

# EMPLOYEE BENEFITS GUIDE

2026



**DAYTONA**  
STATE COLLEGE

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# DAYTONA STATE COLLEGE BENEFITS GUIDE

**Welcome to the Daytona State College Benefits Guide!** We are pleased to provide you with this comprehensive resource outlining the various benefits available to you as a valued member of the Daytona State College family. This guide is a testament to our commitment to supporting the well-being of you and your family.

Inside, you will find general and summary information on a wide range of benefit programs; this guide should not be considered a replacement for detailed information outlined in plan documentation provided by each insurance vendor. Our goal is to ensure you have all the resources you need to make informed decisions about your benefits and to take full advantage of what is offered.

We have made every attempt to ensure the accuracy of everything outlined in this guide. However, in the event of any conflict between this guide and the information produced by each insurance vendor, the vendor's documents will be the final authority.

We encourage you to explore this guide thoroughly and reach out to our Employee Benefits team with any questions or for further assistance.

Thank you for your dedication and hard work.

## CONTACT US

Employee Benefits

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Daytona Beach, FL 32114

**Phone:** 306-506-3083

**Email:** [Benefits@daytonastate.edu](mailto:Benefits@daytonastate.edu)

**Fax:** 386-506-3096

**Website:** [Employee Benefits \(daytonastate.edu\)](http://EmployeeBenefits.daytonastate.edu)

### People First

Phone: 866-663-4735

Website to Enroll in Benefits: <https://peoplefirst.myflorida.com/peoplefirst>

### Department of Management Services-State Group Insurance Program

Detailed information for benefit plans: <https://www.mybenefits.myflorida.com/myhealth>

## Understanding Health Insurance Terms

Navigating health insurance can be challenging, especially with all the specific terminology. To help you better understand your benefits, we have compiled a list of commonly used health insurance terms:

- **Premium:** The amount you pay for your insurance every month.
- **Deductible:** The amount you pay out of pocket for covered healthcare services before your insurance plan starts to pay.
- **Copayment (Copay):** A fixed amount you pay for covered healthcare services, usually when you receive the service. The amount can vary by the type of service and apply to your out-of-pocket maximum.
- **Coinsurance:** Your share of the costs of a covered healthcare service, calculated as a percentage of the allowed amount for the service. You pay coinsurance plus any deductibles you owe, and these payments apply to your annual deductible and out-of-pocket maximum.
- **Out-of-Pocket Maximum:** The most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of covered health care costs for the remainder of the plan year.
- **Network:** The facilities, providers, and suppliers your health insurer has contracted with to provide healthcare services.
- **Explanation of Benefits (EOB):** A statement from your health insurance plan describing what costs it will cover for medical care of products you received.

## Health Insurance

**Eligibility:**

Health insurance is available to faculty, staff, and administration. Temporary employees that work an average of 30 hours per week when hired or those that worked an average of 30 hours per week during a specific look-back period, as defined by the Affordable Care Act (ACA), are eligible for benefits.

**Enrollment:**

New employees have sixty (60) calendar days from the date of hire to enroll in a health insurance plan. Premiums for these benefits are collected a month in advance. Eligible employees can enroll and make changes to their plan each year during the Open Enrollment period. Changes made during Open Enrollment are effective January 1 of the following year. Employees may also make changes to their benefit elections during certain qualifying status change events. All new hire and qualifying status change elections are completed through <https://peoplefirst.myflorida.com/peoplefirst>.

**Effective Date:**

Health and prescription coverage can become effective the first of the month following the month of enrollment. Employees can enroll the day after their hire date.

**Health Insurance Options**

The available health plan options are:

- Florida Blue (Standard or High Deductible PPO)
- Aetna, Capital Health Plan or UnitedHealthcare (Standard or High Deductible HMO)

**PPO Option:**

The PPO health option allows covered members to receive care from any doctor or healthcare provider. The cost is lower when using an in-network provider. The deductible must be met before the plan pays toward the cost of healthcare services, except where copay apply and for most preventive care services.

**HMO Option:**

The HMO health option allows covered members to use a designated network of providers and facilities. If using an out of network provider, the cost for care is the member's responsibility.

| Health Plan Summary Comparison Chart                  |                                            |                                            |                                                                                                     |                                                    |                                                                                                                    |
|-------------------------------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Your Cost                                             | Standard                                   |                                            |                                                                                                     | High Deductible (Pair with HSA)                    |                                                                                                                    |
|                                                       | HMO                                        | PPO                                        |                                                                                                     | HMO & PPO                                          | PPO Only                                                                                                           |
|                                                       | Network Only                               | Network                                    | Out of Network                                                                                      | Network                                            | Out of Network                                                                                                     |
| <b>Annual Deductible</b>                              | None                                       | \$250   Single<br>\$500   Family           | \$750   Single<br>\$1,500   Family                                                                  | \$1,700   Single<br>\$3,400   Family               | \$2,500   Single<br>\$5,000   Family                                                                               |
| <b>Global In-Network Annual Out-of-Pocket Maximum</b> | \$10,150   Individual<br>\$20,300   Family | \$10,150   Individual<br>\$20,300   Family | N/A                                                                                                 | PPO - \$4,700   \$9,400<br>HMO - \$3,000   \$6,000 | N/A                                                                                                                |
| <b><u>Preventive Care</u></b>                         | No Charge                                  | No Charge; no deductible                   | Amount between charge and out of network allowance; no deductible                                   | No Charge; no deductible                           | Amount between charge and out of network allowance; no deductible                                                  |
| <b>Primary Care</b>                                   | \$20 copayment                             | \$15 copayment                             | 40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance | Deductible then 20% of network allowed amount      | Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance            |
| <b>Specialist</b>                                     | \$40 copayment                             | \$25 copayment                             |                                                                                                     |                                                    |                                                                                                                    |
| <b>Urgent Care</b>                                    | \$25 copayment                             | \$25 copayment                             | \$25 copayment                                                                                      | Deductible then 20% of out-of-network allowance    | Deductible then 20% of out-of-network allowance                                                                    |
| <b>Emergency Room</b>                                 | \$100 copayment                            | \$100 copayment                            | \$100 copayment                                                                                     |                                                    |                                                                                                                    |
| <b>Hospital Stay</b>                                  | \$250 copayment                            | 20% after \$250 copayment                  | 40% of out-of-network allowance plus the amount between charge and out-of-network allowance         | Deductible then 20% of network allowed amount      | Deductible, \$100 copay, then 40% out-of-network allowance plus amount between charge and out-of-network allowance |

## HMO Health Plans by Region



## Monthly Premiums

Premiums are deducted one month in advance. As an example, deductions are taken in December for January coverage.

