

2027

# BENEFITS

& Enrollment Guide



ROMAN CATHOLIC DIOCESE OF  
SAINT PETERSBURG



St. Joseph Catholic Church

**ENROLLMENT  
JOURNEY**

**1  
EXPLORE**  
Review your options

**2  
COMPARE**  
Find the right fit

**3  
CHOOSE**  
Select your coverage

**4  
ENROLL**  
Complete your elections

**BENEFITS THAT SUPPORT YOU AND YOUR FAMILY**

**PLAN YEAR: JANUARY 1, 2027 - DECEMBER 31, 2027**

# Religious / Laity

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FURTHER EDUCATION

Benefits Terms Explained (Key Terms)



# Benefits

**Disclaimer:** Diocese of Saint Petersburg (DOSP) has made every attempt to ensure the accuracy of the information described in this enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Any examples in this guide are for illustration purposes only and may not reflect the actual coverage selected. DOSP reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and DOSP share plan costs at any time.

In accordance with Employee Retirement Income Security Act (ERISA), you have access to important documents relating to your benefit plans. Please review the important legal notices and detailed benefit summaries for more information on your plans. Contact your benefits administrator to request these documents. You may also request a printed copy of these documents by contacting your benefits administrator.

# Welcome

At the Diocese of Saint Petersburg, we believe that you, our employees, are our most important blessing. Helping you and your families achieve and maintain good health – physical, emotional and financial – is the reason we offer this benefits program. For more information, visit [dosp.org/humanresources/benefits](https://dosp.org/humanresources/benefits).



## Benefits Guide Overview

This guide provides a general overview of your benefit choices to help you select the coverage that is right for you. Make choices that work to your best advantage – planning is recommended. Included are summary explanations of benefits, costs, and contact information for each provider.

Only benefit programs for which you are eligible and have enrolled apply to you. Review each section with your family and pay close attention to co-payments, deductibles, claim filing, pre-authorization requirements, networks, and exclusions.



### BENEFITS ELIGIBILITY

Benefit-eligible employees may participate in the Diocese Employee Benefits Program after the new hire waiting period and annually during Open Enrollment.



### ELIGIBLE DEPENDENTS

You may enroll your spouse and children up to age 26. Includes natural, adopted, step-children, and children under legal guardianship. Disabled children may continue beyond age 26 with carrier approval.



### SPOUSE ELIGIBILITY

If your spouse has access to coverage through their own employer, they are not eligible to enroll in the Diocese of Saint Petersburg Employee Benefits Program.



### WHEN COVERAGE BEGINS

Full-time employees working 30+ hours per week are eligible for benefits on the **1st of the month following 30 days of employment.**

All elections are in effect for the entire plan year and can only be changed during Open Enrollment or following a **Qualifying Life Event** (see Page 4 for details).



# Enrolling in Benefits

## TWO WAYS TO ENROLL: **GUIDED ENROLLMENT** (RECOMMENDED) | **SELF SERVICE**

We strongly encourage you to take advantage of our Guided Enrollment option, which provides you with free access to a personal enrollment counselor to review your plans, costs, and assist with entering the enrollment information in Paylocity.

### Option 1: Guided Enrollment

#### — Recommended Option —

Our recommended method for your enrollment is for you to set an appointment with a dedicated enrollment specialist at The CarLyn Group.

You set a time that works for you during the day or in the evening.

Your CarLyn Group enrollment specialist will review your options and enter your selections for you in Paylocity—

No need for you to remember your user name and password!

Scan the QR code below or

go to the website:

<https://cgmobileapp.com/DOSP/>



### Option 2: Self Service Enrollment

If you prefer to enroll on your own, you will do so at [www.Paylocity.com](http://www.Paylocity.com).

- Sign in using your DOSP ID (12xxx).
- Enter your username and your password (if you are missing any of the information needed to log in, please reach out to the payroll administrator at your entity).
- Near the top left of the page, click on “HR & Payroll”.
- From the menu that slides out from the left please click on the last option, **bswift Benefits**.
- You will be brought to a welcome screen, then follow the prompts.



**bswift Benefits**

## Changing Your Benefit Elections

Benefit elections made at Open Enrollment cannot be changed until the next annual Open Enrollment period. The only exception is if you experience an IRS Recognized Qualifying Life Event. A Qualifying Life Event allows you to make a change to your benefit elections within 30 days (or 60 days in certain circumstances as described below\*).

### Some examples of Qualifying Life Events include, but are not limited to:

#### Change In Family Status

- Marriage
- Divorce
- Birth or adoption of child
- Dependent no longer meets eligibility rules

#### Change In Cost or Coverage

- Addition or elimination of benefit options
- Relocation in or out of plan's service area
- Spouse's employment begins or ends
- Plan covering a spouse or dependent holds an annual enrollment at a different time than the plan covering the employee
- Medicare Eligibility (60 day special enrollment)
- Medicaid Eligibility (60 day special enrollment)

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**Qualifying Event**



**\* Important:** If you experience an IRS Recognized Qualifying Life Event, you must notify Human Resources within 30 or 60 days of the event (as noted above) to make changes to your benefit elections.

