Ferris State University

HUMAN RESOURCES



KCAD Faculty & Term Appts

CONTACT

USNOW



231-591-2150 Human Resources



hrbenefits@ferris.edu



420 Oak Street Prakken 150 Big Rapids, MI 49307



NEW HIRE ENROLLMENT

Medical benefits are available on the date of hire into a fulltime tenured, tenure-track or term appointment KFA position. All other benefits are effective the first of the month following the date of hire. 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 dental plan coverage through MESSA utilizing the Delta Dental network. The plan has an annual maximum of \$1000 per person and covers 75% of orthodontic costs up to a lifetime maximum of \$3000 per person for dependents up to age 19. The dental plan is offered at no cost to KFA employees.



VISION

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



OTHER ELIGIBLE ADULT

Employees may enroll one "other eligible adult" (OEA) in an FSU-sponsored medical 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. MESSA does not allow OEA's for Dental/Vision.

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KENDALL FACULTY COSTS

,									RENDITEE :	FACULTY COSTS
		FERRIS 4 (HSA) PPO Plan with HSA			FERRIS 5 (HSA) PPO Plan with HSA					
	IN NETWORK	OUT OF NETWORK	IN NET	WORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Preventive Care	100% coverage	70% after deductible	e 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 (opay	\$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 0	opay	\$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 c	ррау	\$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 A	FTER DEDUCTIBLE	COPAYS APPLY A	FTER DEDUCTIBLE
Generic Preferred Brand		5 min/\$30 max) 30 min/\$60 max)	20% copay (\$5 20% copay (\$30	min/\$30 max)) min/\$60 max)		5 min/\$30 max) 50 min/\$60 max)		5 min/\$30 max) 80 min/\$60 max)		5 min/\$30 max) 30 min/\$60 max)
Non-Preferred Brand Preferred Specialty		50 min/\$75 max) 10 min/\$70 max)	20% copay (\$50 20% copay (\$40		. , , ,	0 min/\$75 max) 0 min/\$70 max)		50 min/\$75 max) 10 min/\$70 max)		0 min/\$75 max) 0 min/\$70 max)
Non-Preferred Specialty	1 / ()	0 min/\$100 max)	20% copay (\$80 min/\$100 max)		20% copay (\$80 min/\$100 max) 1x copay for 90 day supply		10% copay (\$80 min/\$100 max) 1x copay for 90 day supply		10% copay (\$80 min/\$100 max) 1x copay for 90 day supply	
Mail Order Pharmacy Urgent Care Center Copay	\$50 copay	70% after deductible	1x copay for 90 day supply \$50 copay		\$50 copay	60% after deductible	100% after deductible	80% after deductible	1x copay for 100% after deductible	80% after deductible
Emergency Room Copay						·		er deductible	100% after deductible	
Network										
Deductible										
Individual	\$750	\$1,500	\$7	50	\$1,000	\$2,750	\$1,750	\$3,500	\$3,000	\$6,000
Family	\$1,500	\$3,000	\$1,		\$2,000	\$5,500	\$3,500	\$7,000	\$6,000	\$12,000
Coinsurance Maximum		Deductible		Deductible		Deductible		Deductible		Deductible
Individual Family	\$1,750 \$3.500	\$3,500 \$7,000	\$1, \$3,		\$2,250 \$4,500	\$2,750 \$5,500	\$1,000 \$2,000	\$2,500 \$5,000	\$2,000 \$4,000	\$4,000 \$8,000
Out of Pocket Maximum	1-7	ibles, Coinsurance				ibles, Coinsurance		, Coinsurance, Copays		, Coinsurance, Copays