Regular part-time employees who work less than 30 hours per week (.75 FTE) pay a prorated share of the employer contribution, plus the employee contribution.

| Monthly Premium   | Standard HMO or PPO Plan        |          | High Deductible HMO or PPO Plan |         |
|-------------------|---------------------------------|----------|---------------------------------|---------|
|                   | Single                          | Family   | Single                          | Family  |
| Faculty & Staff   | \$50.00                         | \$180.00 | \$15.00                         | \$64.30 |
| Senior Management | \$8.34                          | \$30.00  | \$8.34                          | \$30.00 |
| Spouse Program    | \$30.00 (\$15.00 each employee) |          |                                 |         |

## Spouse Program

If you and your spouse are employed by a state agency or a public college/university that participates in the State Group Insurance Program, you can participate in the Spouse Program and pay less for health insurance at a reduced premium of \$15.00 per month. To enroll in the Spouse Program, you must complete and submit the [Spouse Program Election Form](#) to People First within 60 days of eligibility.

Additional information on the [Spouse Program](#) can be found on the [MyBenefits](#) website.

## Prescription Drug Plan

Optum Rx is the Prescription Benefits Manager for the State of Florida PPO and HMO Plans. For these plans, your pharmacy benefit is provided separately from your health insurance, and you will receive an ID card from Optum Rx. This plan offers a broad pharmacy network that includes Walgreens, CVS, Walmart, Publix, and independent pharmacies.

| Optum Rx®     | Standard HMO & PPO     |                                     | High Deductible HMO & PPO                                 |
|---------------|------------------------|-------------------------------------|-----------------------------------------------------------|
|               | Retail (30-day Supply) | Mail Order & Retail (90-day supply) | Retail (30-Day)<br>Mail Order (90-Day)<br>Retail (90-Day) |
| Generic       | \$7                    | \$14                                | 30% after deductible                                      |
| Preferred     | \$30                   | \$60                                | 30% after deductible                                      |
| Non-Preferred | \$50                   | \$100                               | 50% after deductible                                      |

## Download the Optum RX Mobile App

Manage your medication anytime, anywhere with the Optum RX Mobile App. You can download the OptumRx mobile app by searching the App Store or the Google Play Store. Skip the pharmacy altogether by transferring eligible maintenance medications to Optum® Home Delivery and get a 3-month supply delivered right to your door.

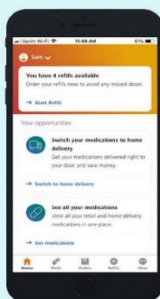


### Download the Optum Rx app

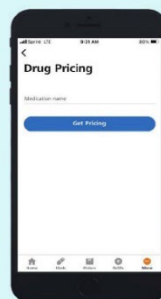
Take the same online tools with you on the go to manage your medication any time, anywhere.

To access your account using your mobile device:

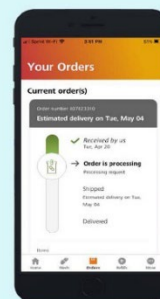
1. Go to the Apple® App Store® or Google Play™ to download the Optum Rx app.
2. Open the app and sign in using the same username and password you use on [OptumRx.com](#).



View notifications, alerts and savings opportunities



Check drug pricing



Track order status

## Telehealth

Telehealth services are healthcare services provided remotely and can include assessment, diagnosis, consultation, treatment, monitoring, patient and professional health-related education, public health services, transferring medical data, and health administration. Telehealth services are covered for all primary care and specialty appointments.

While providing a telehealth service, the provider and patient must have audio and visual contact. Telehealth services do not include emails or audio-only phone calls.

Telehealth options include visits through:

- A telehealth vendor using the vendor's network of providers
- A virtual visit with your network/non-network (non-network for PPO plan only) doctor using their selected technology

The benefits of using telehealth:

- Available 24 hours a day, 7 days a week
- Increased access
- Convenient, easy to schedule, and no travel necessary

Contact your health plan to learn more about covered telehealth services.

| Telehealth Service Providers                                   |                                                                                                                                                                      |                                                                                                                                                                                |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                | Standard                                                                                                                                                             | HDHP                                                                                                                                                                           |
| <b>Florida Blue (PPO)</b>                                      | Network: \$0<br>Non-Network: N/A                                                                                                                                     | Network: No per visit fee; subject to calendar year deductible<br>Non-Network: N/A                                                                                             |
| <b>Aetna and United Healthcare (UHC)</b>                       | \$0                                                                                                                                                                  | Network: No per visit fee; subject to calendar year deductible<br>Non-Network: N/A                                                                                             |
| <b>Capital Health Plan (CHP)</b>                               | \$0                                                                                                                                                                  | Network only: No per visit fee; subject to calendar year deductible                                                                                                            |
| *The cost is zero for urgent and primary care telehealth only. |                                                                                                                                                                      |                                                                                                                                                                                |
| Network Provider Virtual Visit                                 |                                                                                                                                                                      |                                                                                                                                                                                |
|                                                                | Standard                                                                                                                                                             | HDHP                                                                                                                                                                           |
| <b>Florida Blue (PPO)</b>                                      | Network: \$15 (PCP);<br>\$25 (Specialist, per applicable, approved specialist)<br>Non-Network: Coinsurance 40% plus 100% of amount over the allowance (balance bill) | Network: Calendar year deductible and coinsurance of 20%<br>Non-Network: Calendar year deductible and coinsurance of 40% plus 100% of amount over the allowance (balance bill) |
| <b>Aetna and United Healthcare (UHC)</b>                       | \$20 Network (PCP); \$40 Specialist;<br>\$25 Urgent Care                                                                                                             | Network only: 20% coinsurance, subject to calendar year deductible                                                                                                             |
| <b>Capital Health Plan (CHP)</b>                               | \$20 Network (PCP); \$25 Urgent Care                                                                                                                                 | Network only: 20% coinsurance, subject to calendar year deductible                                                                                                             |

## Shared Savings Program

The State of Florida offers the Shared Savings Program to reward you for making cost-effective health care decisions. This voluntary program is available to you and your dependents enrolled in a State Group Insurance health plan. By using services from state-approved vendors, **Healthcare Bluebook** and **Lantern**, you can earn rewards that will be credited to your preferred health savings or spending account. These funds can be used for eligible medical, dental, and vision expenses.

You can earn rewards through one or both of the following benefits:

- “Shop” for eligible healthcare services on the Healthcare Bluebook transparency website or mobile app (mobile code: SOF). The website and mobile app will identify certain healthcare services that are available for a reward. Rewards will be credited to your account after you “shop” for a rewardable healthcare service on the website, receive the service, and the claim has been paid.
- Receive a “bundled” medical service offered by Lantern. Each healthcare service will be available for a reward. After you receive the healthcare service and the claim has been paid, the reward will be credited to your account.



