

# FERRIS STATE UNIVERSITY

## HUMAN RESOURCES

### Benefits at a Glance

## 2024-2025

Level 1  
Adjuncts  
J1, J3

**CONTACT**  
US NOW



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Human Resources



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[www.ferris.edu](http://www.ferris.edu)

#### NEW HIRE ENROLLMENT

Benefits are available on the date of hire into a Level 1 Adjunct position. Newly benefit eligible employees have 30 calendar days to enroll in FSU benefit plans.

#### MEDICAL/PRESCRIPTION

FSU offers Level 1 Adjuncts the option to enroll in the Ferris 4 HDHP option or the Ferris 5 HDHP option for months during which they hold an active assignment. There is no employer contribution for this plan. Premiums are paid on a per pay period basis.

#### HOLIDAYS

Employees are not expected to report to work on University approved holidays or the holiday shutdown period.

#### FNTFO BENEFITS

Level 1 Adjunct professors who are part of the FNTFO union, may have additional benefits available. Please see the collective bargaining agreement on [www.ferris.edu](http://www.ferris.edu) for more information.

**ADJUNCT 26 PAY COSTS**

	FERRIS 4 (HSA) PPO Plan with HSA		FERRIS 5 (HSA) PPO Plan with HSA	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
<b>Preventive Care</b>	100% coverage	80% after deductible	100% coverage	80% after deductible
<b>Primary Care Office Visit (face to face and telehealth)</b>	100% after deductible	80% after deductible	100% after deductible	80% after deductible
<b>Specialist Office Visit (face to face and telehealth)</b>	100% after deductible	80% after deductible	100% after deductible	80% after deductible
<b>Virtual Care Services (Spectrum Health or MDLive acute virtual care)</b>	100% after deductible (\$49 charge)	N/A	100% after deductible (\$49 charge)	N/A
<b>Coinsurance - (Plan Pays)</b>	100% after deductible	80% after deductible	100% after deductible	80% after deductible
<b>Prescription copay</b>	COPAYS APPLY AFTER DEDUCTIBLE		COPAYS APPLY AFTER DEDUCTIBLE	
Medtipsterfree Preventive	\$0 Generic Preventive Drugs		\$0 Generic Preventive Drugs	
Generic	10% copay (\$5 min/\$30 max)		10% copay (\$5 min/\$30 max)	
Preferred Brand	10% copay (\$30 min/\$60 max)		10% copay (\$30 min/\$60 max)	
Non-Preferred Brand	10% copay (\$50 min/\$75 max)		10% copay (\$50 min/\$75 max)	
Preferred Specialty	10% copay (\$40 min/\$70 max)		10% copay (\$40 min/\$70 max)	
Non-Preferred Specialty	10% copay (\$80 min/\$100 max)		10% copay (\$80 min/\$100 max)	
Mail Order Pharmacy	1x copay for 90 day supply		1x copay for 90 day supply	
<b>Urgent Care Center Copay</b>	100% after deductible	80% after deductible	100% after deductible	80% after deductible
<b>Emergency Room Copay</b>	100% after deductible		100% after deductible	
<b>Network</b>	Priority Health / CIGNA		Priority Health / CIGNA	
<b>Deductible</b>				
Individual	\$1,750	\$3,500	\$3,000	\$6,000
Family	\$3,500	\$7,000	\$6,000	\$12,000
<b>Coinsurance Maximum</b>	Excludes Deductible		Excludes Deductible	
Individual	\$1,000	\$2,500	\$2,000	\$4,000
Family	\$2,000	\$5,000	\$4,000	\$8,000
<b>Out of Pocket Maximum</b>	Includes Deductibles, Coinsurance, Copays		Includes Deductibles, Coinsurance, Copays	
Individual	\$2,750	\$6,000	\$5,000	\$10,000
Family	\$5,500	\$12,000	\$10,000	\$20,000
<b>ACA Statutory Maximum</b>	Includes Deductibles, Coinsurance, Copays		Includes Deductibles, Coinsurance, Copays	
Individual	\$2,750	\$6,000	\$5,000	\$10,000
Family	\$5,500	\$12,000	\$10,000	\$20,000
<b>ADJUNCT 26 PAY COSTS</b>	Per Pay Cost	Annual Cost	Per Pay Cost	Annual Cost
Single	\$233.62	\$6,074.12	\$210.75	\$5,479.50
2 Person	\$689.18	\$17,918.68	\$621.71	\$16,164.46
Family	\$841.03	\$21,866.78	\$758.70	\$19,726.20