

FERRIS STATE UNIVERSITY

HUMAN RESOURCES

Benefits at a Glance

2024

Clerical Technical Group

CONTACT US NOW



231-591-2150
Human Resources



hrbenefits@ferris.edu



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Prakken 150
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www.ferris.edu

NEW HIRE ENROLLMENT

Benefits are available 1st of the month following date of hire into an Admin/Support FT Temporary position. Newly benefit eligible employees have 30 calendar days to enroll in FSU benefit plans.

MEDICAL/PRESCRIPTION

FSU offers 5 medical/prescription plan options through MESSA/BCBS including PPO and HDHP options. Employees may also elect to opt-out of an FSU medical plan, if they have other coverage, and may receive an opt-out credit.

DENTAL

FSU offers dental plan coverage through MESSA utilizing the Delta Dental network. The plan has an annual maximum of \$1100 per person and covers 80% of orthodontic costs up to a lifetime maximum of \$1100 per person for dependents up to age 19. The dental plan is offered at no cost to CTA employees.

VISION

FSU offers vision coverage through MESSA/VSP at no cost for employees and their dependents.

LONG TERM DISABILITY

After 90 days of disability, LTD pays 66 2/3% of the employee's monthly salary (maximum \$2500/month) to age 65 or until the end of disability, whichever occurs first.

FLEXIBLE SPENDINGS ACCOUNTS

Pre-tax deductions to a Medical Flexible Spending Account (up to \$3,200 per plan year) for employees enrolled in Ferris 1, 2, or 3.

Pre-tax deductions to a Dependent Care Flexible Spending Account (up to \$5,000 per plan year) for all benefit eligible employees.

LIFE INSURANCE

\$30,000 Group Term Life and AD&D Insurance at no cost to the employee. Additional supplemental insurance can be purchased thru MESSA.

Employees can also purchase \$2,000 coverage for spouses and dependents for a cost.

SUPPLEMENTAL INSURANCES

There are a number of additional supplemental insurance plan options available to CTA employees through MESSA at full cost. Please see page 6 for details.

TUITION WAIVER

Employees are eligible to take up to nine (9) FSU credits per semester, 24 maximum per year, under-graduate or graduate, at no cost. Credits may be transferred to a spouse and/or dependent child.

This benefit may be taxable based on the current IRS guidelines.

Spouse and/or dependent child may receive a 30% tuition discount in lieu of credit waivers.

RETIREMENT

FSU contributes 10% of the employee's base salary to a 403b account each pay period. Employee's have a mandatory 4% contribution. Employees may make voluntary contributions via payroll deduction as well. There is an 5 year vesting schedule for the employer contributions.

FSU retirement plans are processed through TIAA-CREF.

Employees with previous university service in the Michigan Public Schools Employee Retirement System are eligible to continue their MPSERS retirement plan.

Paid Time Off

SICK TIME

Employees accrue sick time at a rate of 4.0 hours per pay and is available for use by the employee upon employment.

Employees may accrue up to a maximum of 1,600 sick hours.

VACATION TIME

Vacation time is available for use by the employee after six (6) months of continuous employment.

Vacation is accrued on a per pay period basis according to length of continuous service:

Any unused vacation hours in excess of the employee's annual accrual maximum for the year will be forfeited annually on July 1st.

<u>Length of Service</u>	<u>Annual Max. Accrual</u>
1 - 3 years	12 days / year
4 - 8 years	15 days / year
9 - 14 years	19 days / year
15 years or more	20 days / year

HOLIDAYS

After 10 days of employment, employees receive the following days off as paid holidays:

New Year's Day
MLK Day
Good Friday
Memorial Day
July 4th
Labor Day

Monday of Fall Break
Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas Day
New Year's Eve

Additional paid holiday time may be granted by the President.

PERSONAL TIME

Employees receive 2 personal days (16 hours) at the beginning of each plan year (July 1). 8 hours of personal time are chargeable to sick time. Unused personal hours will not carry over into the next plan year.

8 hours of personal time is available for use by the employee after six (6) months of continuous employment. The 2nd 8 hours, chargeable to sick time, are available after 12 months of continuous employment.