**Healthcare Bluebook™**

Healthcare Bluebook is a voluntary benefit that offers an online transparency website for you to “shop” for healthcare services, facilities, and providers. [Healthcare Bluebook’s website](#) and mobile app show you the range of costs and the quality of in-network healthcare services in your area. You can then earn rewards for some of the services that you or your dependents “shop” for.

Healthcare Bluebook rates providers and healthcare facilities on cost and quality. Services that are eligible for rewards will be those rated “green.” More information about the cost and quality ratings is available online.

Under Healthcare Bluebook’s “Go Green to Get Green” rewards program, the website or mobile app will identify the healthcare services that have rewards and specify the reward amount. You earn the reward once the following occurs:

- You or your dependent use Healthcare Bluebook to “shop” for a rewardable healthcare service
- Healthcare Bluebook validates that you or your dependent received a rewardable healthcare service and used its service to “shop” for the healthcare service
- Healthcare Bluebook notifies the Division of State Group Insurance that you or your dependent earned the reward
- The reward will then be credited to the spending and/or saving account of your choice



Lantern (formerly SurgeryPlus) is a voluntary benefit that connects employees and dependents in the State Group Insurance Program with top specialists for surgery, cancer care, infusions, and more.

Lantern provides bundled rates for surgical procedures—covering the surgeon, facility, anesthesiologist, and radiologist in one package—helping save money for you and the State of Florida. By using Lantern, you and your dependents can also earn financial rewards deposited into the spending or savings account of your choice.

Lantern Cancer Care offers nurse-led, personalized support to guide members through their cancer care journey, including help with diagnoses, treatment plans, and logistics.

To earn rewards, visit the [Lantern member website](#) or contact a Lantern Care Advocate at 844-752-6170 to start the conversation about what services you need, and let them guide you through the process. You earn the reward once the following occurs:

- You or your dependent use Lantern to receive a preoperative to postoperative surgical service
- Lantern validates that you or your dependent received a rewardable service
- Lantern notifies the Division of State Group Insurance that you or your dependent earned the reward
- The reward will then be credited to the spending and/or saving account of your choice

### **Choose an Account for Your Rewards**

You can select a pretax account to which your rewards will be credited. You may make your selection through People First during Open Enrollment or throughout the year. Rewards will be automatically credited to the pretax account of your choice after you receive a rewardable healthcare service.

The spending and savings account selections available to you as part of the Shared Savings Program vary depending on your health plan.

Employees enrolled in the standard health insurance plan can choose from the following:

- Health reimbursement account
- Flexible spending account

Employees enrolled in the high deductible health insurance plan can choose from the following:

- Health savings account
- Post-deductible health reimbursement account
- Limited purpose flexible spending account

## **Shared Savings Program Rewards by Spending Account**

### **Flexible Spending Account (FSA)/Limited Purpose FSA:**

- Rewards earned in current plan year
- Rewards are not immediately credited - they are deposited to account for the **NEXT** plan year
- \$500 cap (any future awards over \$500 will be credited to an HRA)
- Carry-over up to \$660 each year

### **Health Savings Account (HSA):**

- Rewards earned in current plan year
- Deposited to account in **CURRENT** plan year
- Portable
- Once HSA is maxed out, goes to next elected savings or spending account

### **Health Reimbursement Account (HRA):**

- The HRA will offer the most flexibility and ease of use for most employees
- If in High Deductible Health Plan, the employee must meet the federal deductible before you can use rewards
- There is no limit of shared savings rewards you can deposit to the HRA
- Shared savings rewards are credited to the HRA as they are earned
- The money will remain in the account as long as you are active in a State Group Insurance health plan

### **Additional Resources:**

For additional information on accounts you can select to receive reward payments, please contact Chard Snyder at 1-855-824-9284 or visit the [MyBenefits](#) Website.

## Dental Insurance

The State Group Insurance Program offers comprehensive coverage that helps cover the cost of dental care, including preventive services like cleanings and x-rays, as well as more extensive procedures like fillings, crowns, and root canals. Each plan is designed to meet the needs of employees based on their individual plan usage, flexibility in using network or non-network dentists and cost.

### Choosing the Right Dental Plan for You:

- **Evaluate Your Dental Health Needs:** Consider your dental history and any ongoing issues. Think about the frequency of your dental visits and any upcoming procedures you might need.
- **Understand the Coverage:** Review what each plan covers, including preventive care, basic restorative care services, and major restorative services. Check if the plans cover specific needs like orthodontics or periodontal treatments.
- **Compare Costs:** Look at monthly premiums, annual deductibles, co-pays, and out of pocket maximums for each plan. Consider the balance between premium costs and the level of coverage provided.
- **Check the Provider Network:** Ensure your preferred dentists are in network to take advantage of lower rates. Look at the size and quality of the network for each plan.
- **Consider Additional Benefits:** Some plans may offer extra perks like discounts on eyewear or additional preventive care services. Look for other incentives that may be included.
- **Consult with the Provider:** If you are unsure, contact the plan provider for additional information. They can provide insights based on your specific situation and the company's overall benefits package.

## Types of Dental Plans and Covered Services:

| Plan Type                      | How it Works                                                                                                                                                                                                                                                                                                                                                                                              | State Plans Offered                                                                                                                                                                                             |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prepaid Dental Plan            | <ul style="list-style-type: none"> <li>• Pays benefits only when you use network providers.</li> <li>• No deductible or annual maximum</li> <li>• Most preventive care at no charge</li> <li>• You pay a fixed copayment for dental procedures listed on the copayment schedule.</li> <li>• Orthodontia: Covered for adults and children.</li> </ul>                                                      | <ul style="list-style-type: none"> <li>• CIGNA Dental (4034)</li> <li>• Sun Life Prepaid 225 (4025)</li> <li>• Humana HD205 (4044)</li> </ul>                                                                   |
| Standard PPO Dental Plan       | <ul style="list-style-type: none"> <li>• Receive care from any dentist</li> <li>• Your cost is lower when you use network dentists</li> <li>• You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay part of the cost for the services you receive.</li> <li>• Orthodontia: Covered for adults and children.</li> </ul>                                 | <ul style="list-style-type: none"> <li>• Ameritas Standard PPO (4022)</li> <li>• MetLife Standard PPO (4032)</li> <li>• Humana Standard PPO (4092)</li> </ul>                                                   |
| Preventive PPO Dental Plan     | <ul style="list-style-type: none"> <li>• Receive care from any dentist</li> <li>• Your cost is lower when you use network dentists</li> <li>• You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay part of the cost for the services you receive.</li> </ul>                                                                                          | <ul style="list-style-type: none"> <li>• Ameritas Preventive PPO (4023)</li> <li>• MetLife Preventive PPO (4033)</li> <li>• Humana Preventive (4094)</li> </ul>                                                 |
| Indemnity with PPO Dental Plan | <ul style="list-style-type: none"> <li>• Receive care from any dentist</li> <li>• Your cost is lower when you use network dentists</li> <li>• You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the care you receive.</li> <li>• Orthodontia: No age limit except Sun Life only covers dependents under 19</li> </ul> | <ul style="list-style-type: none"> <li>• Ameritas Indemnity w/ PPO (4021)</li> <li>• Sun Life Indemnity PPO (4074)</li> <li>• MetLife Indemnity w/ PPO (4031)</li> <li>• Humana Indemnity PPO (4090)</li> </ul> |
| Indemnity Dental Plan          | <ul style="list-style-type: none"> <li>• Receive care from any dentist</li> <li>• You have a deductible to meet and then pay part of the cost for the services you receive.</li> </ul>                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Humana Schedule B (4084)</li> </ul>                                                                                                                                    |

