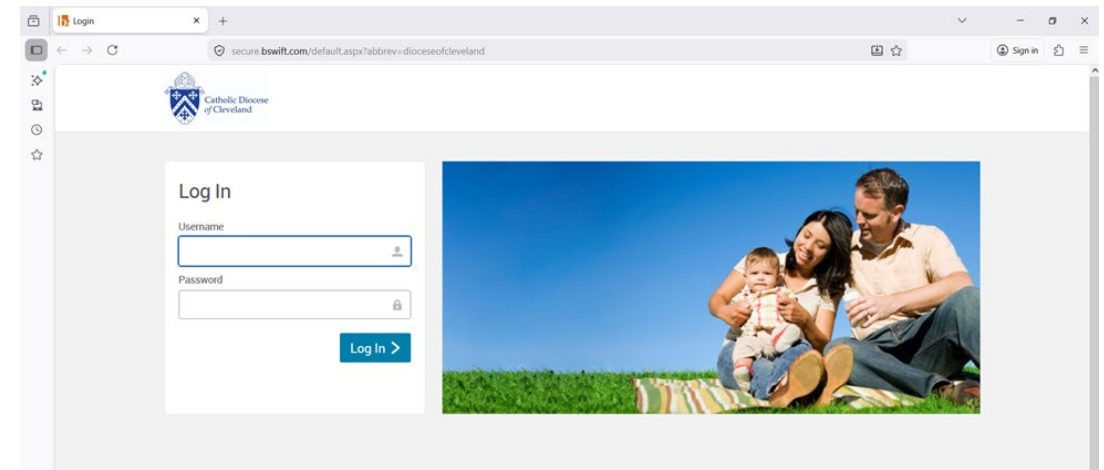
first initial + last name (all one word)

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.

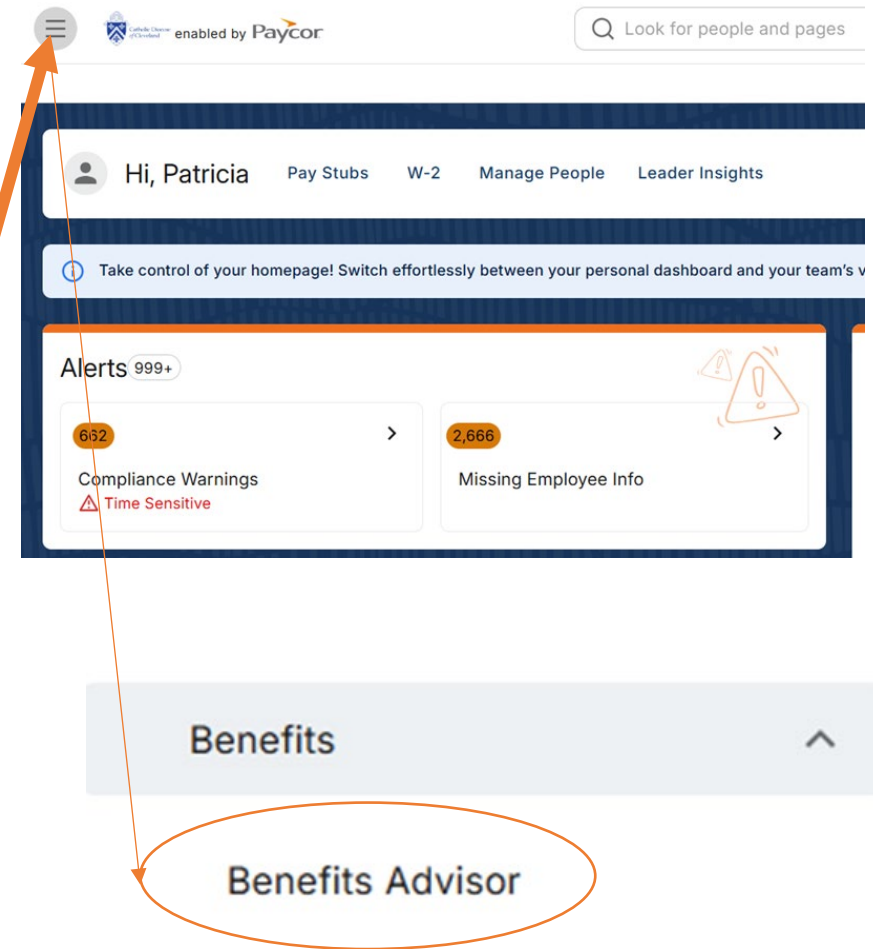


Catholic Diocese
of Cleveland



Logging in to Benefits through Paycor

- 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

Catholic Diocese of Cleveland

Preferences Change Password Log Out

My Benefits My Profile News Library Help

Welcome to your enrollment!

Your Status **Not Started**

[Start Your Enrollment](#)

Welcome,

My Profile

- [Edit my profile](#)
- [Edit dependent profiles](#)
- [Change my address](#)



Welcome

My Benefits Effective Date: 4/16/2026

MEDICAL
Medical MMO PPO Plan

MEDICAL MUTUAL OF OHIO

Documents

- Skyway Plus EPO 07-01-2026
- MMO HSA Plan 07-01-2026

Click the
“Start Your
Enrollment”
to begin open
enrollment



My Benefits ▾

My Profile

News

Library ▾

Welcome to your enrollment!