MESSA In-Network Plan Comparison - Effective 1/1/2024

Ferris State University - 490C Clerical

	MESSA Choices \$300/\$600 0% MESSA Saver Rx	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx	Essentials by MESSA \$375/\$750 20% Essentials by MESSA Rx
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In-Network Cost Share After Deductible

Deductible	\$300/\$600	\$500/\$1,000	\$1,600/\$3,200	\$2,000/\$4,000	\$375/\$750
Coinsurance	0%	0%	0%	0%	20%
Teladoc Health virtual 24/7 care for minor illnesses, injuries and mental health copay/coinsurance	\$20	\$20	0%	0%	\$10
Teladoc Health virtual primary care visit copay/coinsurance	\$20	\$20	0%	0%	\$25
Office visit copay/coinsurance	\$20	\$20	0%	0%	\$25
Specialist visit copay/coinsurance	\$20	\$20	0%	0%	\$50
Urgent care copay/coinsurance	\$25	\$25	0%	0%	\$50
Emergency room copay/coinsurance	\$50	\$50	0%	0%	\$200
Total out-of-pocket maximum	\$2,300/\$4,600	\$2,500/\$5,000	\$2,600/\$5,200	\$4,000/\$8,000	\$9,450/\$18,900

Single: \$160.45

Two Person: \$406.22

Family: \$469.12

Single: \$136.74

Two Person: \$352.87

Family: \$402.74

Single: \$106.46

Two Person: \$279.93

Family: \$312.18

Single: \$66.57

Two Person: \$190.18

Family: \$200.49

Single: \$0.00

Two Person: \$37.55

Family: \$10.35

MESSA In-Network Plan Comparison - Effective 1/1/2024

Ferris State University - 490C Clerical

	MESSA Choices \$300/\$600 0% MESSA Saver Rx	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx	Essentials by MESSA \$375/\$750 20% Essentials by MESSA Rx
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Certain Benefit Differences

Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to a combined 12 visits per calendar year; \$25 office visit copay applies after deductible
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible	Up to 38 visits per calendar year; Covered 100% after deductible	
Outpatient physical, occupational and speech therapy	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 30 visits per calendar year, including therapeutic massage by an approved provider (e.g., chiropractor, MD, DO); Covered 80% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Not covered
Acupuncture	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Not covered
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Not covered

MESSA In-Network Plan Comparison - Effective 1/1/2024

Ferris State University - 490C Clerical

	MESSA Choices \$300/\$600 0% MESSA Saver Rx	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx	Essentials by MESSA \$375/\$750 20% Essentials by MESSA Rx
Prescription Drugs	MESSA Saver Rx	MESSA Saver Rx	MESSA ABC Rx (after deductible)	3-Tier Rx (after deductible)	Essentials by MESSA Rx
Up to a 34-day supply					
Generic drugs	\$2 or \$10	\$2 or \$10	Free, \$2 or \$10	Free or \$10	\$10
Preferred brand-name drugs	\$20 or \$40	\$20 or \$40	\$20 or \$40	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)
Nonpreferred brand- name drugs				20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)
Preferred specialty drugs (includes generic specialty and preferred brand specialty)	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories
Nonpreferred specialty drugs					
90-day supply					
Generic drugs, Preferred brand-name drugs, Nonpreferred brand-name drugs	2x 1-month supply; Available via retail or mail order	2x 1-month supply; Available via retail or mail order	2x 1-month supply; Available via retail or mail order	2.5x 1-month supply; Available via retail or mail order	3x 1-month supply; Available via retail or mail order
Additional Information					
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage
Supplemental Plans	Not included	Not included	Not included	Not included	Not included

~ Essentials by MESSA Rx and Balance+ Rx plans have several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, erectile dysfunction drugs, brand-name weight loss and prenatal vitamins, and drugs that treat coughs and colds, including most antihistamines.

~ The out-of-pocket maximum (OOPM) for Essentials by MESSA, is subject to change each Jan. 1 according to the maximum limit allowed by the Affordable Care Act.

~ For Saver Rx and ABC Rx, the reduced cost generic drugs at \$2 and brand name drugs at \$20, include medications for asthma, diabetes, coronary artery disease, high blood pressure and high cholesterol.

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, Matt Zimmerman, at 800-292-4910.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.

MESSA Dental plan highlights



MESSA

1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Effective Date: 01/01/2024

MESSA Account: Ferris State University

Employee Group: 490C Clerical

Group/Subgroup: 06272-0006

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting www.messa.org and using the provider directory search provided by Delta Dental.

