

# FERRIS STATE UNIVERSITY

## HUMAN RESOURCES



# Benefits at a Glance

## 2023-2024

## Admin / Support

### 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 Admin/Support fulltime 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 plan options through EyeMed. The core plan is offered 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 \$3,050 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**

\$50,000 Group Term Life and AD&D Insurance at no cost to the employee. Additional supplemental insurance can be purchased up to 5x the employee's annual base salary (maximum coverage \$650,000).

There are also 2 Voluntary Dependent Life insurance options available to purchase as well.

## **LONG TERM DISABILITY**

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

## **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 12% 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 MPERS retirement plan.



# **Paid Time Off**

## **VACATION TIME**

Vacation time is accrued at a rate of 6.15 hours per pay period (160 hours/year).

Employees may not carry over more than 160 hours of vacation time into a new fiscal year (July 1).

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

## **HOLIDAYS**

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

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

Thanksgiving Day  
Day after Thanksgiving  
Christmas Eve  
Christmas Day  
New Year's Eve

Additional paid holiday time may be granted by the President.

## **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.

## **SHORT TERM DISABILITY**

Employees are eligible to receive 75% of their regular gross pay while off work due to an accident or illness. Compensation begins on the 1st day following an accident or the 8th day of an illness, or whenever the employee's sick time is exhausted - whichever is later.