| Dental Plans Comparison                                                          | Cigna Prepaid Dental (4034)           | Sun Life Prepaid Dental (4025)        | Humana HD205 (4044)                                                      | Ameritas, Humana & MetLife Preventive PPO (4023, 4094, 4033)                                                                  | Ameritas, Humana & MetLife Standard PPO (4022, 4092, 4032)                                                                     | Ameritas, Humana & MetLife Indemnity PPO (4021, 4090 4031)                                                                    | Sun Life Indemnity PPO (4074)                                                     | Humana Indemnity PPO (4084)                    |
|----------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------|
| <b>Type I: Preventative Services</b><br>(Routine cleanings, exams, X-rays, etc.) | See benefit schedule:<br>Fixed copays | See benefit schedule:<br>Fixed copays | See benefit schedule:<br>Fixed copays                                    | 100% in-network<br>80% out-of-network                                                                                         | 100% in-network<br>80% out-of-network                                                                                          | 100% in or out-of-network                                                                                                     | 100% in or out-of-network                                                         | See benefit schedule:<br>Reimbursement amounts |
| <b>Type II: Basic Services</b><br>(Fillings, root canals, etc.)                  | See benefit schedule:<br>Fixed copays | See benefit schedule:<br>Fixed copays | See benefit schedule:<br>Fixed copays                                    | 80% in-network<br>50% out-of-network                                                                                          | 80% in-network<br>50% out-of-network                                                                                           | 80% in or out-of-network                                                                                                      | 80% in or out-of-network                                                          | See benefit schedule:<br>Reimbursement amounts |
| <b>Type III: Major Services</b><br>(Crown, bridges, etc.)                        | See benefit schedule:<br>Fixed copays | See benefit schedule:<br>Fixed copays | See benefit schedule:<br>Fixed copays                                    | No coverage                                                                                                                   | 50% in-network<br>30% out-of-network                                                                                           | 50% in or out-of-network                                                                                                      | 50% in or out-of-network                                                          | See benefit schedule:<br>Reimbursement amounts |
| <b>Annual Deductible</b>                                                         | No Deductible                         | No Deductible                         | No Deductible                                                            | Type I: No Deductible<br><br>Type II only:<br>Individual: \$50<br>EE + Spouse: \$100<br>EE + Children: \$100<br>Family: \$150 | Type I: No Deductible<br><br>Type II & III:<br>Individual: \$50<br>EE + Spouse: \$100<br>EE + Children: \$100<br>Family: \$150 | Type I: No Deductible<br><br>Type II only:<br>Individual: \$50<br>EE + Spouse: \$100<br>EE + Children: \$100<br>Family: \$150 | Type I: No Deductible<br><br>Type II, & III:<br>Individual: \$50<br>Family: \$100 | No Deductible                                  |
| <b>Annual Maximum</b>                                                            | None                                  | None                                  | None                                                                     | \$1,000                                                                                                                       | \$1,500                                                                                                                        | \$2,000                                                                                                                       | \$2,000                                                                           | \$1,000                                        |
| <b>Orthodontia</b>                                                               | Yes, No age limit                     | Yes, No age limit                     | Yes, no age limit:<br>eligible for 25% discount at provider's discretion | No coverage                                                                                                                   | Yes, No age limit                                                                                                              | Yes, No age limit                                                                                                             | Yes, only dependents under 19                                                     | No coverage                                    |
| <b>Waiting Period for Orthodontic Services</b>                                   | No waiting period                     | No waiting period                     | No waiting period                                                        | No coverage                                                                                                                   | 12 month waiting period (may be satisfied w/ prior creditable coverage)                                                        | None                                                                                                                          | None                                                                              | No coverage                                    |
| <b>Orthodontia Maximum</b>                                                       | None                                  | None                                  | None                                                                     | No coverage                                                                                                                   | \$2,000 in-network;<br>\$1,500 out-of-network                                                                                  | \$2,500 in or out-of-network                                                                                                  | \$1,500                                                                           | No coverage                                    |

## Dental Monthly Premiums

| Plan Code                       | Plan Name                   | Employee | Employee<br>+<br>Spouse | Employee<br>+<br>Child(ren) | Employee<br>+<br>Family |
|---------------------------------|-----------------------------|----------|-------------------------|-----------------------------|-------------------------|
| <b>Prepaid Plans</b>            |                             |          |                         |                             |                         |
| 4034                            | Cigna Prepaid Dental        | \$23.49  | \$46.29                 | \$55.20                     | \$70.51                 |
| 4025                            | Sun Life Prepaid Dental     | \$14.93  | \$25.17                 | \$33.26                     | \$43.54                 |
| 4044                            | Humana HD205 Prepaid Dental | \$12.64  | \$21.20                 | \$23.00                     | \$32.98                 |
| <b>PPO Plans</b>                |                             |          |                         |                             |                         |
| 4023                            | Ameritas Preventive         | \$22.04  | \$41.68                 | \$44.62                     | \$65.36                 |
| 4094                            | Humana Preventive           | \$21.54  | \$39.88                 | \$44.56                     | \$64.68                 |
| 4033                            | MetLife Preventive          | \$19.24  | \$35.56                 | \$39.74                     | \$57.70                 |
| 4022                            | Ameritas Standard           | \$32.22  | \$60.34                 | \$67.56                     | \$98.36                 |
| 4092                            | Humana Standard             | \$32.16  | \$59.54                 | \$66.52                     | \$96.58                 |
| 4032                            | MetLife Standard            | \$38.06  | \$70.40                 | \$78.66                     | \$114.20                |
| <b>Indemnity with PPO Plans</b> |                             |          |                         |                             |                         |
| 4074                            | Sun Life Indemnity          | \$47.68  | \$91.54                 | \$108.22                    | \$142.74                |
| 4021                            | Ameritas Indemnity          | \$48.12  | \$89.28                 | \$101.66                    | \$146.76                |
| 4090                            | Humana Indemnity            | \$48.04  | \$88.88                 | \$99.32                     | \$144.20                |
| 4031                            | MetLife Indemnity           | \$48.48  | \$89.66                 | \$100.20                    | \$145.46                |
| <b>Indemnity Plans</b>          |                             |          |                         |                             |                         |
| 4084                            | Humana Schedule B           | \$14.74  | \$21.96                 | \$23.30                     | \$37.10                 |

