



The Diocese wishes to reward you for making positive steps towards good health. Regardless of which plan you choose, you may be eligible for a \$240 premium credit.

# *optional* Dental & Vision Plans



## Dental



### Cost per Pay Period

Employee Only:	\$16.12
Employee + Spouse:	\$31.31
Employee + Children:	\$36.97
Employee + Family:	\$63.01



## Vision



### Cost per Pay Period

Employee Only:	\$4.27
Employee + Spouse:	\$7.02
Employee + Children:	\$7.74
Employee + Family:	\$12.54

## Additional Diocesan-Paid Benefits



Basic Life Insurance



Accidental Death & Dismemberment



Long-Term Disability

## Diocesan Voluntary Benefits



Supplemental Life Insurance



I.D. Protection



Short-Term Disability



Legal Plan



Flexible Spending Account

# QUESTIONS?

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DIOCESE OF  
FORT WAYNE-SOUTH BEND