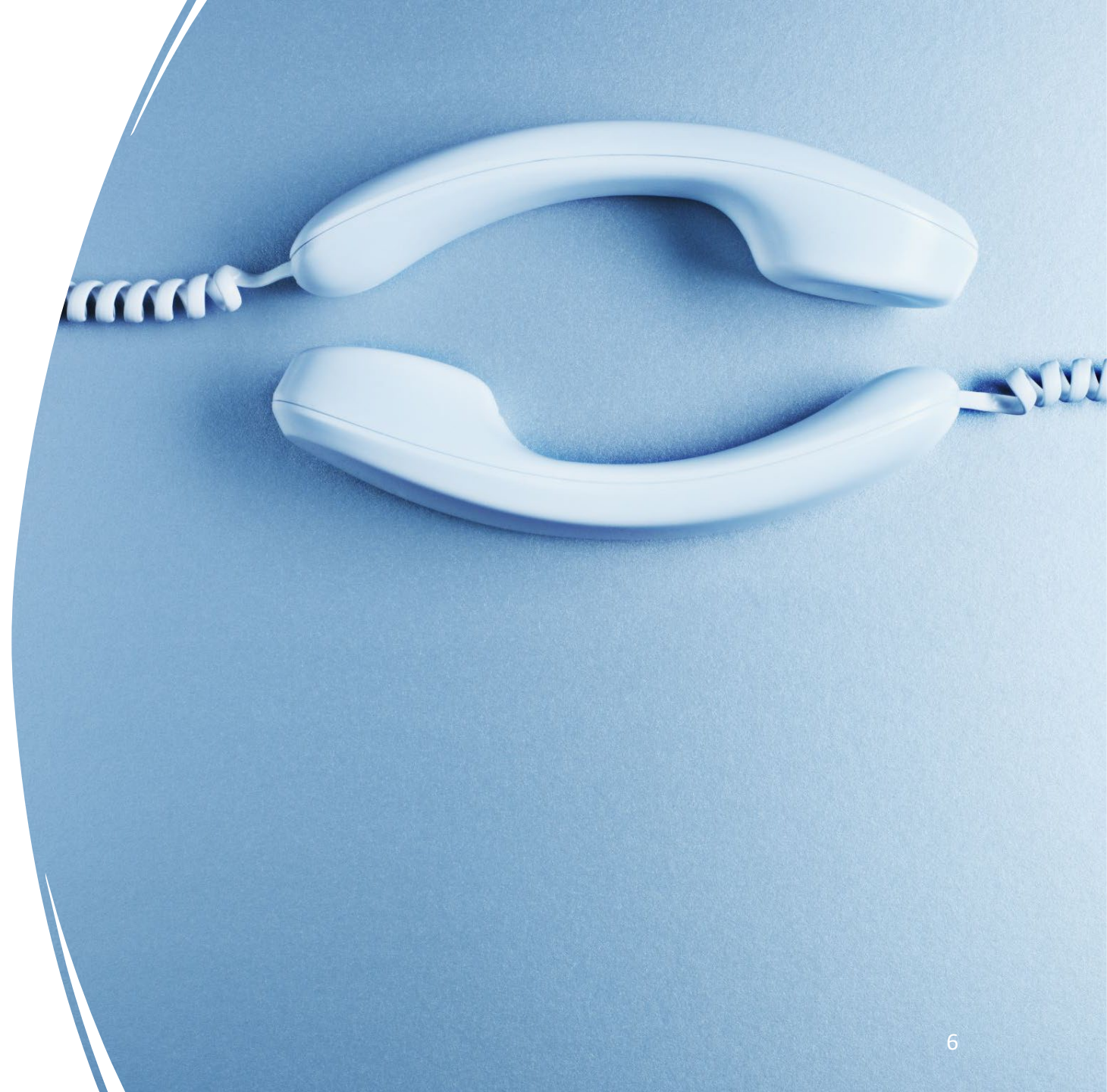
Your Status **Not Started**

 [Start Your Enrollment](#)

Demographics

- 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
Fordyce

Female Employee

4

SSN: X

[Edit >](#)

Andrew
Fordyce

Male Child

2/9/2007)

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](#)

 Medical

\$392.00 
Your Cost per pay period

PLAN

Medical MMO PPO Plan Medical Mutual of Ohio [View plan details](#)

COVERAGE

Employee + Family

	Employee	 Cover
	Child	 Cover

 Completed

[I don't want this benefit \(waive\)](#)

[View Plan Options](#)

Who will be covered?

- 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

 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](https://www.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 https://www.healthcare.gov/coverage/preventive-care-benefits/ .
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

Medical MMO PPO/HSA Plan

Medical Mutual of Ohio



Your cost per pay period

\$141.00

Tier: Employee + Family

[View plan details](#)

[Plan Brochure](#)

☐ Compare

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.](#)

Medical Skycare EPO Plan

Skyway Healthcare



Your cost per pay period

\$325.00

Tier: Employee + Family

[View plan details](#)

[Plan Brochure](#)

☐ Compare

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.

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

- 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 MMO PPO/HSA Plan MetLife [View plan details](#)

COVERAGE Employee

Employee ☒ Cover ☐ Waive

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: **April 17, 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