## Vision Insurance

Humana provides comprehensive eye exam and materials coverage to help you maintain optimal eye health and vision.

| Benefit Frequency (based on service date and not per calendar year) |                                                                                                                                                                                                                                                                          |                        |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Exam                                                                | Every 12 months                                                                                                                                                                                                                                                          |                        |
| Lenses                                                              | Every 12 months                                                                                                                                                                                                                                                          |                        |
| Frames                                                              | Every 24 months                                                                                                                                                                                                                                                          |                        |
| Benefit                                                             | In Network                                                                                                                                                                                                                                                               | Out-of-Network         |
| Eye Exam                                                            | 100% after you pay \$10 copay                                                                                                                                                                                                                                            | \$40 allowance         |
| Lenses:                                                             |                                                                                                                                                                                                                                                                          |                        |
| Single                                                              | 100% after you pay \$10 copay                                                                                                                                                                                                                                            | \$40 allowance         |
| Bifocal                                                             | 100% after you pay \$10 copay                                                                                                                                                                                                                                            | \$60 allowance         |
| Trifocal                                                            | 100% after you pay \$10 copay                                                                                                                                                                                                                                            | \$80 allowance         |
| Scratch-Resistant                                                   | \$40 allowance                                                                                                                                                                                                                                                           | Not Covered            |
| Anti-Reflective                                                     | \$70 allowance                                                                                                                                                                                                                                                           | Not Covered            |
| Frames                                                              | \$125 wholesale allowance                                                                                                                                                                                                                                                | \$100 retail allowance |
| Contact Lenses:                                                     |                                                                                                                                                                                                                                                                          |                        |
| Elective                                                            | \$150 allowance                                                                                                                                                                                                                                                          | \$75 allowance         |
| Medically Necessary                                                 | 100%                                                                                                                                                                                                                                                                     | \$100 allowance        |
| LASIK                                                               | Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASIK services from in-network providers. Discount covers consultations, laser procedure, follow-up visits, and any additional necessary corrective procedures. |                        |

| Monthly Premium | Employee | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|-----------------|----------|-------------------|-----------------------|-------------------|
|                 | \$6.12   | \$12.10           | \$11.96               | \$18.80           |

### Additional Resources:

For additional information on the Humana vision plan, please visit the [Vision Insurance Plan](#) page of [MyBenefits](#) website or contact Humana at 1-800-939-5369.

## Savings and Spending Accounts

### Flexible Spending Account (FSA)

Chard Snyder is the administrator of three (3) types of FSAs that give you a tax break on eligible out-of-pocket expenses. Use the prepaid Chard Snyder Benefit Card at the time of service as a convenient payment option wherever most credit cards are accepted. Employees must contribute a minimum of \$60 per year to initiate an FSA.

- **Healthcare FSA:** You contribute up to \$3,300 each plan year on a pretax basis to pay for eligible medical, dental, and vision expenses, prescriptions, over-the-counter medications, etc.
- **Limited Purpose FSA:** You contribute up to \$3,300 each plan year on a pretax basis to pay for eligible dental and vision expenses (can be paired with a health savings account).
- **Dependent Care FSA:** You contribute up to \$7,500 each plan year on a pretax basis to pay for the care of your natural, adopted, and foster children who have not reached their 13th birthday, and family members who cannot physically or mentally care for themselves.

For the healthcare and limited purpose FSAs, the last day to incur expenses for the current plan year is December 31<sup>st</sup> and you must submit all claims by April 30<sup>th</sup>. If you have funds remaining at the end of the plan year, a maximum of \$660 will carry over to the next plan year, while any funds in excess of \$660 will be forfeited. For the dependent care FSA, March 15<sup>th</sup>, is the last day to incur expenses for the previous plan year, and you must submit all claims by April 30. Otherwise, you forfeit any remaining funds.

### Health Reimbursement Account (HRA)

Chard Snyder is the administrator of two (2) types of HRAs that reimburse you for eligible out-of-pocket expenses. Use the prepaid Chard Snyder Benefit Card at the time of service as a convenient payment option wherever most credit cards are accepted.

- An **HRA** is a pretax account available to you if you are enrolled in a standard health plan. You can use the funds to pay for eligible medical, dental, and vision expenses prescriptions, over-the-counter medications, etc.
- A **Post-deductible HRA** is a pretax account that is available to you if you are enrolled in a high deductible health plan. After you meet the annual, federal deductible, you can use the funds to pay for eligible medical, dental, and vision expenses, prescriptions, over-the-counter medications, etc.

For the HRA and post-deductible HRA, the last day to incur claims for the plan year is December 31<sup>st</sup> and you must submit all claims by April 30<sup>th</sup> of the next plan year. However, unlike an FSA, if you have funds remaining at the end of the plan year, all funds will carry over to the next plan year. The HRA is employer-funded only, which means you cannot contribute to the account. There is no limit on the amount of funds in an HRA.

## Health Savings Account (HSA)

An HSA is a tax-advantaged account that is available to you if you are enrolled in a high-deductible health plan. You do not pay taxes on any money you deposit into it, and you will not pay taxes when you use money from the account to pay for eligible healthcare expenses like deductibles and coinsurance. Once enrolled and your HSA Advantage bank account is opened through Chard Snyder, you will receive the state's monthly deposit of \$41.66 for single coverage and \$83.33 for family coverage (\$500 and \$1,000 annually, respectively).

For 2026, the IRS has set the annual HSA contribution limits at \$4,400 for self-only coverage and \$8,750 for family coverage. If you are age 55 or older, you may contribute an additional \$1,000 as a catch-up contribution. These limits include all contributions made to your HSA, including the state's contribution, so be sure to factor that in when planning your personal deposits.

Unused funds roll over each year, and you can take your HSA with you when you are no longer employed at the College. You are eligible to participate and enroll in the HSA as long as you're enrolled in HDHP and not enrolled in Medicare or receiving any Social Security benefits.

Find out [how these accounts work](#) or see the comparison chart below.

## Chard Snyder Mobile App and Benefit Card

You can quickly check your account balances and details with the Chard Snyder mobile app. Download the Chard Snyder mobile app on your Apple or Android device.

Swipe your Benefit Card at the cash register in stores and at doctors, dentists, orthodontists, and optical providers. The card recognizes which items and services are eligible for your plan. Use it at some dependent care locations, too.