## **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.

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

|   | FERRIS 1 - Not Open to New Enrollment<br>PPO Plan<br>Priority Health |                      | FERRIS 2<br>EPO Plan<br>Priority Health          |                    | FERRIS 3<br>PPO Plan<br>Priority Health          |                      | FERRIS 4 (HSA)<br>PPO Plan with HSA<br>Priority Health |                      | NEW! FERRIS 5 (HSA)<br>PPO Plan with HSA<br>Priority Health |                      |
|---|--|----------------------|--|--------------------|--|----------------------|--|----------------------|---|----------------------|
|   | IN NETWORK   | OUT OF NETWORK       | IN NETWORK                                       | OUT OF NETWORK     | IN NETWORK                                       | OUT OF NETWORK       | IN NETWORK   | OUT OF NETWORK       | IN NETWORK  | OUT OF NETWORK       |
| <b>Preventive Care</b>  | 100% coverage  | 70% after deductible | 100% coverage                                    |                    | 100% coverage                                    | 60% after deductible | 100% coverage  | 80% after deductible | 100% coverage   | 80% after deductible |
| <b>Primary Care Office Visit (face to face and telehealth)</b>              | \$10 copay   | 70% after deductible | \$10 copay                                       |                    | \$20 copay PCP                                   | 60% after deductible | 100% after deductible                                  | 80% after deductible | 100% after deductible                                       | 80% after deductible |
| <b>Specialist Office Visit (face to face and telehealth)</b>                | \$25 copay   | 70% after deductible | \$25 copay                                       |                    | \$40 copay Specialist                            | 60% after deductible | 100% after deductible                                  | 80% after deductible | 100% after deductible                                       | 80% after deductible |
| <b>Virtual Care Services (Spectrum Health or MDLive acute virtual care)</b> | \$0 copay  | N/A                  | \$0 copay  |                    | \$0 copay  | N/A                  | 100% after deductible (\$49 charge)                    | N/A                  | 100% after deductible (\$49 charge)                         | N/A                  |
| <b>Coinsurance - (Plan Pays)</b>  | 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 |
| <b>Prescription copay</b>   |  |                      |  |                    |  |                      | COPAYS APPLY AFTER DEDUCTIBLE                          |                      | COPAYS APPLY AFTER DEDUCTIBLE                               |                      |
| <b>Medtipsterfree Preventive</b>  | <b>\$0 Generic Preventive Drugs</b>                                  |                      | <b>\$0 Generic Preventive Drugs</b>              |                    | <b>\$0 Generic Preventive Drugs</b>              |                      | <b>\$0 Generic Preventive Drugs</b>                    |                      | <b>\$0 Generic Preventive Drugs</b>                         |                      |
| <i>Generic</i>  | 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)                                |                      |
| <i>Preferred Brand</i>  | 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)                               |                      |
| <i>Non-Preferred Brand</i>  | 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)                               |                      |
| <i>Preferred Specialty</i>  | 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)                               |                      |
| <i>Non-Preferred Specialty</i>  | 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)                              |                      |
| <i>Mail Order Pharmacy</i>  | 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                                  |                      |
| <b>Urgent Care Center Copay</b>   | \$25 copay   | 70% after deductible | \$25 copay                                       |                    | \$40 copay                                       | 60% after deductible | 100% after deductible                                  | 80% after deductible | 100% after deductible                                       | 80% after deductible |
| <b>Emergency Room Copay</b>   | \$100 copay (copay waived if admitted)                               |                      | \$100 copay (copay waived if admitted)           |                    | \$100 copay (copay waived if admitted)           |                      | 100% after deductible                                  |                      | 100% after deductible                                       |                      |
| <b>Network</b>  | Priority Health / CIGNA  |                      | Priority Health                                  |                    | Priority Health / CIGNA                          |                      | Priority Health / CIGNA                                |                      | Priority Health / CIGNA                                     |                      |
| <b>Deductible</b>   |  |                      |  |                    |  |                      |  |                      |   |                      |
| Individual  | \$500  | \$1,000              | \$500  |                    | \$750  | \$2,500              | \$1,500  | \$3,000              | \$3,000   | \$6,000              |
| Family  | \$1,000  | \$2,000              | \$1,000  |                    | \$1,500  | \$5,000              | \$3,000  | \$6,000              | \$6,000   | \$12,000             |
| <b>Coinsurance Maximum</b>  | <i>Excludes Deductible</i>   |                      | <i>Excludes Deductible</i>                       |                    | <i>Excludes Deductible</i>                       |                      | <i>Excludes Deductible</i>                             |                      | <i>Excludes Deductible</i>                                  |                      |
| Individual  | \$1,500  | \$3,000              | \$1,500  |                    | \$2,000  | \$2,500              | \$750  | \$2,000              | \$2,000   | \$4,000              |
| Family  | \$3,000  | \$6,000              | \$3,000  |                    | \$4,000  | \$5,000              | \$1,500  | \$4,000              | \$4,000   | \$8,000              |
| <b>Out of Pocket Maximum</b>  | <i>Includes Deductibles, Coinsurance</i>                             |                      | <i>Includes Deductibles, Coinsurance</i>         |                    | <i>Includes Deductibles, Coinsurance</i>         |                      | <i>Includes Deductibles, Coinsurance, Copays</i>       |                      | <i>Includes Deductibles, Coinsurance, Copays</i>            |                      |
| Individual  | \$2,000  | \$4,000              | \$2,000  |                    | \$2,750  | \$5,000              | \$2,250  | \$5,000              | \$5,000   | \$10,000             |
| Family  | \$4,000  | \$8,000              | \$4,000  |                    | \$5,500  | \$10,000             | \$4,500  | \$10,000             | \$10,000  | \$20,000             |
| <b>ACA Statutory Maximum</b>  | <i>Includes Deductibles, Coinsurance, Copays</i>                     |                      | <i>Includes Deductibles, Coinsurance, Copays</i> |                    | <i>Includes Deductibles, Coinsurance, Copays</i> |                      | <i>Includes Deductibles, Coinsurance, Copays</i>       |                      | <i>Includes Deductibles, Coinsurance, Copays</i>            |                      |
| Individual  | \$9,100  | \$18,200             | \$9,100  |                    | \$9,100  | \$18,200             | \$2,250  | \$5,000              | \$5,000   | \$10,000             |
| Family  | \$18,200   | \$36,400             | \$18,200   |                    | \$18,200   | \$36,400             | \$4,500  | \$10,000             | \$10,000  | \$20,000             |
| <b>Costs</b>  | <b>Per Pay Cost</b>  | <b>Annual Cost</b>   | <b>Per Pay Cost</b>                              | <b>Annual Cost</b> | <b>Per Pay Cost</b>                              | <b>Annual Cost</b>   | <b>Per Pay Cost</b>                                    | <b>Annual Cost</b>   | <b>Per Pay Cost</b>   | <b>Annual Cost</b>   |
| Single  | \$130.72   | \$3,398.72           | \$127.36   | \$3,311.36         | \$50.60  | \$1,315.60           | \$39.31  | \$1,022.06           | \$15.67   | \$407.42             |
| 2 Person  | \$233.05   | \$6,059.50           | \$224.83   | \$5,845.58         | \$164.83   | \$4,285.58           | \$113.28   | \$2,945.28           | \$43.54   | \$1,132.04           |
| Family  | \$329.25   | \$8,560.50           | \$318.68   | \$8,285.68         | \$192.13   | \$4,995.38           | \$130.36   | \$3,389.36           | \$45.27   | \$1,177.02           |

