

EMPLOYEE BENEFITS GUIDE

2025



DAYTONA
STATE COLLEGE

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DAYTONA STATE COLLEGE BENEFITS GUIDE

Welcome to the Daytona State College Benefits Guide! We are excited to introduce our first-ever Benefits Guide, designed to provide you with comprehensive information about 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.

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State Benefits Website: mybenefits.myflorida.com

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 [People First](#).

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
Annual Deductible	None	\$250 Single \$500 Family	\$750 Single \$1,500 Family	\$1,600 Single \$3,200 Family	\$2,500 Single \$5,000 Family
Global In-Network Annual Out-of-Pocket Maximum	\$9,450 Individual \$18,900 Family	\$9,450 Individual \$18,900 Family	N/A	PPO - \$4,600 \$9,200 HMO - \$3,000 \$6,000	N/A
<u>Preventive Care</u>	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
Primary Care	\$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
Specialist	\$40 copayment	\$25 copayment			
Urgent Care	\$25 copayment	\$25 copayment	\$25 copayment	Deductible then 20% of out-of-network allowance	Deductible then 20% of out-of-network allowance
Emergency Room	\$100 copayment	\$100 copayment	\$100 copayment		
Hospital Stay	\$250 copayment	20% after \$250 copayment	40% after \$500 copayment plus the amount between charge and out-of-network allowance	Deductible then 20% of network allowed amount	Deductible, \$1,000 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) Mail Order (90-Day) 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.

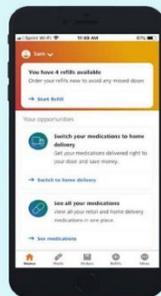


Download the Optum Rx app

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:

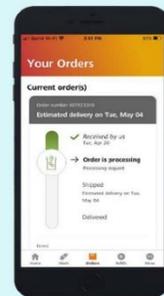
1. Go to the Apple® App Store® or Google Play™ to download the Optum Rx app.
2. Open the app and sign in using the same username and password you use on [OptumRx.com](#).



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 Provider		
	Standard	HDHP
Florida Blue (PPO)	Network: \$0 Non-Network: N/A	Network: No per visit fee; subject to calendar year deductible Non-Network: N/A
Aetna and United Healthcare (UHC)	\$0	Network: No per visit fee; subject to calendar year deductible Non-Network: N/A
Capital Health Plan (CHP)	\$0	Network only: No per visit fee; subject to calendar year deductible
Network Service Provider		
	Standard	HDHP
Florida Blue (PPO)	Network: \$15 (PCP), \$25 (Specialist) Non-Network: Coinsurance 40% plus 100% of amount over the allowance (balance bill)	Network: Calendar year deductible and coinsurance of 20% Non-Network: Calendar year deductible and coinsurance of 40% plus 100% of amount over the allowance (balance bill)
Aetna and United Healthcare (UHC)	\$20 Network (PCP); \$40 Specialist \$25 Urgent Care	Network only: 20% coinsurance, subject to calendar year deductible
Capital Health Plan (CHP)	\$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 **SurgeryPlus**, 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 SurgeryPlus. 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



SurgeryPlus is a voluntary benefit that provides non-emergency surgical services. By choosing to receive services through SurgeryPlus, you and your covered dependents can earn financial rewards that will be deposited into the spending and/or saving account of your choice.

SurgeryPlus is separate from your health plan and has its own network of high-quality providers. SurgeryPlus offers procedures that are covered under the State Group Health Insurance Program but is different from your health insurance plan, because surgical services are “bundled” together. For example, rather than paying separately for the surgeon, facility, anesthesiologist, and radiologist, SurgeryPlus negotiates one “bundled” rate. By packaging surgical expenses into one simple, bundled rate, SurgeryPlus is able save money for you and the State of Florida Group Insurance Program.

SurgeryPlus offers a variety of medical procedures.

To earn rewards, contact a SurgeryPlus Care Advocate (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 SurgeryPlus to receive a preoperative to post-operative surgical service
- SurgeryPlus validates that you or your dependent received a rewardable service
- SurgeryPlus 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 \$610 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.