## 2026 Savings and Spending Accounts Comparison Chart

| Flexible Spending Accounts (FSA)                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Health Savings Account ( HSA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Health Reimbursement Account (HRA) and Post-Deductible HRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Healthcare FSA                                                                                                                                                                                                                                                                                                                                                                                    | Limited Purpose FSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dependent Care FSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| How it Works                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>You deposit pretax money into the account through payroll deductions to pay for eligible medical, dental and vision expenses, prescriptions, over-the-counter medications, etc. Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for eligible medical expenses, then submit claims to be reimbursed.</p> | <p>You deposit pretax money into the account through payroll deductions to pay for eligible dental, vision, and preventive care expenses. If you are enrolled in a High Deductible Health Plan (HDHP), you can choose a Limited Purpose FSA. You cannot choose a Healthcare FSA if you are enrolled in an HDHP and eligible for the HSA. Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for certain eligible expenses, then submit claims to be reimbursed.</p> | <p>You deposit pretax money into the account through payroll deductions. You get reimbursed for eligible services (not healthcare related) to care for children 12 years and younger or a dependent age 13 and older who live with you at least 8 hours a day and who need supervised care, such as an elderly parent or spouse with a disability. Use funds to care for your natural, adopted, and foster children 12 years and younger and for family members who cannot physically or mentally care for themselves while you are working or going to school. Use the Benefit Card to pay for eligible dependent care services; Pay your provider directly from your account online; or Pay out of pocket for eligible dependent care expenses, then submit claims to be reimbursed.</p> | <p>The State contributes pretax money to your personal bank account each month for you to pay for eligible health expenses and save for future costs. You may also deposit pretax money into the account. Enroll in an HDHP online in People First, which automatically opens your HSA Advantage™ account. The State contributes: \$41.66/month for single coverage (up to \$500/yr) and \$83.33/month for family coverage (up to \$1,000/yr). Pay for eligible expenses from this savings account at time of service or purchase; Pay your provider directly from your account online; or Pay out of pocket for eligible expenses, then reimburse yourself from the account. <b>Spouse Program:</b> If you enroll in a High Deductible Health Plan, both spouses are also eligible to enroll in an HSA. Each spouse will receive the monthly individual state contribution, and each spouse can make payroll contributions up to half of the family maximum.</p> | <p>Shared Savings Program rewards are credited to your account as they are earned. HRA money is used to pay for eligible medical, dental and vision expenses, prescriptions, over-the-counter medications, etc. Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for eligible expenses, then submit claims to be reimbursed. The Post-Deductible HRA works the same way except funds are not available for use until you have met the federal health plan deductible. Single deductible is \$1,700 and Family deductible is \$3,400.</p> |
| Who is Eligible                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>Active employees, who are benefits eligible.</p>                                                                                                                                                                                                                                                                                                                                               | <p>Active employees, who are benefits eligible.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Active employees, who are benefits eligible.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Active employees, who are enrolled in an HDHP.</p> <p>After age 65, you must be enrolled in an HDHP and <i>not</i> enrolled in Medicare or other Social Security benefits.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>All SGIP health plan enrollees are eligible. If you enroll in an HDHP, you are only eligible for the Post-Deductible HRA. Your HRA becomes active once your first reward has been credited to the account.</p>                                                                                                                                                                                                                                                                                                                                                                                                              |
| Shared Savings Program Rewards                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>Yes. Earn up to \$500 in Shared Savings rewards. Shared Savings Program rewards are credited to your account in January of the following plan year (the plan year after the reward is earned). If you earn more than \$500 of Shared Savings Rewards, they will be put in an HRA for you.</p>                                                                                                  | <p>Yes. Earn up to \$500 in Shared Savings rewards. Shared Savings Program rewards are credited to your account in January of the following plan year (the plan year after the reward is earned). If you earn more than \$500 of Shared Savings Rewards, they will be put in an HRA for you.</p>                                                                                                                                                                                                                                                        | <p>No. Shared Savings Program awards are only credited to one of the health spending or savings plans.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>Yes. Earn up to the annual contribution limit in Shared Savings rewards. Shared Savings Program rewards are credited to your account as they are earned. If you earn Shared Savings Rewards after you have contributed the maximum to your HSA, they will be put in a Post-Deductible HRA for you.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Yes. There is no limit in the amount of Shared Savings rewards earned. Shared Savings Program rewards are credited to your account as they are earned.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## 2026 Savings and Spending Accounts Comparison Chart

| Flexible Spending Accounts (FSA)                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           | Health Savings Account (HSA)                                                                                                                                                                                                 | Health Reimbursement Account (HRA) and Post-Deductible HRA                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Healthcare FSA                                                                                                                                                                                                                                                                                                                          | Limited Purpose FSA                                                                                                                                                                                                                                                                                          | Dependent Care FSA                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                      |
| Employee Contribution Limit                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                      |
| Yes. \$60 minimum/year. \$3,300 maximum/year                                                                                                                                                                                                                                                                                            | Yes. \$60 minimum/year. \$3,300 maximum/year.                                                                                                                                                                                                                                                                | Yes. \$60 minimum/year. \$7,500 maximum/year/ household.<br><br>(Married couples filing separate taxes may contribute up to \$3,750 each)                                                                 | Yes. No minimum contribution. \$4,400/year for single coverage \$8,750/year for family coverage (Limits include the state's contribution.) Employees ages 55+ may make catch-up contributions of an additional \$1,000/year. | Employer funded, through rewards earned by utilizing the Shared Savings Program.                                                                                                                                                                                     |
| When is Money Available                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                      |
| The total amount of your annual election is available January 1 (for open enrollment) or on your enrollment date (for new hires or if you have an appropriate Qualifying Status Change (QSC) event). Shared Savings Program rewards are not available until January of the year after the reward is earned and credited to the account. | The total amount of your annual election is available January 1 (for open enrollment) or on your enrollment date (for new hires or if you have an appropriate QSC event). Shared Savings Program rewards are not available until January of the year after the reward is earned and credited to the account. | Money is credited to your account after each payroll deduction. You can use only the balance in your account at the time of payment for dependent care services.                                          | As the State deposits amounts into your Chard Snyder HSA Advantage™ personal savings account.                                                                                                                                | HRA funds will be available within five business days of the reward notification to Chard Snyder. If you choose a Post-Deductible HRA, funds are available for use after you have met the deductible. Single deductible is \$1,700 and Family deductible is \$3,400. |
| Payment Card                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                      |
| Yes. The Chard Snyder Benefit Card.                                                                                                                                                                                                                                                                                                     | Yes. The Chard Snyder Benefit Card.                                                                                                                                                                                                                                                                          | Yes. The Chard Snyder Benefit Card.                                                                                                                                                                       | Yes. The Chard Snyder Benefit Card.                                                                                                                                                                                          | Yes. The Chard Snyder Benefit Card.                                                                                                                                                                                                                                  |
| Deadline to Use Funds                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                      |
| Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 30 of the next plan year. If any funds are remaining, up to \$660 will be carried forward into the following plan year. Amounts over \$660 will be forfeited.                                                                                    | Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 30 of the next plan year. If any funds are remaining, up to \$660 will be carried forward into the following plan year. Amounts over \$660 will be forfeited.                                                         | Yes. Grace period to incur eligible expenses ends March 15 of the next plan year. All claims must be submitted to Chard Snyder by April 30 of the next plan year. Any amount remaining will be forfeited. | No. HSA works just like your savings account. Balance rolls over from year to year; take the money with you if you leave state employment.                                                                                   | Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 30 of the next plan year. Balance rolls forward to next plan year, as long as enrolled in a State Group Insurance health plan.                                                |
| Health Plan                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                      |
| No requirement to be in a State Group Insurance health plan.                                                                                                                                                                                                                                                                            | High Deductible PPO or High Deductible HMO.                                                                                                                                                                                                                                                                  | No requirement to be in a State Group Insurance health plan.                                                                                                                                              | High Deductible PPO or High Deductible HMO.                                                                                                                                                                                  | Any State Group Insurance health plan. (Individuals enrolled in a State of Florida Medicare Advantage Prescription Drug (MA-PD) plan are not eligible to take part in the Shared Savings Program.)                                                                   |
| Enroll in Another Savings or Spending Account                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                      |
| Yes. Dependent Care FSA and/ or HRA.                                                                                                                                                                                                                                                                                                    | Yes. HSA, Dependent Care FSA, and/or Post-Deductible HRA.                                                                                                                                                                                                                                                    | Yes. Healthcare and Limited Purpose FSA, HSA, HRA or Post-Deductible HRA.                                                                                                                                 | Yes. Limited Purpose FSA, Dependent Care FSA, and/or Post-Deductible HRA.                                                                                                                                                    | Yes. Healthcare FSA, Limited Purpose FSA, and/or Depended Care FSA. If enrolled in an HDHP, you must choose the Post-Deductible HRA.                                                                                                                                 |

