# Ferris State University

# **HUMAN RESOURCES**



# Clerical Technical Group

CONTACT

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# **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.



\$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.



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.



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.

Length of Service	Annual Max Accrual
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 1/1/2025 Ferris State University - 490C Clerical

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	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx	MESSA Balance+ \$1,650/\$3,300 HSA 20% MESSA Balance+ Rx	Essentials by MESSA \$375/\$750 20% Essentials by MESSA Rx		
In-Network Cost Share After Deductible							
Deductible	\$500/\$1,000	\$1,650/\$3,300	\$2,000/\$4,000	\$1,650/\$3,300	\$375/\$750		
Coinsurance	0%	0%	0%	20%	20%		
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	0%	0%	\$10	\$10		
Teladoc Health virtual primary care	\$20	0%	0%	\$25	\$25		
Office visit	\$20	0%	0%	\$25	\$25		
Specialist visit	\$20	0%	0%	\$50	\$50		
Urgent care	\$25	0%	0%	\$50	\$50		
Emergency room	\$50	0%	0%	\$200	\$200		
Total out-of-pocket maximum	\$2,500/\$5,000	\$2,650/\$5,300	\$4,000/\$8,000	\$4,050/\$8,100	\$9,200/\$18,400		
Certain Benefit Differences (cost share is applied after deductible is met)							
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	12 visits combined	12 visits combined		
Osteopathic manipulations	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	per calendar year; \$25 copay applies	per calendar year; \$25 copay applies		
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.		
Bariatric surgery	100% after ded.	100% after ded.	100% after ded.	Not covered	Not covered		
Acupuncture	100% after ded.	100% after ded.	100% after ded.	Not covered	Not covered		
Hearing aids	100% up to a max. benefit after ded. Single: \$208.26	100% up to a max. benefit after ded. Single: \$166.98	100% up to a max. benefit after ded. Single: \$111.63	Not covered Single: \$89.76	Not covered Single: \$42.09		

Single: \$208.26 2 Person: \$513.88 Family: \$603.03 Cost per pay Single: \$166.98 2 Person: \$416.19 Family: \$481.68 Cost per pay Single: \$111.63 2 Person: \$291.65 Family: \$326.69 Cost per pay Single: \$89.76 2 Person: \$242.44 Family: \$265.46 Cost per pay Single: \$42.09 2 Person: \$140.00 Family: \$137.77 Cost per pay

# MESSA In-Network Plan Comparison - Effective 1/1/2025 Ferris State University - 490C Clerical

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Prescription Drugs	MESSA Saver Rx	MESSA ABC Rx (after deductible)	3-Tier Rx (after deductible)	MESSA Balance+ Rx (after deductible)	Essentials by MESSA Rx		
Up to a 34-day supply							
Generic	\$2 or \$10	Free, \$2 or \$10	Free or \$10	Free or \$10	\$10		
Preferred brand	- \$20 or \$40	\$20 or \$40	20% coinsurance (\$40 min - \$80 max)	\$40	20% coinsurance (\$40 min - \$80 max)		
Nonpreferred brand		\$20 or \$40	20% coinsurance (\$60 min - \$100 max)	\$80	20% coinsurance (\$60 min - \$100 `		
Preferred specialty (generic specialty and preferred specialty)	Pricing included in one of the above categories	Pricing included in one of the above categories	Pricing included in one of the above categories	20% coinsurance (\$0 min - \$150 max)	Pricing included in one of the above categories		
Nonpreferred specialty				20% coinsurance (\$0 min - \$300 max)			
90-day supply	90-day supply						
Generic, Preferred brand, Nonpreferred brand	2x 1-month supply; Retail or mail order	2x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order		
Additional Informati	Additional Information						
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list. These are FREE before deductible.		
Supplemental Plans	Not included	Not included	Not included	Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans	Not included		

ACA = Affordable Care Act

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.

<sup>~</sup> Essentials by MESSA Rx, Balance+ Rx, and 5-Tier 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.

<sup>~</sup> 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.

<sup>~</sup> 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.

<sup>~</sup> 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.

# **MESSA Supplemental Benefits**





# **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 plans 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.