# Medical Plan Options

| Benefit - Policy #15888                                    | High Deductible Plan                                                            | POS Plan                                                                        |
|------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Provider Network                                           | Choice POS II                                                                   | Choice POS II                                                                   |
| Coverage Area                                              | In-Network / Out-of-Network                                                     | In-Network / Out-of-Network                                                     |
| <b>Calendar Year Deductible (CYD)</b>                      |                                                                                 |                                                                                 |
| Individual - In Network / Out of Network                   | \$1,750 / \$3,500                                                               | \$1,500 / \$2,500                                                               |
| Family Maximum - In Network / Out of Network               | * \$3,500 / \$7,000                                                             | \$3,000 / \$5,000                                                               |
| <b>Coinsurance (Coins)</b>                                 |                                                                                 |                                                                                 |
| Member Cost Share                                          | 30% / 60%                                                                       | 30% / 60%                                                                       |
| <b>Out of Pocket Maximum **</b>                            |                                                                                 |                                                                                 |
| Individual - In Network / Out of Network                   | \$4,350 / \$8,700                                                               | \$4,350 / \$8,700                                                               |
| Family Maximum - In Network / Out of Network               | * \$8,700 / \$17,400                                                            | \$8,700 / \$17,400                                                              |
| <b>Covered Services – In-Network Member Responsibility</b> |                                                                                 |                                                                                 |
| Primary Care Office Visit                                  | 30% After Deductible                                                            | \$40 Copay                                                                      |
| Specialist Office Visit                                    | 30% After Deductible                                                            | \$90 Copay                                                                      |
| Preventive Services                                        | No Charge                                                                       | No Charge                                                                       |
| Preferred Freestanding Lab / Xray                          | 30% After Deductible                                                            | No Charge                                                                       |
| Complex Radiology – Precertification required              | 30% After Deductible                                                            | 30% After Deductible                                                            |
| In Patient Hospital                                        | 30% After Deductible                                                            | \$300 Copay, then 30% After Deductible                                          |
| Out Patient Surgery                                        | 30% After Deductible                                                            | 30% After Deductible                                                            |
| Urgent Care                                                | 30% After Deductible                                                            | \$100 Copay                                                                     |
| Emergency Room                                             | 30% After Deductible                                                            | \$300 Copay, then 30% After Deductible                                          |
| Hearing Aids                                               | \$2,500 allowance per ear after in-network deductible (available every 3 years) | \$2,500 allowance per ear after in-network deductible (available every 3 years) |
| <b>Prescription Coverage</b>                               |                                                                                 |                                                                                 |
| Retail – 30 Day Supply                                     | 30% After Deductible                                                            | \$10 / \$60 / \$120                                                             |
| Mail Order – 90 Day Supply                                 | 30% After Deductible                                                            | \$20 / \$120 / \$240                                                            |
| Specialty Drugs (Retail and Mail Order)                    | 30% After Deductible, up to \$350 per month (after deductible is met)           | 30% up to \$350 per month                                                       |
| <b>Medical Payroll Deductions – (Monthly)</b>              |                                                                                 |                                                                                 |
| Coverage Tier                                              | High Deductible Plan                                                            | POS Plan                                                                        |
| Employee                                                   | \$0.00                                                                          | \$135.00                                                                        |
| Employee & Spouse                                          | \$521.00                                                                        | \$882.00                                                                        |
| Employee & Child(ren)                                      | \$376.00                                                                        | \$647.00                                                                        |
| Employee & Family                                          | \$681.00                                                                        | \$1,100.00                                                                      |

\*Aggregate: For employees covering family members, the entire family deductible and out of pocket maximum apply to the family as one "unit". It may be satisfied by one family member or a combination of family members.

\*\* Out of Pocket Maximum: The out of pocket maximum includes Deductible, Coinsurance, Copays and Prescriptions

# Health Savings Account (HSA)

A Health Savings Account (HSA) is an employee owned bank account used to pay for eligible medical expenses. Funds can be deposited via pre-tax payroll deductions and are used tax free. You must sign up for your HSA debit card, which you may use to pay for eligible expenses at the time of service.

**To be eligible for a Health Savings Account; you must be enrolled in The High-Deductible Health Care Plan.**

## You are not eligible if:

- You are enrolled in another medical plan
- You are a dependent on someone else's tax return
- You are enrolled in Medicare
- **You are enrolled in a general purpose Health Flexible Spending Account (FSA)**

**Fidelity** NetBenefits®

## How to Order Your HSA Debit Card

Participants can order a card on the Fidelity website: Log in to [Fidelity NetBenefits](#). In the search bar in the upper right corner, type **HSA debit card**, then select **Order Fidelity HSA debit cards** from the search results.

## DOSP Employer HSA Contributions

### Current Employees – Open Enrollment

DOSP contributes annually to your HSA:

- **Employee-Only:** \$800/year
- **Family:** \$1,600/year

Contributions are split into **two equal deposits**:

- 1st deposit: **January 10**
- 2nd deposit: **August 10**

### New Employees and New Enrollees

- First HSA contribution deposited within **60 days** of enrolling in the HSA plan.
- Second contribution deposited by **October 31**.
- Employees with an effective coverage date of August 1<sup>st</sup> or later receive a prorated employer contribution based on their enrollment date.

## 2027 Annual IRS Contribution Limits \*

- Individual: \$4,500
- Family: \$9,000

If you are age 55 or older, you can contribute an additional \$1,000.

\* The annual IRS limits include The Diocese and your contributions.

## Your HSA Funds

Funds deposited into your HSA will roll over from year to year.

Upon termination of employment with the Diocese, employees retain full ownership of all funds deposited into their Health Savings Account (HSA). Please contact Fidelity for information on accessing or managing your account after separation.

**Please contact Fidelity for more details.**

**⚠ Important:** If you are eligible, you must **elect the HSA** in order to receive the DOSP contribution. You are **not required to contribute your own money** to receive the employer contributions.

## HSA Eligible Expenses

- |                                                                                                             |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|  Doctor visits           |  Hospital stays     |
|  Prescription drugs      |  Dental care        |
|  Vision / eyewear        |  Mental health care |
|  X-rays & lab tests      |  Ambulance services |
|  Medical equipment       |  Chiropractic care  |
|  Maternity care          |  Physical therapy   |
|  Flu shots & vaccines    |  Hearing aids       |
|  Blood pressure monitors |  Home health care   |

\* This is not a complete list. Visit IRS Publication 502 for a full list of eligible expenses.

**Important: IRS Reporting Requirement:** HSA participants are responsible for annually reporting HSA contributions and distributions to the IRS as an attachment to their IRS Form 1040. If there is an audit of your tax return, to avoid a penalty, you will need to substantiate the expenses were qualified by producing receipts or an Explanation of Benefits (EOB).

# Flexible Spending Accounts (FSA)

Flexible Spending Accounts are a great way to help you save money on certain Health Care and Dependent Care costs. A portion of your pay can be set aside pre-tax to save on medical, prescriptions, dental, vision and daycare expenses. There are two types of accounts available:

## Healthcare FSA

- Funds used to pay eligible medical, Rx, dental and vision out of pocket expenses.
- Receive a debit card that is preloaded with your annual elected amount.
- Maximum contribution in 2027 is **\$3,500**.
- Maximum carryover amount for 2027 is **\$700**.
- Any amounts left in your account over \$680 will be lost.
- **You must enroll each year to participate.**

**Note:** If you are enrolled in the High Deductible Plan and contribute to the HSA, you cannot contribute to this Healthcare FSA.