## Life Insurance

The State Group Insurance Program offers group term life insurance to eligible employees and retirees through MetLife.



| Type                                        | Benefit Amount                                           | Enrollment                                                                                                          | Monthly Premium                                                                                      |
|---------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>Basic Life</b>                           | \$25,000                                                 | Salaried, full-time employees automatically enrolled<br>Part-time and OPS employees must enroll                     | FT Faculty & Staff: No premium<br>Part-time: Pro-rated premium<br>OPS <sup>1</sup> Employees: \$3.18 |
| <b>Optional Life</b><br>(OPS* not eligible) | 1-7x times your annual base salary<br>(Max: \$1,000,000) | Guaranteed issue for new hires up to 5x salary (\$500,000 max)<br>Up to 7x salary, if you qualify (\$1 million max) | Varies by coverage level, salary, and age                                                            |
| <b>Dependent Spouse</b>                     | \$15,000   \$20,000                                      | Guaranteed issue if you enroll when first hired or when you marry                                                   | \$5.18   \$6.90                                                                                      |
| <b>Dependent Child</b>                      | \$10,000 per each child                                  | Guaranteed issue                                                                                                    | \$0.85<br>(covers all eligible children)                                                             |

| Life Insurance Features                       |                                                                                                                                                                                     |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                       | Coverage                                                                                                                                                                            |
| <b>Accelerated Benefit Option</b>             | In case of terminal illness, you can get early access to a portion of your life insurance proceeds                                                                                  |
| <b>Estate Resolution Services<sup>2</sup></b> | Estate representatives and beneficiaries can receive unlimited in-person legal help with probate and may consult MetLife Legal Plans attorneys for general probate questions        |
| <b>Portability</b>                            | If you leave State of Florida employment (not for retirement), you may be able to keep your Life Insurance under a different policy, depending on plan rules and state availability |
| <b>Repatriation</b>                           | Covers the cost of transporting the deceased home if death occurred 75+ miles away up to \$5,000                                                                                    |
| <b>Waiver of Premium</b>                      | If you become totally disabled, you may continue certain insurance and have Basic and Optional Life premiums waived until age 65, recovery, or death, whichever comes first         |
| <b>Will Preparation Services<sup>2</sup></b>  | Provides you and your spouse unlimited in-person or phone meetings with a MetLife Legal Plans attorney to prepare or update a will, living will, or Power of Attorney               |

1. Other Personal Services (OPS) employment is a temporary employer/employee relationship used solely for accomplishing short term or intermittent tasks. OPS employees do not fill established positions and may not be assigned the duties of any vacant authorized position. 2. Included with Optional Life Insurance.

## Supplemental Insurance Plans

The following supplemental plans are 100% employee-paid, with costs varying by plan and coverage level. Benefits are paid directly to you, in addition to any health insurance coverage. Some plans require medical underwriting and may exclude coverage for pre-existing conditions or due to age limits. If underwriting is required, coverage begins the first of the month following approval.

### Supplemental Plans Comparison Chart

| Plan                           | Benefit Examples                                                                                                                                                                                                                                                                                                                                                                                  | Offered By                                                                                                                                                      |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accident</b>                | Specified benefit amount(s) payable directly to the insured for covered accidents in which a doctor's office or hospital is visited for treatment of an accidental injury.<br><br>Additional payments for follow-up visits and when crutches, wheelchairs, or other covered medical aids are needed for covered accidental injuries.<br><br>Covers work and non-work-related accidental injuries. | <a href="#">Colonial Insurance Company</a><br>888-756-6701                                                                                                      |
| <b>Cancer</b>                  | Specified benefit amount(s) payable directly to insured for cancer screenings, diagnosis, and treatment.<br><br>Utilize benefit payments as needed.<br><br>Benefit amounts dependent upon coverage level selected.                                                                                                                                                                                | <a href="#">Aflac*(through Capital Insurance Agency)</a><br>800-780-3100<br><br><a href="#">Colonial Insurance Company</a><br>888-756-6701                      |
| <b>Disability</b>              | Supplements income loss during short-term disability to help pay living expenses.<br><br>Can choose elimination period for accident and sickness related disabilities based upon need.                                                                                                                                                                                                            | <a href="#">Colonial Insurance Company</a><br>888-756-6701                                                                                                      |
| <b>Hospitalization</b>         | Specified payment amounts directly to covered individual when hospitalized.<br><br>Additional payments, depending on the coverage selected, for ancillary services related to hospitalization.                                                                                                                                                                                                    | <a href="#">Cigna Health (through Capital Insurance Agency)</a><br>800-780-3100<br><br><a href="#">New Era (through State Securities Corp.)</a><br>800-277-2300 |
| <b>Hospital Intensive Care</b> | Daily benefit for confinement in a hospital intensive care or a sub-acute intensive care unit.                                                                                                                                                                                                                                                                                                    | <a href="#">Aflac*(through Capital Insurance Agency)</a><br>800-780-3100                                                                                        |

\*Both the Aflac Cancer and Aflac Intensive Care policies require submission of a paper application. Upon completion of an election in People First, please access the Aflac brochure on the [MyBenefits](#) website, complete it, and mail to the address listed at the top of the application. Contact Aflac or Capital Insurance Agency directly for application-related questions.