Ferris 1 Not Open to New Enrollment

| 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

| Options           |  | Low Plan                             | High Plan  |
|-------------------|--|--------------------------------------|--|
| Preventative Care | Cleanings<br>(Limit)                     | 80%<br>(2 in 12 Months)              | 100%<br>(2 in 12 Months)   |
|                   | Fluoride<br>(Limit)                      | 80%<br>(Under Age 19)                | 100%<br>(Under Age 19)   |
|                   | Oral Exams                               | 80%                                  | 100%   |
|                   | Sealants                                 | 80%                                  | 100%   |
|                   | X-Rays                                   | 80%                                  | 100%   |
| Basic Care        | Anesthesia                               | 60%                                  | 80%  |
|                   | Fillings                                 | 60%                                  | 80%  |
|                   | Period Surgery                           | 60%                                  | 80%  |
|                   | Perio Maintenance<br>(Limit)             | 60%<br>(Once Every 3 Months)         | 80%<br>(Once Every 3 Months)   |
|                   | Repair of Crowns,<br>Bridges, & Dentures | 60%                                  | 80%  |
|                   | Root Canal                               | 60%                                  | 80%  |
|                   | Scaling/Root Planing                     | 60%                                  | 80%  |
|                   | Simple Extractions                       | 60%                                  | 80%  |
|                   | Surgical Extractions                     | 60%                                  | 80%  |
| Major Care        | Bridges & Dentures                       | 50%                                  | 80%  |
|                   | Dental Implants                          | 50%                                  | 80%  |
|                   | Inlays, Onlays, Veneers                  | 50%                                  | 80%  |
|                   | Single Crowns                            | 50%                                  | 80%  |
| Orthodontia       | Orthodontia<br>(Limit)                   | 50%<br>(Under Age 19)                | 50%<br>(Any Age)   |
|                   | Lifetime Max Benefit<br>(Per Member)     | \$1,000                              | \$1,500  |
|                   | Annual Max Benefit<br>(Per Member)       | \$1,000                              | \$1,200  |
|                   | Dental Premiums Per<br>Pay Period        | \$0 - Single, Two<br>Person & Family | \$5.96/pay - Single<br>\$8.92/pay - Two Person<br>\$20.85/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

| VISION CARE SERVICES   | IN-NETWORK MEMBER COST                                | OUT-OF-NETWORK MEMBER REIMBURSEMENT |
|--|---|-------------------------------------|
| <b>EXAM SERVICES</b>   |   |                                     |
| Exam   | \$0 copay   | Up to \$40                          |
| <b>FRAME</b>   |   |                                     |
| Frame  | \$0 copay; 20% off balance over \$130 allowance       | Up to \$91                          |
| <b>CONTACT LENSES</b><br><i>(Contact Lens allowance includes materials only)</i> |   |                                     |
| 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                         |
| <b>STANDARD PLASTIC LENSES</b>   |   |                                     |
| 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                          |

### 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 Premiums Per Pay Period

Single: \$0

Two Person: \$0

Family: \$0



Ferris State University

## BUY UP PLAN

| VISION CARE SERVICES   | IN-NETWORK MEMBER COST                                | OUT-OF-NETWORK MEMBER REIMBURSEMENT |
|--|---|-------------------------------------|
| <b>EXAM SERVICES</b>   |   |                                     |
| Exam   | \$0 copay   | Up to \$40                          |
| <b>FRAME</b>   |   |                                     |
| Frame  | \$0 copay; 20% off balance over \$150 allowance       | Up to \$105                         |
| <b>CONTACT LENSES</b><br><i>(Contact Lens allowance includes materials only)</i> |   |                                     |
| 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                         |
| <b>STANDARD PLASTIC LENSES</b>   |   |                                     |
| 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                          |

### 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 Premiums Per Pay Period

Single: \$2.32

Two Person: \$4.41

Family: \$6.47