## Dependent Care FSA

- Funds can be used to pay for eligible child and elder daycare, day camp and after school expenses for dependent children up to age 13 and eligible elders in your household.
- The maximum contribution is **\$7,500** (if married filing jointly).
- You must submit manual claims for reimbursement once you have accumulated funds in your account (you do not receive a debit card).
- This is a **“use it or lose it”** account. You must spend all of the funds you contributed or you will lose them.
- **You must enroll each year to participate.**

**Note:** If you terminate your employment with DOSP anytime during the 2027 Plan Year, you are able to submit eligible claims for reimbursement through **3/31/2028**. However, your eligible claims must be for services received on or prior to your employment termination date.

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HSA vs FSA



HSA Health Savings



Flexible Spending Account (FSA)



# Dental Benefits – Base & Buy Up Plans

Two dental plan options are available: the **Base Plan**, which is employer-paid and included at no cost to all eligible employees, and the **Buy Up Plan**, an optional upgrade offering a higher annual maximum and orthodontia benefits for children.



| Features                                                                 | Base Plan<br>In and Out of Network* Benefits | Buy Up Plan<br>In and Out of Network* Benefits                          |
|--------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------|
| <b>Annual Deductible – Waived for Preventive Services</b>                |                                              |                                                                         |
| Individual / Family Maximum                                              | \$125 / Up to \$375                          | \$125 / Up to \$375                                                     |
| <b>Annual Benefit Maximum</b>                                            |                                              |                                                                         |
| Per Person                                                               | \$2,000 (plus \$500 Max Rollover)            | \$3,000 (plus \$500 Max Rollover)                                       |
| <b>Preventive Services – Exams (2/yr), Cleanings (2/yr), X-Rays</b>      |                                              |                                                                         |
| Member Responsibility                                                    | 0%                                           | 0%                                                                      |
| <b>Basic Services – Fillings, Root Canals, Periodontics, Extractions</b> |                                              |                                                                         |
| Member Responsibility                                                    | 20% After Deductible                         | 20% After Deductible                                                    |
| <b>Major Services – Crowns, Bridges, Implants, Dentures</b>              |                                              |                                                                         |
| Member Responsibility                                                    | 20% After Deductible                         | 20% After Deductible                                                    |
| <b>Orthodontia</b>                                                       |                                              |                                                                         |
| Member Responsibility                                                    | Not Covered                                  | 50% After Deductible - Children only (under 19)<br>\$3,000 Lifetime Max |
| <b>Late Entrant Wait Period</b>                                          |                                              |                                                                         |
| Basic / Major Services                                                   | 6 Months / 12 Months                         | 6 Months / 12 Months                                                    |

**Out-of-Network Notice\*:** Out-of-Network dentists may balance bill for charges over reasonable & customary. We highly recommend asking your dentist for a pre-treatment estimate before major procedures so you know your financial responsibility in advance.

**Early Smiles: In-Network dental benefits for children age 12 and younger include Preventive, Basic, and Major services at 100% – no deductible applies.**

| Monthly Payroll Deductions |           |             |
|----------------------------|-----------|-------------|
| Coverage Tier              | Base Plan | Buy Up Plan |
| Employee                   | \$0.00    | \$9.33      |
| Employee & Spouse          | \$29.94   | \$49.04     |
| Employee & Child(ren)      | \$19.90   | \$56.50     |
| Employee & Family          | \$38.04   | \$84.62     |

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Dental Insurance



- Scan the QR code or go to [www.Guardianlife.com](http://www.Guardianlife.com)
- Click on Find a Provider
- Look for providers in the DentalGuard Preferred network

# Vision Benefits

The Diocese of Saint Petersburg offers a vision plan through Guardian with the VSP Choice Network.



This vision plan provides coverage both In-Network and Out-of-Network.

Group # 063866

Keep your out of pocket costs lower by using In-Network providers.

| Feature                                       | Guardian – Vision Plan        |                               |
|-----------------------------------------------|-------------------------------|-------------------------------|
|                                               | In-Network                    | Out-of-Network                |
| Exam                                          | \$10 Copay                    | Up to \$59                    |
| <b>Lenses</b>                                 |                               |                               |
| Single                                        | \$25 Copay                    | Up to \$30                    |
| Bifocal                                       | \$25 Copay                    | Up to \$50                    |
| Trifocal                                      | \$25 Copay                    | Up to \$65                    |
| <b>Frames</b>                                 |                               |                               |
| Frames                                        | \$130 Allowance               | Up to \$70                    |
| Frames at Costco, Walmart and Sam's Club      | \$70 Allowance                | Up to \$70                    |
| <b>Contact Lenses (in lieu of eyeglasses)</b> |                               |                               |
| Fitting and Evaluation                        | Up to \$60 Copay              | None                          |
| Elective Contact Lenses                       | \$200 Allowance               | Up to \$120                   |
| <b>Frequency of Benefits</b>                  |                               |                               |
| Exam                                          | Once Every Calendar Year      | Once Every Calendar Year      |
| Lenses/Contacts                               | Once Every Calendar Year      | Once Every Calendar Year      |
| Frames                                        | Once Every Two Calendar Years | Once Every Two Calendar Years |

Register at [VSP.com](https://www.vsp.com) to find In-Network providers in the VSP Choice Network.

Discounts at In-Network providers are available for Laser Vision Correction. Receive a 20% discount off retail price for additional pairs of glasses. See plan documents for more details.



## MONTHLY PAYROLL DEDUCTIONS

| Coverage Tier         | Vision Plan |
|-----------------------|-------------|
| Employee Only         | \$0.00      |
| Employee + Spouse     | \$6.59      |
| Employee + Child(ren) | \$3.85      |
| Employee + Family     | \$8.35      |

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Vision Insurance



# Life Insurance & AD&D

## Basic Life Insurance & Accidental Death & Dismemberment (AD&D)



Group # 561322

The Diocese pays for a benefit equal to **1 times (1x) your annual salary up to \$150,000** for you.

Please note that the benefit reduces by **35% at age 70**.