Dental Monthly Premiums

Plan Code	Plan Name	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Plans					
4034	Cigna Prepaid Dental	\$22.81	\$44.94	\$53.59	\$68.46
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
PPO Plans					
4023	Ameritas Preventive	\$21.64	\$40.92	\$43.80	\$64.16
4094	Humana Preventive	\$20.52	\$37.98	\$42.44	\$61.60
4033	MetLife Preventive	\$18.32	\$33.86	\$37.84	\$54.94
4022	Ameritas Standard	\$31.64	\$59.24	\$66.32	\$96.56
4092	Humana Standard	\$30.64	\$56.70	\$63.36	\$91.98
4032	MetLife Standard	\$36.24	\$67.04	\$74.90	\$108.76
Indemnity with PPO Plans					
4074	Sun Life Indemnity	\$43.55	\$83.61	\$98.83	\$130.35
4021	Ameritas Indemnity	\$47.24	\$87.64	\$99.80	\$144.08
4090	Humana Indemnity	\$45.75	\$84.66	\$94.60	\$137.34
4031	MetLife Indemnity	\$46.16	\$85.38	\$95.42	\$138.52
Indemnity Plans					
4084	Humana Schedule B	\$14.74	\$21.96	\$23.30	\$37.10

Types of Dental Plans and Covered Services:

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

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)
Type I: Preventative Services <i>(Routine cleanings, exams, X-rays, etc.)</i>	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	100% in-network 80% out of network	100% in-network 80% out of network	100% in or out of network	100% in or out of network	See benefit schedule: Reimbursement amounts
Type II: Basic Services <i>(Fillings, root canals, etc.)</i>	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	80% in-network 50% out of network	80% in-network 50% out of network	80% in or out of network	80% in or out of network	See benefit schedule: Reimbursement amounts
Type III: Major Services <i>(Crown, bridges, etc.)</i>	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	See benefit schedule: Fixed copays	No coverage	50% in-network; 30% out of network	50% in or out of network	50% in or out of network	See benefit schedule: Reimbursement amounts
Annual Deductible	No Deductible	No Deductible	No Deductible	Type I: No Deductible Type II only: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No Deductible Type II & III: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No Deductible Type II only: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No Deductible Type II, & III: Individual: \$50 Family: \$100	No Deductible
Annual Maximum	None	None	None	\$1,000	\$1,500	\$2,000	\$2,000	\$1,000
Orthodontia	Yes, No age limit	Yes, No age limit	Yes, no age limit: 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
Waiting Period for Orthodontic Services	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
Orthodontia Maximum	None	None	None	No coverage	\$2,000 in network; \$1,500 out of network	\$2,500 in or out of network	\$1,500	No coverage

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
		\$5.92	\$11.68	\$11.56

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 \$3,050 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 \$3,050 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 \$5,000 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 31st and you must submit all claims by April 30th. If you have funds remaining at the end of the plan year, a maximum of \$610 will carry over to the next plan year, while any funds in excess of \$610 will be forfeited. For the dependent care FSA, March 15th, 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 31st and you must submit all claims by April 30th 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).

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.



2025 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.</p> <ul style="list-style-type: none"> 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>You deposit pretax money into the account through payroll deductions to pay for eligible dental, vision, and preventive care expenses.</p> <ul style="list-style-type: none"> 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>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.</p> <ul style="list-style-type: none"> 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>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.</p> <ul style="list-style-type: none"> 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. <p>Spouse Program: 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.</p> <ul style="list-style-type: none"> 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. <p>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 \$1,650 and Family deductible is \$3,300.</p>
Who is Eligible				
Active employees, who are benefits eligible.	Active employees, who are benefits eligible.	Active employees, who are benefits eligible.	Active employees, who are enrolled in an HDHP. After age 65, you must be enrolled in an HDHP and <i>not</i> enrolled in Medicare or other Social Security benefits.	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.
Shared Savings Program Rewards				
<p>Yes. Earn up to \$500 in Shared Savings rewards.</p> <p>Shared Savings Program rewards are credited to your account in January of the following plan year (the plan year after the reward is earned).</p> <p>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.</p> <p>Shared Savings Program rewards are credited to your account in January of the following plan year (the plan year after the reward is earned).</p> <p>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.</p> <p>Shared Savings Program rewards are credited to your account as they are earned.</p> <p>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.</p> <p>Shared Savings Program rewards are credited to your account as they are earned.</p>

2025 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. \$3,200 maximum/year	Yes. \$60 minimum/year. \$3,200 maximum/year.	Yes. \$60 minimum/year. \$5,000 maximum/year/ household. (Married couples filing separate taxes may contribute up to \$2,500 each)	Yes. No minimum contribution. \$4,300/year for single coverage \$8,550/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 \$1,650 and Family deductible is \$3,300.
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 \$640 will be carried forward into the following plan year. Amounts over \$640 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 \$640 will be carried forward into the following plan year. Amounts over \$640 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 Dependent 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 Securian Financial. Make sure to designate your beneficiary or beneficiaries when you enroll and review your designations periodically to account for changes.



