FERRIS STATE UNIVERSITY

HUMAN RESOURCES

Benefits at a Glance

2024-2025

Adjunct Level 3

J8, J9

CONTACT *US NOW*

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Human Resources

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NEW HIRE ENROLLMENT

Benefits are available on the date of hire into an Adjunct Level 3 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 Priority Health including PPO, EPO, 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 2 dental plan options through Blue Cross Blue Shield Dental. The low plan is provided at no cost for employees and dependents. The high plan, which has a cost, includes orthodontic coverage for adults. Employees may elect to opt-out of an FSU dental plan, if covered elsewhere, and receive an opt-out credit.

VISION

FSU offers 2 vision coverage plans through EyeMed. The core plan is available at no cost for employees and their dependents.

OTHER ELIGIBLE ADULT

Employees may enroll one "other eligible adult" (OEA) in an FSU-sponsored health care plan if they have resided in the same residence as the employee for at least the last 18 months and are not a dependent of the employee as defined by the IRS.

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.

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.

LIFE INSURANCE

$20,000 Group Term Life and AD&D Insurance at no cost to the employee.

RETIREMENT

FSU contributes 10% of the employee's base salary to a 403b account each pay period. Employees may make voluntary contributions via payroll deduction as well.

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.

PREMIUM PAYMENT SCHEDULE

Level 3 adjuncts pay their health insurance premiums via payroll deduction over 19 pay periods during the academic year. Medical, Dental, and Vision coverage is for a 12 month period (September through August) unless the coverage is terminated prior to the end of the academic year, for any reason.

Paid Time Off

SICK TIME

Employees receive 13 sick days (104 hours) at the beginning of each plan year (July 1st). Unused sick hours will not carry over into the next plan year.

The amount may be prorated if a contract does not extend through the full plan year.

HOLIDAYS

Level 3 Adjuncts are not expected to report to work on University approved holidays and holiday shut down periods.

FERRIS STATE UNIVERSITY

FERRIS FORWARD

Ferris State University
Priority Health Plan Design Change Summary
2024-2025 Plan Year