## Voluntary Supplemental Life & AD&D Insurance

You can purchase supplemental life and AD&D insurance through payroll deductions for yourself and your dependents. In order to elect coverage for your dependent spouse and/or child(ren), you must elect supplemental coverage for yourself. Employee rates vary depending on your age and benefit amount and your spouse premium is based on your age. **Coverage is portable if you leave DOSP.**

| Feature              | Employee  | Spouse                                      | Child(ren)                                         |
|----------------------|-----------|---------------------------------------------|----------------------------------------------------|
| Increments           | \$10,000  | \$1,000                                     | \$1,000                                            |
| Maximum              | \$500,000 | 50% of employee amount, to \$50,000 Maximum | 14 days and older: \$10,000 (Infant benefit \$500) |
| Guarantee Issue (GI) | \$100,000 | \$50,000                                    | \$10,000                                           |

### NOTES

- Spouse coverage terminates at spouse age 70.
- Child(ren) premium covers all eligible children with one premium.

### BENEFICIARY DESIGNATIONS

It is important to keep your beneficiary designations up to date. Your beneficiary is the person you assign to receive the benefit in the event of your death.

### ⚠ IMPORTANT NOTE FOR EMPLOYEES WHO PURCHASE SUPPLEMENTAL LIFE

During open enrollment, all employees who are currently enrolled may increase their coverage to the guaranteed issue amount without answering medical questions on the Evidence of Insurability (EOI) form.

- Currently enrolled employees may increase their benefit in \$10,000 increments for a total of \$50,000, but the increase cannot cause your total benefit to exceed \$100,000 (the Guarantee Issue amount). For any amounts elected over the Guarantee Issue amount, you will be required to submit EOI for underwriting review.
- New enrollees and their spouses enrolling in Supplemental Life for the first time during open enrollment are NOT required to submit EOI for the coverage up to the GI amount for underwriting review.
- EOI is not required for children coverage.

### 🔗 COMPLETE YOUR EOI ONLINE

Complete EOIs online by going to [www.guardiananytime.com/eoi](http://www.guardiananytime.com/eoi). You will need to enter your group number: **561322**.



# Disability

The Diocese of Saint Petersburg pays for both Short-Term and Long-Term Disability coverage through Guardian – at **no cost to you**. These benefits provide income protection if you become unable to work due to a covered illness or injury.



Group # 561322

|                                          | Short-Term Disability                                                                                                         | Long-Term Disability                                                                                                        |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                          | DOSP pays for this benefit that provides income protection if you become disabled and cannot work for a short period of time. | If you become disabled and cannot work for a long period of time, this plan provided by DOSP pays a monthly benefit to you. |
| <b>Benefit Amount</b>                    | 60% of weekly salary                                                                                                          | 60% of monthly salary                                                                                                       |
| <b>Maximum Benefit</b>                   | \$1,250 per week                                                                                                              | \$5,000 per month                                                                                                           |
| <b>Elimination Period</b>                | 14 days                                                                                                                       | 90 days                                                                                                                     |
| <b>Maximum Benefit Duration</b>          | 13 weeks                                                                                                                      | To Social Security Normal Retirement Age                                                                                    |
| <b>Pre-Existing Condition Limitation</b> | N/A                                                                                                                           | No benefit during first 12 months if disability caused by a pre-existing condition                                          |
| <b>Cost to Employee</b>                  | Paid by DOSP                                                                                                                  | Paid by DOSP                                                                                                                |

## ⚠ Pre-Existing Condition Limitation

Guardian will not pay a long-term disability benefit during the first 12 months of your coverage if your disability was caused by a Pre-Existing Condition.

A Pre-Existing Condition is any injury or sickness for which you incurred expenses, received medical treatment, medical care or took medication, or for which a reasonable person would have consulted a Physician within 3 months prior to coverage.



Provider: Guardian | Group #561322 | 📞 (800) 541-7846 | 🌐 [www.guardianlife.com](http://www.guardianlife.com)

## 🤝 Employee Assistance Program (EAP)

DOSP provides a **free, confidential** Employee Assistance Program through **GuidanceResources (Guardian)** for you and your dependents. The EAP offers support for mental health, stress, financial concerns, legal questions, childcare, eldercare, and more.

You may be eligible for up to **6 face-to-face or virtual sessions**.

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Employee Assistance Programs (EAP)



🕒 Available 24/7

📞 (855) 239-0743

🌐 [guidanceresources.com](http://guidanceresources.com)

📱 App: GuidanceNow™

🔑 Web ID: Guardian



# Voluntary Supplemental Plans

## Group Voluntary Accident Benefit

Group # 561322



Plan pays cash benefits to help you cover your out-of-pocket medical costs when you suffer an unexpected, off-the-job qualifying accident. You can also cover your dependents on the plan.

Benefits include cash paid to you for things like emergency care, burns, lacerations, fractures, inpatient and outpatient hospital care, crutches and more. The plan also provides an accidental death and dismemberment benefit.

### Monthly Deductions

| Coverage Tier         | Low Plan | High Plan |
|-----------------------|----------|-----------|
| Employee Only         | \$9.93   | \$13.26   |
| Employee + Spouse     | \$16.64  | \$22.00   |
| Employee + Child(ren) | \$17.51  | \$22.70   |
| Employee + Family     | \$24.22  | \$31.44   |



**Wellness Benefit - \$50, one per year**

## Group Voluntary Critical Illness with Cancer Benefit

This plan pays you a lump sum benefit if you are diagnosed with a covered critical illness such as Heart Attack, Stroke, Heart Transplant, Coronary Artery Bypass Surgery, Major Organ Transplant, Paralysis, End State Renal Failure, Alzheimer's Disease and Cancer. \*

Employee / Spouse: A lump sum benefit of \$10,000, \$20,000, or \$30,000 (Spouse cannot elect more than the employee amount).  
Choose the lump sum benefit for your child (to age 26) equal to 50% of your benefit.