Individual	\$2,500	. '		Includes Deductibles, Coinsurance \$2,500				, comsurance, copays	\$5,000	\$10,000
			\$5,000		\$3,250	\$5.500	\$2,750	\$6,000		
Family		\$5,000 \$10,000			\$3,250 \$6,500	\$5,500 \$11,000	\$2,750 \$5,500	\$6,000 \$12,000		1 ' '
Family ACA Statutory Maximum	\$5,000	\$10,000	\$5,0	000	\$6,500	\$11,000	\$5,500	\$12,000	\$10,000	\$20,000
ACA Statutory Maximum	\$5,000 Includes Deductibles	\$10,000 s, Coinsurance, Copays	\$5, Includes Deductibles,	000 Coinsurance, Copays	\$6,500 Includes Deductibles	\$11,000 , Coinsurance, Copays	\$5,500 Includes Deductibles	\$12,000 s, Coinsurance, Copays	\$10,000 Includes Deductibles	\$20,000 , Coinsurance, Copays
ACA Statutory Maximum Individual	\$5,000 Includes Deductibles \$9,450	\$10,000 s, Coinsurance, Copays \$18,900	\$5, Includes Deductibles, \$9,	Coinsurance, Copays	\$6,500 Includes Deductibles \$9,450	\$11,000 , Coinsurance, Copays \$18,900	\$5,500 Includes Deductibles \$2,750	\$12,000 s, Coinsurance, Copays \$6,000	\$10,000 Includes Deductibles \$5,000	\$20,000 , Coinsurance, Copays \$10,000
ACA Statutory Maximum Individual Family	\$5,000 Includes Deductibles \$9,450 \$18,900	\$10,000 s, Coinsurance, Copays \$18,900 \$37,800	\$5, Includes Deductibles, \$9, \$18,	Coinsurance, Copays 450	\$6,500 Includes Deductibles \$9,450 \$18,900	\$11,000 , Coinsurance, Copays \$18,900 \$37,800	\$5,500 Includes Deductibles \$2,750 \$5,500	\$12,000 6, Coinsurance, Copays \$6,000 \$12,000	\$10,000 Includes Deductibles \$5,000 \$10,000	\$20,000 , Coinsurance, Copays \$10,000 \$20,000
ACA Statutory Maximum Individual Family KENDALL FACULTY COSTS	\$5,000 Includes Deductibles \$9,450 \$18,900 Per Pay Cost	\$10,000 s, Coinsurance, Copays \$18,900 \$37,800 Annual Cost	\$5, Includes Deductibles, \$9, \$18, Per Pay Cost	Coinsurance, Copays 150 900 Annual Cost	\$6,500 Includes Deductibles \$9,450 \$18,900 Per Pay Cost	\$11,000 , Coinsurance, Copays \$18,900 \$37,800 Annual Cost	\$5,500 Includes Deductibles \$2,750 \$5,500 Per Pay Cost	\$12,000 6, Coinsurance, Copays \$6,000 \$12,000 Annual Cost	\$10,000 Includes Deductibles \$5,000 \$10,000 Per Pay Cost	\$20,000 , Coinsurance, Copays \$10,000 \$20,000 Annual Cost
ACA Statutory Maximum Individual Family KENDALL FACULTY COSTS Single	\$5,000 Includes Deductibles \$9,450 \$18,900 Per Pay Cost \$96.69	\$10,000 s, Coinsurance, Copays \$18,900 \$37,800 Annual Cost \$2,513.94	\$5,1 Includes Deductibles, \$9, \$18, Per Pay Cost \$93.97	2000 Coinsurance, Copays 150 900 Annual Cost \$2,443.22	\$6,500 Includes Deductibles \$9,450 \$18,900 Per Pay Cost \$19.53	\$11,000 , Coinsurance, Copays \$18,900 \$37,800 Annual Cost \$507.78	\$5,500 Includes Deductibles \$2,750 \$5,500 Per Pay Cost \$18.64	\$12,000 s, Coinsurance, Copays \$6,000 \$12,000 Annual Cost \$484.64	\$10,000 Includes Deductibles \$5,000 \$10,000 Per Pay Cost \$2.11	\$20,000 , Coinsurance, Copays \$10,000 \$20,000 Annual Cost \$54.86