ADJUNCT LEVEL 3 COSTS

	FERRIS 1 Not Open to New Enrollment, *PPO Plan*		FERRIS 2 *EPO Plan*		FERRIS 3 *PPO Plan*		FERRIS 4 (HSA) *PPO Plan with HSA*		FERRIS 5 (HSA) *PPO Plan with HSA*	
	IN NETWORK	OUT OF NETWORK	IN NETWORK		IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Preventive Care	100% coverage	70% after deductible	100% coverage		100% coverage	60% after deductible	100% coverage	80% after deductible	100% coverage	80% after deductible
Primary Care Office Visit (face to face and telehealth)	$25 copay	70% after deductible	$25 copay		$25 copay	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Specialist Office Visit (face to face and telehealth)	$50 copay	70% after deductible	$50 copay		$50 copay	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Virtual Care Services (Spectrum Health or MDLive acute virtual care)	$0 copay	N/A	$0 copay		$0 copay	N/A	100% after deductible ($49 charge)	N/A	100% after deductible ($49 charge)	N/A
Coinsurance - (Plan Pays)	90% after ded.	70% after deductible	90% after deductible		80% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Prescription copay							*COPAYS APPLY AFTER DEDUCTIBLE*		*COPAYS APPLY AFTER DEDUCTIBLE*	
Generic	20% copay ($5 min/$30 max)		20% copay ($5 min/$30 max)		20% copay ($5 min/$30 max)		10% copay ($5 min/$30 max)		10% copay ($5 min/$30 max)	
Preferred Brand	20% copay ($30 min/$60 max)		20% copay ($30 min/$60 max)		20% copay ($30 min/$60 max)		10% copay ($30 min/$60 max)		10% copay ($30 min/$60 max)	
Non-Preferred Brand	20% copay ($50 min/$75 max)		20% copay ($50 min/$75 max)		20% copay ($50 min/$75 max)		10% copay ($50 min/$75 max)		10% copay ($50 min/$75 max)	
Preferred Specialty	20% copay ($40 min/$70 max)		20% copay ($40 min/$70 max)		20% copay ($40 min/$70 max)		10% copay ($40 min/$70 max)		10% copay ($40 min/$70 max)	
Non-Preferred Specialty	20% copay ($80 min/$100 max)		20% copay ($80 min/$100 max)		20% copay ($80 min/$100 max)		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*		*1x copay for 90 day supply*		*1x copay for 90 day supply*		*1x copay for 90 day supply*	
Urgent Care Center Copay	$50 copay	70% after deductible	$50 copay		$50 copay	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Emergency Room Copay							100% after deductible		100% after deductible	
Network										
Deductible										
Individual	$750	$1,500	$750		$1,000	$2,750	$1,750	$3,500	$3,000	$6,000
Family	$1,500	$3,000	$1,500		$2,000	$5,500	$3,500	$7,000	$6,000	$12,000
Coinsurance Maximum	*Excludes Deductible*		*Excludes Deductible*		*Excludes Deductible*		*Excludes Deductible*		*Excludes Deductible*	
Individual	$1,750	$3,500	$1,750		$2,250	$2,750	$1,000	$2,500	$2,000	$4,000
Family	$3,500	$7,000	$3,500		$4,500	$5,500	$2,000	$5,000	$4,000	$8,000
Out of Pocket Maximum	*Includes Deductibles, Coinsurance*		*Includes Deductibles, Coinsurance*		*Includes Deductibles, Coinsurance*		*Includes Deductibles, Coinsurance,* ***Copays***		*Includes Deductibles, Coinsurance,* ***Copays***	
Individual	$2,500	$5,000	$2,500		$3,250	$5,500	$2,750	$6,000	$5,000	$10,000
Family	$5,000	$10,000	$5,000		$6,500	$11,000	$5,500	$12,000	$10,000	$20,000
ACA Statutory Maximum	*Includes Deductibles, Coinsurance,* ***Copays***		*Includes Deductibles, Coinsurance,* ***Copays***		*Includes Deductibles, Coinsurance,* ***Copays***		*Includes Deductibles, Coinsurance,* ***Copays***		*Includes Deductibles, Coinsurance,* ***Copays***	
Individual	$9,450	$18,900	$9,450		$9,450	$18,900	$2,750	$6,000	$5,000	$10,000
Family	$18,900	$37,800	$18,900		$18,900	$37,800	$5,500	$12,000	$10,000	$20,000
ADJUNCT LEVEL 3 COSTS	**Per Pay Cost**	**Annual Cost**	**Per Pay Cost**	**Annual Cost**	**Per Pay Cost**	**Annual Cost**	**Per Pay Cost**	**Annual Cost**	**Per Pay Cost**	**Annual Cost**
Single	*$220.28*	*$4,185.32*	*$215.55*	*$4,095.45*	*$100.36*	*$1,906.84*	*$84.24*	*$1,600.56*	*$52.94*	*$1,005.86*
2 Person	*$657.65*	*$12,495.35*	*$646.06*	*$12,275.14*	*$544.91*	*$10,353.29*	*$472.36*	*$8,974.84*	*$380.03*	*$7,220.57*
Family	*$676.44*	*$12,852.36*	*$661.55*	*$12,569.45*	*$461.66*	*$8,771.54*	*$374.68*	*$7,118.92*	*$262.01*	*$4,978.19*
							HSA Contribution	**Annual Amount**	**HSA Contribution**	**Annual Amount**
							Single	*$500.00*	Single	*$500.00*
							2 Person	*$1,000.00*	2 Person	*$1,000.00*
							Family	*$1,250.00*	Family	*$1,250.00*