**Wellness Benefit Available – \$50 per person, per year**

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**Critical Illness**



### Monthly Deductions

| Benefit Amount     | <30     | 30-39   | 40-49   | 50-59    | 60-69    | 70+      |
|--------------------|---------|---------|---------|----------|----------|----------|
| <b>Non-Tobacco</b> |         |         |         |          |          |          |
| \$10,000           | \$3.50  | \$5.80  | \$10.60 | \$18.80  | \$27.80  | \$49.90  |
| \$20,000           | \$7.00  | \$11.60 | \$21.20 | \$37.60  | \$55.60  | \$99.80  |
| \$30,000           | \$10.50 | \$17.40 | \$31.80 | \$56.40  | \$83.40  | \$149.70 |
| <b>Tobacco</b>     |         |         |         |          |          |          |
| \$10,000           | \$4.20  | \$7.60  | \$16.20 | \$33.70  | \$54.90  | \$92.40  |
| \$20,000           | \$8.40  | \$15.20 | \$32.40 | \$67.40  | \$109.80 | \$184.80 |
| \$30,000           | \$12.60 | \$22.80 | \$48.60 | \$101.10 | \$164.70 | \$277.20 |

**\* Pre-Existing Condition Limitation:** Guardian will not pay a critical illness benefit during the first 12 months of your coverage if your claim was caused by a Pre-Existing Condition. A Pre-Existing Condition is any injury or sickness for which you incurred expenses, received medical treatment, medical care or took medication or for which a reasonable person would have consulted a Physician within 3 months prior to coverage.

#### Note:

Premiums based on your Issue Age and will not increase as you age. The cost per employee and spouse is based on the employee's age. The cost for child(ren) is included with the employee rate. Benefits reduce to 50% at age 70.

# Voluntary Supplemental Plans

## Group Hospital Indemnity Benefit

Group # 561322



Plan pays cash benefits to help you cover your out-of-pocket medical costs due to a hospital stay. You can also cover your dependents on the plan.

Benefits include cash paid to you for your admission into the hospital or the ICU, and payments per day (up to 30 days in the hospital).

### Monthly Deductions

| Coverage Tier         | Plan 1  | Plan 2  |
|-----------------------|---------|---------|
| Employee Only         | \$8.99  | \$17.55 |
| Employee + Spouse     | \$16.81 | \$32.82 |
| Employee + Child(ren) | \$13.78 | \$26.91 |
| Employee + Family     | \$21.60 | \$42.18 |

## How to File a Claim with Guardian

### Online: Visit

[Guardianlife.com/forms-and-claims](https://guardianlife.com/forms-and-claims)  
to submit your claim securely

### By Phone: Call Customer

Service at 800-541-7846 to submit  
your claim over the phone.

### By Paper: Submit a paper form

to the physical address or email  
address on the form.

### IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

#### Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.
- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

CLICK THE RED BOX OR SCAN THE  
QR CODE FOR FURTHER EDUCATION

Voluntary Benefits



# Voluntary Benefit Options

## Legal Plan

Cover the costs on a wide range of common legal issues with this MetLife Legal Plan. This MetLife Legal Plan gives you access to experienced attorneys to help with estate planning, home sales, tax audits, vehicle issues and more.



### 01 EASY TO FIND AN ATTORNEY

Visit [members.legalplans.com](https://members.legalplans.com) and search by ZIP code, experience, or specialty. Or call the Client Service Center to be matched with the right attorney.

### 02 EASY TO MAKE AN APPOINTMENT

Call the attorney directly to meet in person or by phone. Or call the Client Service Center at **800-821-6400** to schedule on your behalf.

### 03 EASY FROM START TO FINISH

No limits on usage, and no copays, deductibles, or claim forms when you use a network attorney for a covered matter.



## Norton LifeLock Benefit Solutions

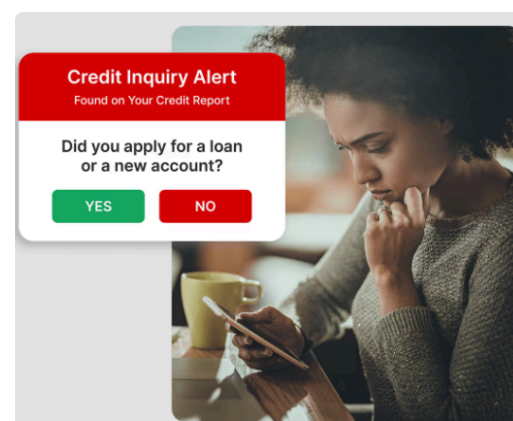
Get help protecting your personal information and finances with the LifeLock Benefit Solution through Norton.

When you enroll in this benefit, Norton will:

 Monitor your personal information for possible identity theft and financial fraud.

 Block online threats before they can infect your devices.

 US-based restoration specialists personally handle your case if your identity is stolen.



| Plan Feature                                            | Premier                        | Premier Plus                   |
|---------------------------------------------------------|--------------------------------|--------------------------------|
| Credit Monitoring (3B)                                  | ✓                              | ✓                              |
| Device Security                                         | 5 devices (family: 10 devices) | 10 devices (family: unlimited) |
| PC Cloud Back Up                                        | 50 GB                          | 500 GB                         |
| Cyber Crime Coverage                                    | —                              | ✓                              |
| Norton AntiTrack                                        | —                              | ✓                              |
| Monthly Payroll Deduction – Employee Only               | \$9.99                         | \$12.99                        |
| Monthly Payroll Deduction – Employee + Adult Dependents | \$18.98                        | \$21.98                        |

# Prescription Plans and Resources

## OptumRx – Your Pharmacy Benefit

Use the website and app for fast, easy and secure ways to get the information you need to make the most of your pharmacy benefit. If you already have an account, sign in using your username and password. Or, set up your online account at **OptumRx.com** or use the QR Code.



### OptumRx digital tools:

- 📍 Use the Pharmacy locator tool to find the closest network pharmacy  
*Note: Walgreens is the preferred vendor for 90-day supply home delivery and maintenance medications.*
- 💊 Check drug prices and compare costs from different pharmacies and lower-cost alternatives
- 📦 Plan a 90-day supply home delivery order and track your delivery
- 🔄 Sign up for automatic refills
- 📄 View claims and benefit information
- ✉️ Sign up for paperless communications and pharmacy notifications

**Optum Rx**®

### Optum Rx Diabetes Management Program

Your prescription plan offers a **no-cost program** to help you manage your diabetes. If you are eligible, you are automatically enrolled and will receive a letter with details. One of the Optum Rx **Certified Diabetes Care and Education Specialists (CDCES)** will also call you to talk about the program and help with one-on-one support.