## Employee Assistance Program (EAP)

At Daytona State College (DSC), we prioritize the well-being of our employees, which is why we offer the free Employee Assistance Program (EAP) through SupportLinc. This program is available to all DSC employees, as well as their immediate family and household members, and ensures complete confidentiality—no information is shared with DSC.

The EAP offers a range of services to help you, and your loved ones manage life's challenges. Whether you're facing personal struggles, work-related stress, or need guidance on financial or legal matters, the EAP provides support and resources to assist you in navigating these situations effectively.



### Services Offered:

- **In-the-Moment Support:** Access to licensed clinicians 24/7/365 for immediate assistance. <https://www.supportlinc.com/> or call **888-881-5462**.
- **Short-Term Counseling:** Access in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance use including referral for up to six (6) sessions per issue.
- **Dependent/Elder Care Referrals:** SupportLinc provides participants with an experienced team of specialists who offer guidance and referrals for all stages of life, such as child-care, elder care, back-up care, adoption, summer camps and education.
- **Concierge Expert Referrals:** SupportLinc's knowledgeable specialists provide referrals to resources that help address a wide range of services such as travel, car rental, vacation planning, pet care, home repair and housing needs.
- **Retirement Coach:** Receive consultation and guidance from a licensed clinician experienced in transitioning to retirement, as well as referrals to resources for adjusting to retirement.
- **Financial Expertise:** Guidance on budgeting, debt management, and financial planning with a licensed financial counselor.
- **Legal Assistance:** The SupportLinc program provides free 30-minute telephonic or face-to-face consultation with a local attorney.
- **Wellness Resources:** Tools & resources to support your overall well-being, including stress management.

## Contact Information

Below you will find contact information for our insurance plan providers.

| Name                               | Benefit                                  | Telephone #  | Website                                                                                                                                                             |
|------------------------------------|------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aetna</b>                       | Health Insurance                         | 877-858-6507 | <a href="http://www.aetnastateflorida.com">www.aetnastateflorida.com</a>                                                                                            |
| <b>AFLAC</b>                       | Cancer & Intensive Care Insurance        | 800-780-3100 | <a href="https://capitalins.com/our-plans/aflac-cancer-and-hospital-intensive-care/">https://capitalins.com/our-plans/aflac-cancer-and-hospital-intensive-care/</a> |
| <b>Ameritas</b>                    | Dental Insurance                         | 877-721-2224 | <a href="http://www.ameritas.com/group/olbc/florida">www.ameritas.com/group/olbc/florida</a>                                                                        |
| <b>Chard Snyder</b>                | Savings & Spending Accounts              | 855-824-9284 | <a href="http://www.mybenefits.myflorida.com">www.mybenefits.myflorida.com</a>                                                                                      |
| <b>Cigna</b>                       | Hospitalization Insurance                | 800-780-3100 | <a href="https://capitalins.com/our-plans/cigna-hospital-supplements/">https://capitalins.com/our-plans/cigna-hospital-supplements/</a>                             |
| <b>Cigna Dental</b>                | Dental Insurance                         | 800-244-6224 | <a href="https://capitalins.com/our-plans/cigna-dental-plan/">https://capitalins.com/our-plans/cigna-dental-plan/</a>                                               |
| <b>Colonial Life</b>               | Accident, Cancer, & Disability Insurance | 888-756-6701 | <a href="http://www.visityouville.com/stateoffl">www.visityouville.com/stateoffl</a>                                                                                |
| <b>Florida Blue</b>                | Health Insurance                         | 800-825-2583 | <a href="http://www.floridablue.com/state-employees">www.floridablue.com/state-employees</a>                                                                        |
| <b>Healthcare Bluebook</b>         | Shared Savings                           | 800-513-6118 | <a href="http://www.healthcarebluebook.com/cc/sof">www.healthcarebluebook.com/cc/sof</a>                                                                            |
| <b>Humana</b>                      | Dental Insurance                         | 866-879-3630 | <a href="https://www.compbenefits.com/custom/stateofflorida/">https://www.compbenefits.com/custom/stateofflorida/</a>                                               |
| <b>Humana Vision</b>               | Vision Insurance                         | 800-939-5369 | <a href="http://www.compbenefits.com/custom/state-of-fla-vision/">www.compbenefits.com/custom/state-of-fla-vision/</a>                                              |
| <b>Lantern</b>                     | Shared Savings                           | 844-752-6170 | <a href="https://florida.Lantern.com">https://florida.Lantern.com</a>                                                                                               |
| <b>MetLife</b>                     | Dental & Life Insurance                  | 844-222-9104 | <a href="http://www.metlife.com/stateoffl/">www.metlife.com/stateoffl/</a>                                                                                          |
| <b>New Era</b>                     | Hospitalization Insurance                | 800-277-2300 | <a href="http://www.ssc-life.com">www.ssc-life.com</a>                                                                                                              |
| <b>Optum Rx</b>                    | Prescription Drug Plan (2024)            | 800-547-9767 | <a href="https://welcome.optumrx.com/sofdms/landing">https://welcome.optumrx.com/sofdms/landing</a>                                                                 |
| <b>People First</b>                | Program Administrator                    | 866-663-4735 | <a href="https://peoplefirst.myflorida.com/peoplefirst">https://peoplefirst.myflorida.com/peoplefirst</a>                                                           |
| <b>State of Florida myBenefits</b> | State of Florida Insurance Program       | N/A          | <a href="https://www.mybenefits.myflorida.com">https://www.mybenefits.myflorida.com</a>                                                                             |
| <b>Sun Life</b>                    | Dental Insurance (Indemnity w/ PPO)      | 800-442-7742 | <a href="https://www.sunlife.com/us/sl/state-of-florida/en/">https://www.sunlife.com/us/sl/state-of-florida/en/</a>                                                 |
| <b>Sun Life</b>                    | Dental Insurance (Prepaid)               | 800-443-2995 | <a href="https://www.sunlife.com/us/sl/state-of-florida/en/">https://www.sunlife.com/us/sl/state-of-florida/en/</a>                                                 |
| <b>SupportLinc</b>                 | Employee Assistance Program              | 888-881-5462 | <a href="https://www.supportlinc.com/">https://www.supportlinc.com/</a>                                                                                             |
| <b>United Healthcare</b>           | Health Insurance                         | 877-614-0581 | <a href="https://whyuhcflorida.com/">https://whyuhcflorida.com/</a>                                                                                                 |

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