Blue Cross Blue Shield Dental Plan Options

		Low Plan	High Plan
Preventative Care	Cleanings (Limit) Fluoride (Limit) Oral Exams Sealants X-Rays	80% (2 in 12 Months) 80% (Under Age 19) 80% 80% 80%	100% (2 in 12 Months) 100% (Under Age 19) 100% 100% 100%
Basic Care	Anesthesia Fillings Period Surgery Perio Maintenance (Limit) Repair of Crowns, Bridges, & Dentures Root Canal Scaling/Root Planing Simple Extractions Surgical Extractions	60% 60% 60% 60% (Once Every 3 Months) 60% 60% 60% 60% 60%	80% 80% 80% 80% (Once Every 3 Months) 80% 80% 80% 80% 80%
Major Care	Bridges & Dentures Dental Implants Inlays, Onlays, Veneers Single Crowns	50% 50% 50% 50%	80% 80% 80% 80%
Orthodontia	Orthodontia (Limit) Lifetime Max Benefit (Per Member)	50% (Under Age 19) $1,000	50% (Any Age) $1,500
	Annual Max Benefit (Per Member)	$1,000	$1,200
	Dental Premiums Per Pay Period	$0 - Single, Two Person & Family	$8.16/pay - Single $12.21/pay - Two Person $28.53/pay - Family

If you select no dental coverage, and are not covered on another employee's FSU dental plan (through a spouse, parent or OEA relationship) you will receive an opt out credit of $163/year paid at $6.27 per pay period.

This is not a comprehensive list of covered dental services and/or exclusions. Please ask your dental provider to complete a Pre-Determination for all non-routine dental care to determine actual dental insurance coverage.

EyeMed Vision Plan Options

Ferris State University — CORE PLAN

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option Base

Exam & Materials

Insight Network

Fully Insured

Employer Paid

Funded Benefits

Frequency

Examination
Once every 12 months

Lenses (in lieu of contacts)
Once every 12 months

Contacts (in lieu of lenses)
Once every 12 months

Frame
Once every 12 months

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$0 copay	Up to $40
FRAME		
Frame	$0 copay; 20% off balance over $130 allowance	Up to $91
CONTACT LENSES		
(Contact Lens allowance includes materials only)		
Contacts - Conventional	$0 copay; 15% off balance over $110 allowance	Up to $110
Contacts - Disposable	$0 copay; 100% of balance over $110 allowance	Up to $110
Contacts - Medically Necessary	$0 copay; paid-in-full	Up to $300
STANDARD PLASTIC LENSES		
Single Vision	$10 copay	Up to $30
Bifocal	$10 copay	Up to $50
Trifocal	$10 copay	Up to $70
Lenticular	$10 copay	Up to $70
Progressive - Standard	$75 copay	Up to $50
Progressive - Premium Tier 1	$95 copay	Up to $50
Progressive - Premium Tier 2	$105 copay	Up to $50
Progressive - Premium Tier 3	$120 copay	Up to $50
Progressive - Premium Tier 4	$75 copay, 20% off retail price less $120 allowance	Up to $50

Vision Premiums Per Pay Period
Single: $0
Two Person: $0
Family: $0

Ferris State University — BUY UP PLAN

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option Buy Up

Exam & Materials

Insight Network

Fully Insured

Employee Paid

Funded Benefits

Frequency

Examination
Once every 12 months

Lenses (in lieu of contacts)
Once every 12 months

Contacts (in lieu of lenses)
Once every 12 months

Frame
Once every 12 months

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMEN
EXAM SERVICES		
Exam	$0 copay	Up to $40
FRAME		
Frame	$0 copay; 20% off balance over $150 allowance	Up to $105
CONTACT LENSES		
(Contact Lens allowance includes materials only)		
Contacts - Conventional	$0 copay; 15% off balance over $150 allowance	Up to $150
Contacts - Disposable	$0 copay; 100% of balance over $150 allowance	Up to $150
Contacts - Medically Necessary	$0 copay; paid-in-full	Up to $300
STANDARD PLASTIC LENSES		
Single Vision	$0 copay	Up to $30
Bifocal	$0 copay	Up to $50
Trifocal	$0 copay	Up to $70
Lenticular	$0 copay	Up to $70
Progressive - Standard	$65 copay	Up to $50
Progressive - Premium Tier 1	$85 copay	Up to $50
Progressive - Premium Tier 2	$95 copay	Up to $50
Progressive - Premium Tier 3	$110 copay	Up to $50
Progressive - Premium Tier 4	$65 copay, 20% off retail price less $120 allowance	Up to $50

Vision Premiums Per Pay Period
Single: $3.17
Two Person: $6.03
Family: $8.85