## Prescription Cost-Saving Tips

- Discuss your medication options and get help comparing costs with the **Quantum Health Care Coordinators** at **MyDOSPBenefits.com** or **(844) 460-2787**.
- Try to use a **generic drug** first.
- Ask your doctor and pharmacy for **samples** and check to see if they have any **discount coupons** available.
- To fill a brand-name prescription without paying the cost difference, the prescribing physician must indicate “**Medically Necessary**” on the prescription.
- **GoodRx.com** provides local cost comparisons and links to manufacturers’ websites for discounts and coupons. Download the free mobile app or use the card at the pharmacy – use it for yourself and your entire family, including pets!
- **Walmart, Sam’s Club** and **Publix** pharmacies offer low cost medications. Many generic medications are available for less than **\$10 copay**.

# Coordinating Your Healthcare

## Quantum Health Care Coordinators can help you:

- Find In-network providers
- Explain treatment plans proposed by your doctors
- Obtain Pre-certification when required \*
- Assist with chronic condition management
- Coordinate care with all of your providers
- Find lower prices for prescriptions
- Review medical bills and obtain explanation of benefits
- Get a replacement ID card



### \* Pre-Certification is Easy:

Your provider will often handle your pre-certification, but as an active participant in your healthcare, you can call us to begin the process. To pre-certify, please call Quantum Health and provide the information about the patient, the provider and the procedure.



### Important Reminder

If you do not receive pre-certification prior to your procedure, you may be responsible for the full cost of the procedure.



### Contact Quantum Health

**MyDOSPBenefits.com**

**(844) 460-2787**

*Monday – Friday, 8:30am – 10:00pm ET*

Or, download the mobile app to live chat, talk to your Health Care Coordinator, access health coaching, and more!



## Valenz Bluebook – Smarter Healthcare Decisions

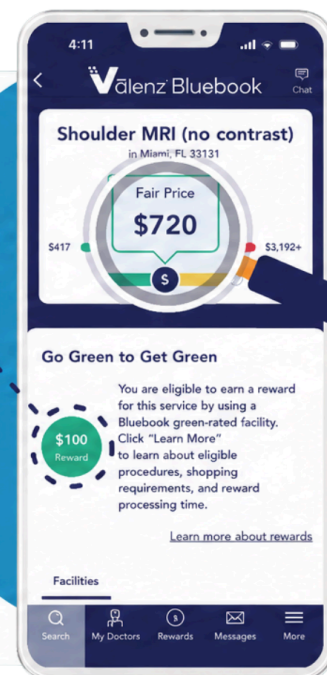
Valenz Bluebook is a **FREE** benefit provided by your employer. It works alongside your existing health plan to help you find high-quality, cost-effective care. The cost of the same in-network procedure can vary by more than **500%** – compare local price ranges, identify Fair Price™ facilities, and reduce your out-of-pocket costs.

### Earn Up to \$1,500!

- 1 **ACCESS** – Log in to Valenz Bluebook.
- 2 **SEARCH** – Find your doctor, procedure, or facility. Look for the reward symbol.
- 3 **EXPLORE** – Compare cost & quality. Both ratings must be for inpatient procedures.
- 4 **SAVE** – Choose a Fair Price™ provider & earn **up to \$1,500!**



**Earn a Reward!**



# Preventive Care

## Why Should I Use Preventive Care?

Preventive Care costs you **\$0** when you are enrolled in one of the DOSP medical plans.

Can help you prevent serious health conditions by evaluating your health with yearly physical exams, health screenings, immunizations and treatment to help you maintain a healthy lifestyle.



**17** Contact your doctor today to schedule your preventive visit.

| Suggested Services                                                             | Suggested Frequency                                            | Recommended Age                                |
|--------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------|
| <b>Physical Exam</b>                                                           |                                                                |                                                |
| Blood Pressure Screening                                                       | At yearly exam                                                 | All adults                                     |
| Body Mass (BMI) / Obesity                                                      | At yearly exam                                                 | All adults                                     |
| Testicular and Skin Exams                                                      | At yearly exam                                                 | All adults                                     |
| Cholesterol Screening                                                          | Every 5 years or more frequent if high risk                    | Begin Age 35, or earlier if risks present      |
| Colorectal Cancer Screenings                                                   | Flexible Sigmoidoscopy every 5–10 years                        | Ages 45–75, or older if recommended            |
|                                                                                | Colonoscopy every 10 years                                     | More often if risk factors                     |
|                                                                                | CT colonoscopy every 5 yrs or Stool DNA test each year         | As recommended                                 |
| Diabetes Screening / Type 2                                                    | Every 3 years or more frequent if risk factors                 | All adults                                     |
| Osteoporosis Screening                                                         | If risk factors are present                                    | Ages 50–64                                     |
| Prostate Cancer Screening                                                      | PSA at routine exam if recommended                             | Ages 50 and older                              |
| <b>Immunizations</b>                                                           |                                                                |                                                |
| Flu Shot                                                                       | Every year                                                     | All adults                                     |
| COVID-19 Vaccine                                                               | As recommended by Dr.                                          | All adults                                     |
| Shingles (Herpes and Zoster)                                                   | As recommended by Dr.                                          | Age 50 and older                               |
| Varicella (Chickenpox)                                                         | 2 doses if never had chickenpox                                | All adults with no record of having chickenpox |
| Tetanus-diphtheria & Acellular pertussis (Tdap) Vaccine; Tdap Booster          | Have as one of the tetanus-diphtheria vaccines; every 10 years | All adults                                     |
| Pneumococcal Conjugate (PCV13) & Pneumococcal Polysaccharide (PPSV23) Vaccines | 1 dose of each                                                 | Ages 19 to 65                                  |

# Telehealth

MyCatholicDoctor is a nationwide telehealth/virtual care organization that brings a team of faithful medical professionals to patients through video-based health consultation on almost any smartphone, computer or tablet.

Direct access to compassionate and faithful healthcare providers who integrate Catholic spirituality into your care, using your smartphone or computer.