ACA Statutory Maximum Individual Family KENDALL FACULTY COSTS Single 2 Person	\$5,000 Includes Deductible: \$9,450 \$18,900 Per Pay Cost \$96.69 \$305.83	\$10,000 \$, Coinsurance, Copays \$18,900 \$37,800 Annual Cost \$2,513.94 \$7,951.58	\$5,1 Includes Deductibles, \$9, \$18, Per Pay Cost \$93.97 \$298.99	Coinsurance, Copays 150 900 Annual Cost \$2,443.22 \$7,773.74	\$6,500 Includes Deductibles \$9,450 \$18,900 Per Pay Cost \$19.53 \$233.45	\$11,000 , Coinsurance, Copays \$18,900 \$37,800 Annual Cost \$507.78 \$6,069.70	\$5,500 Includes Deductibles \$2,750 \$5,500 Per Pay Cost \$18.64 \$170.44	\$12,000 5, Coinsurance, Copays \$6,000 \$12,000 Annual Cost \$484.64 \$4,431.44	\$10,000 Includes Deductibles \$5,000 \$10,000 Per Pay Cost \$2.11 \$102.97	\$20,000 , Coinsurance, Copays \$10,000 \$20,000 Annual Cost \$54.86 \$2,677.22
ACA Statutory Maximum Individual Family KENDALL FACULTY COSTS Single	\$5,000 Includes Deductibles \$9,450 \$18,900 Per Pay Cost \$96.69	\$10,000 s, Coinsurance, Copays \$18,900 \$37,800 Annual Cost \$2,513.94	\$5,1 Includes Deductibles, \$9, \$18, Per Pay Cost \$93.97	2000 Coinsurance, Copays 150 900 Annual Cost \$2,443.22	\$6,500 Includes Deductibles \$9,450 \$18,900 Per Pay Cost \$19.53	\$11,000 , Coinsurance, Copays \$18,900 \$37,800 Annual Cost \$507.78	\$5,500 Includes Deductibles \$2,750 \$5,500 Per Pay Cost \$18.64	\$12,000 s, Coinsurance, Copays \$6,000 \$12,000 Annual Cost \$484.64	\$10,000 Includes Deductibles \$5,000 \$10,000 Per Pay Cost \$2.11	\$20,000 , Coinsurance, Copays \$10,000 \$20,000 Annual Cost \$54.86
ACA Statutory Maximum Individual Family KENDALL FACULTY COSTS Single 2 Person	\$5,000 Includes Deductible: \$9,450 \$18,900 Per Pay Cost \$96.69 \$305.83	\$10,000 \$, Coinsurance, Copays \$18,900 \$37,800 Annual Cost \$2,513.94 \$7,951.58	\$5,1 Includes Deductibles, \$9, \$18, Per Pay Cost \$93.97 \$298.99	Coinsurance, Copays 150 900 Annual Cost \$2,443.22 \$7,773.74	\$6,500 Includes Deductibles \$9,450 \$18,900 Per Pay Cost \$19.53 \$233.45	\$11,000 , Coinsurance, Copays \$18,900 \$37,800 Annual Cost \$507.78 \$6,069.70	\$5,500 Includes Deductibles \$2,750 \$5,500 Per Pay Cost \$18.64 \$170.44 \$183.97	\$12,000 \$, Coinsurance, Copays \$6,000 \$12,000 Annual Cost \$484.64 \$4,431.44 \$4,783.22	\$10,000 Includes Deductibles \$5,000 \$10,000 Per Pay Cost \$2.11 \$102.97 \$101.64	\$20,000 , Coinsurance, Copays \$10,000 \$20,000 Annual Cost \$54.86 \$2,677.22 \$2,642.64
ACA Statutory Maximum Individual Family KENDALL FACULTY COSTS Single 2 Person	\$5,000 Includes Deductible: \$9,450 \$18,900 Per Pay Cost \$96.69 \$305.83	\$10,000 \$, Coinsurance, Copays \$18,900 \$37,800 Annual Cost \$2,513.94 \$7,951.58	\$5,1 Includes Deductibles, \$9, \$18, Per Pay Cost \$93.97 \$298.99	Coinsurance, Copays 150 900 Annual Cost \$2,443.22 \$7,773.74	\$6,500 Includes Deductibles \$9,450 \$18,900 Per Pay Cost \$19.53 \$233.45	\$11,000 , Coinsurance, Copays \$18,900 \$37,800 Annual Cost \$507.78 \$6,069.70	\$5,500 Includes Deductibles \$2,750 \$5,500 Per Pay Cost \$18.64 \$170.44 \$183.97 HSA Contribution	\$12,000 c, Coinsurance, Copays \$6,000 \$12,000 Annual Cost \$484.64 \$4,431.44 \$4,783.22 Annual Amount	\$10,000 Includes Deductibles \$5,000 \$10,000 Per Pay Cost \$2.11 \$102.97 \$101.64 HSA Contribution	\$20,000 , Coinsurance, Copays \$10,000 \$20,000 Annual Cost \$54.86 \$2,677.22 \$2,642.64 Annual Amount