Type	Benefit Amount	Enrollment	Monthly Premium
Basic Life	\$25,000	Salaried, full-time employees automatically enrolled Part-time and OPS employees must enroll	FT Faculty & Staff: No premium Part-time: Pro-rated premium OPS* Employees: \$3.58
Optional Life (OPS* not eligible)	1-7x times your annual base salary (Max: \$1,000,000)	Guaranteed issue for new hires up to 5x salary (\$500,000 max) Up to 7x salary, if you qualify (\$1 million max)	Varies by coverage level, salary, and age
Dependent Spouse	\$15,000 \$20,000	Guaranteed issue if you enroll when first hired or when you marry	\$5.18 \$6.90
Dependent Child	\$10,000 per each child	Guaranteed issue	\$0.85 (covers all eligible children)

Life Insurance Features	
Benefit	Coverage
Accidental Death and Dismemberment	Varies between 25% to 100% of coverage (employees only)
Accelerated Death (Advanced life insurance fund in certain situations)	Up to 100% of your life insurance, including your optional life coverage
Repatriation (Covers the cost of transporting the deceased home if death occurred 75+ miles away)	Up to \$5,000
Legal Services	Phone access to a national network of attorneys
Legacy Planning Services	Help with end-of-life issues when dealing with a loss or planning for one's passing
Beneficiary Financial Counseling	Counseling to beneficiaries who receive at least \$25,000

*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.

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.
- **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.

Supplemental Insurance Plans

The following supplemental plans are 100% employee paid and the costs may vary based on the plan and coverage level. The plan pays benefits directly to you, in addition to the coverage you receive from your health insurance plan, if enrolled. Certain requirements apply before the plan will pay. Some plans require you to complete their medical underwriting process and may also exclude coverage if you have pre-existing conditions or have reached their coverage age limit.

Supplemental Plans Comparison Chart

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

*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.

Contact Information

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

Name	Benefit	Telephone #	Website
Aetna	Health Insurance	877-858-6507	www.aetnastateflorida.com
AFLAC	Cancer & Intensive Care Insurance	800-780-3100	www.capitalins.com/plans/aflac-cancer-and-hospital-intensive-care
Ameritas	Dental Insurance	877-721-2224	www.ameritas.com/group/olbc/florida
Chard Snyder	Savings & Spending Accounts	855-824-9284	www.mybenefits.myflorida.com
Cigna	Hospitalization Insurance	800-780-3100	https://capitalins.com/our-plans/cigna-hospital-supplements/
Cigna Dental	Dental Insurance	800-244-6224	www.capitalins.com/plans/cigna-dental-plan
Colonial Life	Accident, Cancer, & Disability Insurance	888-756-6701	www.visityouville.com/stateoffl
Florida Blue	Health Insurance	800-825-2583	www.floridablue.com/state-employees
Healthcare Bluebook	Shared Savings	800-513-6118	www.healthcarebluebook.com/cc/sof
Humana	Dental Insurance	866-879-3630	https://www.compbenefits.com/custom/stateofflorida/
Humana Vision	Vision Insurance	800-939-5369	www.compbenefits.com/custom/state-of-fla-vision/
MetLife	Dental Insurance	844-222-9104	www.metlife.com/stateoffl/
New Era	Hospitalization Insurance	800-277-2300	www.ssc-life.com
Optum Rx	Prescription Drug Plan (2024)	800-547-9767	welcome.optumrx.com/sofdms/landing
People First	State of Florida Group Insurance Program Administrator	866-663-4735	https://peoplefirst.myflorida.com/peoplefirst
Securian Financial	Life Insurance	888-826-2756	www.lifebenefits.com/florida
State of Florida MyBenefits	State of Florida Insurance Program	N/A	https://www.mybenefits.myflorida.com
Sun Life	Dental Insurance (Indemnity w/ PPO)	800-442-7742	https://www.sunlife.com/us/sl/state-of-florida/en/
Sun Life	Dental Insurance (Prepaid)	800-443-2995	https://www.sunlife.com/us/sl/state-of-florida/en/
SupportLinc	Employee Assistance Program	Coming Soon	Coming Soon
SurgeryPlus	Shared Savings	844-752-6170	https://florida.surgeryplus.com
United Healthcare	Health Insurance	877-614-0581	https://www.whyuhc.com/florida



EMPLOYEE BENEFITS