- Labs and tests ordered and scheduled locally
- Your prescriptions sent electronically to your local pharmacy
- Visits are convenient, private and secure
- Avoid the high costs and inconvenience of urgent care centers and emergency rooms



## MyCatholicDoctor Telehealth Services

|                                                                                     |                                                                                         |                                |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
|    | <b>Virtual Wellness Visits</b><br>Schedule your annual exam in as little as 30 minutes. | <b>\$0 Copay</b>               |
|   | <b>Natural Family Planning</b><br>Always pre-deductible per the Affordable Care Act.    | <b>\$0 Copay</b>               |
|  | <b>Urgent Care</b>                                                                      | <b>\$0 Copay</b>               |
|  | <b>Primary Care &amp; Specialist (HDHP)</b>                                             | <b>Ded. + Coinsurance</b>      |
|  | <b>Primary Care &amp; Specialist (POS Plan)</b>                                         | <b>\$40 Office Visit Copay</b> |

  
**Get Started**

Ready to get started?  
[MyCatholicDoctor.com/DOSP](https://www.mycatholicdoctor.com/DOSP)



## Common Urgent Care Conditions Treatable via Telehealth

|            |                     |                 |           |                          |      |                  |
|------------|---------------------|-----------------|-----------|--------------------------|------|------------------|
| Cold & Flu | Covid Treatment     | Constipation    | Pink Eye  | Respiratory Conditions   | Rash | Sinus Infections |
| Allergies  | Prescription Refill | Minor Illnesses | Pneumonia | Urinary Tract Infections |      |                  |

## Sample Specialist Services

|                                                                                                             |                                                                                                                  |                                                                                                                        |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <br><b>Mental Health</b> | <br><b>Addiction Medicine</b> | <br><b>Natural Family Planning</b> | <br><b>Infertility</b> |
| <br><b>Dermatology</b>   | <br><b>Physical Therapy</b>   | <br><b>Podiatry</b>                |                                                                                                             |

# Where to Go for Care

Choosing the right care setting makes a real difference in both your experience and your out-of-pocket cost. The same treatment can cost many times more in an emergency room than in a primary care office or a virtual visit. Use this guide to find the most appropriate – and most affordable – option for your situation.

| <br>Telemedicine                                                                                                                                                | <br>Primary Care                                                                         | <br>Urgent Care                                                                                                 | <br>Emergency Room                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$                                                                                                                                                                                                                                               | \$\$                                                                                                                                                                      | \$\$\$                                                                                                                                                                                           | \$\$\$\$                                                                                                                                                                                         |
| Via phone or video – 24/7, no need to leave home or work.                                                                                                                                                                                        | Your PCP for routine and preventive care. Appointment usually needed.                                                                                                     | Walk in, no appointment. Open 7 days with extended hours.                                                                                                                                        | Open 24/7 for true emergencies only. Highest cost, longest waits.                                                                                                                                |
| <ul style="list-style-type: none"><li>• Cold / flu</li><li>• Allergies</li><li>• Rash</li><li>• Pink eye</li><li>• Sore throat</li><li>• Earache</li><li>• Sinus pain</li><li>• Headache</li><li>• Mental health</li><li>• Dermatology</li></ul> | <ul style="list-style-type: none"><li>• Preventive care</li><li>• Check-up</li><li>• Immunizations</li><li>• Chronic conditions</li><li>• Medication management</li></ul> | <ul style="list-style-type: none"><li>• Cuts / stitches</li><li>• Minor burns</li><li>• Fever</li><li>• Sprains</li><li>• Fractures</li><li>• Back pain</li><li>• Respiratory symptoms</li></ul> | <ul style="list-style-type: none"><li>• Chest pain</li><li>• Numbness / weakness</li><li>• Uncontrolled bleeding</li><li>• Seizure</li><li>• Shortness of breath</li><li>• Head injury</li></ul> |

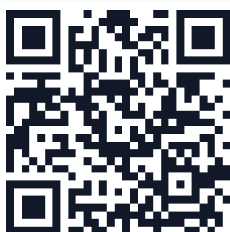


If you believe you are facing a life-threatening emergency, call 911 or go to the nearest emergency room immediately.



CLICK THE RED BOX OR SCAN THE QR CODE FOR FURTHER EDUCATION

Telehealth



# Wellness Resources

## Sword Free Digital Programs

### Sword Thrive – Virtual Physical Therapy

Overcome joint, back, and muscle pain from home. Work with a dedicated Physical Therapist to build a custom program and receive your Sword Kit upon enrollment.

**Enroll:** [meet.swordhealth.com/thrive/DOSP](https://meet.swordhealth.com/thrive/DOSP)

### Sword Bloom – Women's Pelvic Health

Addresses urinary leaking, bowel disorders, and chronic pelvic pain. Guided by clinical experts through all life stages – pregnancy, postpartum, and menopause.

**Enroll:** [meet.swordhealth.com/bloom/DOSP](https://meet.swordhealth.com/bloom/DOSP)

### Sword Move – Ache Prevention & Recovery

Address minor aches before they worsen, avoid injury, and improve balance, mobility, and strength. Use your free Move wearable or your own device – supported by a Physical Health Specialist.

**Enroll:** [meet.swordhealth.com/move/DOSP](https://meet.swordhealth.com/move/DOSP)



## Regenexx Innovative Orthopedic Treatment

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. The procedures provide a lower-risk, lower-cost, minimally invasive alternative for up to 70% of elective orthopedic surgeries and is covered as an in-network benefit.

**Learn More:** To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact the Regenexx Education Center at [regenexxbenefits.com/dosp](https://regenexxbenefits.com/dosp) or call 727-361-9626.

△ Please note: Your deductible and copays apply when using Regenexx services.



# Retirement Plans

## Diocese of Saint Petersburg 401(k) Plan

You are eligible to participate in the 401(k) Retirement Plan if you are a full-time and part-time employee and are age 21 or older. You may enroll in the plan on the first of the month following 3 months of employment.

### Employee Contributions – Two Options:

#### Pre-Tax

The 401(k) pre-tax option allows you to contribute to your retirement account with pre-tax contributions. You may elect to contribute from 1% of your salary, up to the annual IRS Maximum.

#### Post-Tax (Roth)

The Roth 401(k) option allows you to contribute to your retirement account with post-tax contributions, up to the IRS Maximum. This means your earnings and withdrawals are not taxed.

### 2026 IRS Maximum Contribution: \$24,500

If you are age 50 or older, you may add an additional **\$8,000** as a Catch Up Contribution to the maximum.