Plan Features

Diagnostic & Preventive Services 100%	Basic Services 80%	Major Services 80%	Orthodontics 80%
<ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Pallative • 2 Cleanings in 12 Months <p>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p>Rider (If neither box below is checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p>	<ul style="list-style-type: none"> • Radiographs (x-rays)* • Restorative • Crowns** • Oral Surgery • Endodontic Services — treatment for diseased or damaged nerves. • Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any 5-year period on the same tooth.</p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input checked="" type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p>	<ul style="list-style-type: none"> • Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances. 	<ul style="list-style-type: none"> • Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p>
\$1,100 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services			\$1,100 lifetime maximum per person Orthodontics

For a complete listing of exclusions and limitations that apply to the plan, refer to the Delta Dental of Michigan certificate booklet.

VSP 3 Benefits



1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 • 800-292-4910

Effective Date: 1/1/2024

MESSA Account: Ferris State University

Employee Group: 490C Clerical

In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Signature network doctors is available at messa.org or vsp.com. Call VSP member services at 800-877-7195 for assistance.

Out-of-network providers

(Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit www.vsp.com or call VSP member services at 800-877-7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
Examination		
Optometrist	No copayment	\$35
Ophthalmologist	No copayment	\$45
Contact lenses (includes contact lens examination) *		
Elective lenses to improve vision	\$115 allowance	\$115
Medically necessary - to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i>	MESSA pays 100% of the approved amount	\$200
Eyeglass frames	\$65 allowance	\$55
Eyeglass lenses		
Single vision	MESSA pays 100% of the approved amount	\$38
Bifocal		\$60
Trifocal		\$72
Lenticular		\$108
Eyeglass lens enhancements		
Rose #1 or #2 tint	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Rimless		
Oversize		
Blended		
Photochromic		
Progressive	Not covered	
Tinted		
Single vision	MESSA pays 100% of the approved amount	\$42
Bifocal		\$70
Trifocal		\$84
Lenticular		\$118
Polarized		
Single vision	MESSA pays 100% of the approved amount	\$56
Bifocal		\$90
Trifocal		\$110
Lenticular		\$138

* The cost of the eye exam is covered separately and does not count against the contact lens allowance.

MESSA Supplemental Benefits

Additional details regarding MESSA's various supplemental benefit plans is available at www.messa.org.

HOSPITAL INDEMNITY PLAN

This voluntary benefit pays benefits when you have a hospital stay due to illness, injury, surgery or childbirth. You can use the benefit payments to pay out-of-pocket costs or personal expenses. Employees can choose between the Standard Plan and the Plus Plan.

CRITICAL ILLNESS PLAN

If an employee enrolls in the Critical Illness Plan, they will receive cash benefit payments when diagnosed with a covered serious illness or condition. Employees can choose between a low plan and a high plan.

ACCIDENT COVERAGE PLAN

This plan pays you a cash benefit when you receive qualifying care or treatment due to an accidental injury. Benefit amounts vary based on the type of care. Employees can choose between the Standard Plan and the Plus Plan.

BUNDLED PLAN

The bundled plan combines the lower tier of the hospital indemnity, critical illness, and accident coverage plans into one affordable bundle that employees can choose in lieu of the 3 individual plans.

SURVIVOR INCOME INSURANCE

This benefit provides a surviving spouse with income of \$400 per month until they reach age 65, remarry, or pass away.

This benefit provides a surviving child with income of \$200 per month until they reach age 25, get married, or the employee's spouse passes away - whichever occurs first.

SHORT-TERM DISABILITY

Employees can elect a weekly benefit ranging from \$20 to \$700 (but cannot exceed the employee's regularly annual weekly salary). Employees can also choose between either a 7 day waiting period or a 28 day waiting period. Benefits are payable for up to 52 weeks depending on medical certification.

VOLUNTARY TERM LIFE INSURANCE

Fixed Amount:

Employees can elect \$10,000, \$20,000, \$30,000 or \$40,000 in term life insurance benefits. A medical evidence of insurability is not required for new hires.

Times Salary:

Employees can elect an amount of term life insurance benefits of 1, 2, 3, or 4 times their annual salary up to a maximum of \$150,000. A medical evidence of insurability is not required for new hire enrollments of less than \$75,000.

Dependent Life:

The dependent life insurance plan covers an employee's spouse and any dependent children (from 14 days of age to age 25) for \$2,000 each.

MESSA sets the per pay premium rates for their supplemental benefits based on the employee's age, salary, and benefit level. Please visit www.messa.org to log into your MyMESSA account to view your personalized rates for these benefits.