**2027 rates will be applied upon IRS release**

 Log in to [www.empowermyretirement.com](http://www.empowermyretirement.com) and click **Register** in the upper right corner to get started. Follow the instructions and answer a few validation questions, then you can create your username, password and PIN.

### Access information about your retirement account:

- Keep your Beneficiary up to date
- Financial tools and educational articles available
- A variety of investment options available
- Withdrawals and Loans before you retire may be available. Please review your plan document or discuss your options with a Participant Service Representative for more details.

 If you need assistance, contact the Participant Information Center at **1-800-743-5274**

Monday – Friday between 8:00am and 8:00pm ET.

## Diocese of Saint Petersburg Pension Plan

**Employer Paid Retirement Benefit:** When you retire, the Pension Plan pays you a benefit equal to **1.50%** of your Final Average Earnings (FAE) times your highest ten years of Credited Service, to a maximum of **50%** of your FAE.

### Your Pension Plan Benefit:

- Is payable as a life annuity, or you can choose another form of payment; see Pension Plan document for more details.
- Is payable at **Normal Retirement Age** (Age 65 with 5 years of service), or **Early Retirement Age** (Age 55 with 10 years of service, at a reduced Benefit amount). Please see Pension Plan document for additional information.

You are **100% vested** in the Pension Plan once you have completed five years of Credited Service.

#### Years of Credited Service Calculation

**1,500 hours** = one year of credited service for benefit accrual

**1,000 – 1,499 hours** = one-half year of credited service for benefit accrual

#### Monthly Benefit Calculation

**Part 1:** 1.50% of Average Monthly Earnings multiplied by Years of Credited Service earned in Plan Years beginning **after June 30, 2015**, PLUS

**Part 2:**  $1.67\% \times \text{Avg. Monthly Earnings} \times \text{Credited Service}$  (before July 1, 2015)

 If you need assistance, please contact **Gabriel, Roeder, Smith & Company** at **954-527-1616**. You can review your benefit account and update your beneficiary information at [www.grs-plan.com](http://www.grs-plan.com).

# Employee Purchase Program

## Tickets at Work

Tickets at Work provides access to a variety of discounts and special offers across shopping, entertainment and travel. Special offers may include exclusive discounts, no service fees on select offers, Preferred Seating for select events, special package pricing, and access to sold-out events (subject to availability).



### Explore offers here:

-  Special Offers
-  Theme Parks
-  Hotel Offers
-  Movie Ticket Offers
-  City Offers

### HOW TO SIGN UP

1.  Go to [TicketsatWork.com](https://TicketsatWork.com)
2.  Click on "Become a Member"
3.  You will then be prompted to create an account with your email address and Company Code **DOSP**

## Shoes for Crews

 Your safety is important to us. You are eligible for one **\$50 subsidy** per calendar year toward slip-resistant shoes. You must use the designated portal to be eligible for the subsidy. No reimbursement available for purchases made outside the portal.



- 01 Log in:** Visit [www.shoesforcrews.com/dosp](https://www.shoesforcrews.com/dosp). Enter your Entity # + ID # as your Employee ID and your Last Name. Click **LOGIN**.
- 02 Order your products:** Select style, size & width. Click **ADD TO CART**, apply any promo code, then click **CHECKOUT**.
- 03 Check out:** Enter name & shipping (home delivery only). Click **SUBMIT**, select shipping, add payment, click **COMPLETE ORDER**.

Scan to Login & Shop now



# Helpful Contact Information

| Benefits                                                                                       | Carrier                                                              | Phone Number                                                       | Website / Email                                                                                  |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Dental Plan<br>Vision Plan                                                                     | Guardian<br>#063866                                                  | (800) 541-7846<br>(800)877-7195                                    | www.guardianlife.com www.vsp.com                                                                 |
| Prescription Drug Benefits<br>Specialty Drugs                                                  | OptumRx                                                              | (855) 524-0381<br>(877)656-9604                                    | www.optumrx.com                                                                                  |
| Health Savings Account (HSA)<br>Flexible Spending Accounts (FSA)                               | Fidelity                                                             | (800) 835-5095                                                     | www.fidelity.com                                                                                 |
| Telehealth                                                                                     | MyCatholicDoctor                                                     | (888) 822-8436                                                     | MyCatholicDoctor.com/DOSP                                                                        |
| Health Care Coordination                                                                       | Quantum Health<br>Central Valenz Health<br>Meritain Health<br>#15888 | (844) 460-2787                                                     | MYDOSPBenefits.com                                                                               |
| Life Insurance Short & Long Term<br>Disability Accident Hospital<br>Indemnity Critical Illness | Guardian<br>#561322                                                  | (800) 541-7846                                                     | www.guardianlife.com                                                                             |
| Employee Assistance Program<br>(EAP)                                                           | ComPsych/Guardian<br>#561322                                         | (855) 239-0743                                                     | www.guidanceresources.com                                                                        |
| 401(k) Plan                                                                                    | Chris Chiaro John<br>Benitoa (UBS)<br>Ryan Brannon (UBS)             | (800) 743-5274 (941)<br>953-7452 (813) 903-<br>6694 (813) 903-6690 | www.empowermyretirement.com<br>cchiaro@kbgrp.com<br>John.benitoa@ubs.com<br>Ryan.brannon@ubs.com |
| Pension Plan                                                                                   | Gabriel, Roeder, Smith<br>& Company                                  | (954) 527-1616                                                     | www.grs-plan.com/                                                                                |
| Sword Digital Programs                                                                         | Sword Health                                                         | (888) 346-0476                                                     | meet.swordhealth.com/DOSP<br>needhelp@swordhealth.com                                            |
| Regenexx                                                                                       | Customer Service                                                     | (727) 361-9626                                                     | Regenexxbenefits.com/dosp                                                                        |
| MetLife Legal Plan                                                                             | Customer Service                                                     | (800) 821-6400                                                     | Members.legalplans.com                                                                           |
| Norton LifeLock Benefits                                                                       | Member Support                                                       | (800) 607-9174                                                     | www.Norton.com/PremPremierPlus                                                                   |
| Human Resources Office                                                                         | Benefits Assistance                                                  | (727) 344-1611                                                     | benefits@dosp.org                                                                                |