KENDALL TERM FACULTY COSTS

,								K	ENDALL TERM	FACULTY COSTS
								6 4 (HSA) with HSA		5 5 (HSA) with HSA
	IN NETWORK	OUT OF NETWORK	IN NET	TWORK	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 (сорау	\$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 c	opay	\$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 A	FTER DEDUCTIBLE	COPAYS APPLY A	FTER DEDUCTIBLE
Generic Preferred Brand		5 min/\$30 max) 30 min/\$60 max)		5 min/\$30 max) 0 min/\$60 max)	. , , , ,	5 min/\$30 max) 30 min/\$60 max)	10% copay (\$5 min/\$30 max) 10% copay (\$30 min/\$60 max)		10% copay (\$5 min/\$30 max) 10% copay (\$30 min/\$60 max)	
Non-Preferred Brand Preferred Specialty	20% copay (\$4	50 min/\$75 max) 10 min/\$70 max)	20% copay (\$4	0 min/\$75 max) 0 min/\$70 max)	20% copay (\$50 min/\$75 max) 20% copay (\$40 min/\$70 max)		10% copay (\$50 min/\$75 max) 10% copay (\$40 min/\$70 max)		10% copay (\$50 min/\$75 max) 10% copay (\$40 min/\$70 max)	
Non-Preferred Specialty Mail Order Pharmacy	1 / 1	0 min/\$100 max)	20% copay (\$80 min/\$100 max)		20% copay (\$80 min/\$100 max) 1x copay for 90 day supply		10% copay (\$80 min/\$100 max) 1x copay for 90 day supply		10% copay (\$80 min/\$100 max) 1x copay for 90 day supply	
Urgent Care Center Copay	\$50 copay	70% after deductible	1x copay for 90 day supply \$50 copay		\$50 copay	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Emergency Room Copay	y					100% afte	er deductible	100% afte	r deductible	
Network										
Deductible										
Individual	\$750	\$1,500	The second secon	'50	\$1,000	\$2,750	\$1,750	\$3,500	\$3,000	\$6,000
Family	\$1,500	\$3,000		500	\$2,000	\$5,500	\$3,500	\$7,000	\$6,000	\$12,000
Coinsurance Maximum		Deductible		Deductible		Deductible		Deductible		Deductible
Individual	\$1,750	\$3,500		750	\$2,250	\$2,750	\$1,000	\$2,500	\$2,000	\$4,000
Family Out of Pocket Maximum	\$3,500	\$7,000		500	\$4,500	\$5,500	\$2,000	\$5,000	\$4,000	\$8,000
Individual	\$2,500	ibles, Coinsurance		bles, Coinsurance	Includes Deductibles, Coinsurance \$3,250 \$5,500		\$2,750	, Coinsurance, Copays	\$5,000	, Coinsurance, Copays
Family	\$5,000	\$5,000 \$10,000	\$2,500 \$5,000		\$6,500	\$5,500	\$5,500	\$6,000 \$12,000	\$10,000	\$10,000 \$20,000
ACA Statutory Maximum	. ,	s, Coinsurance, Copays		Coinsurance, Copays	Includes Deductibles, Coinsurance, Copays		Includes Deductibles, Coinsurance, Copays		Includes Deductibles, Coinsurance, Copays	
Individual	\$9,450	\$18,900		450	\$9,450	\$18,900	\$2,750	\$6,000	\$5,000	\$10,000
Family	\$18,900	\$37,800		,900	\$18,900	\$18,900	\$5,500	\$12,000	\$10,000	\$10,000
KENDALL TERM FACULTY 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	\$132.31	\$2,513.89	\$128.60	\$2,443.40	\$26.73	\$507.87	\$25.50	\$484.50	\$2.89	\$54.91
2 Person	\$418.51	\$7,951.69	\$409.14	\$7,773.66	\$305.77	\$5,809.63	\$233.23	\$4,431.37	\$140.90	\$2,677.10
Family	\$553.52	\$10,516.88	\$541.44	\$10,287.36	\$338.74	\$6,436.06	\$251.76	\$4,783.44	\$139.09	\$2,642.71
ranniy	, 000.02	720,020.00	γο	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	φοσο	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HSA Contribution	Annual Amount	HSA Contribution	Annual Amount
							Single	\$500.00	Single	\$500.00
							2 Person	\$1,000.00	2 Person	\$1,000.00



KENDALL ADJUNCT FACULTY COSTS

						FERRIS 4 (HSA) PPO Plan with HSA			5 5 (HSA) 1 with HSA
IN NETWORK	OUT OF NETWORK	IN NET	WORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
100% coverage	70% after deductible	100% cc	verage	100% coverage	60% after deductible	100% coverage	80% after deductible	100% coverage	80% after deductible
\$25 copay	70% after deductible	\$25 c	орау	\$25 copay	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
\$50 copay	70% after deductible	\$50 c	орау	\$50 copay	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
\$0 copay	N/A	\$0 cc	\$0 copay \$0 copay N/A deductible (\$49		100% after deductible (\$49 charge)	N/A	100% after deductible (\$49 charge)	N/A	
90% after ded.	70% after deductible	90% after o	leductible	80% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
						COPAYS APPLY A	FTER DEDUCTIBLE	COPAYS APPLY A	FTER DEDUCTIBLE
20% copay (\$5 min/\$30 max) 20% copay (\$30 min/\$60 max) 20% copay (\$50 min/\$75 max)		20% copay (\$5 min/\$30 max) 20% copay (\$30 min/\$60 max) 20% copay (\$50 min/\$75 max) 20% copay (\$40 min/\$70 max)		20% copay (\$3 20% copay (\$5	30 min/\$60 max) 50 min/\$75 max)	10% copay (\$5 min/\$30 max) 10% copay (\$30 min/\$60 max) 10% copay (\$50 min/\$75 max) 10% copay (\$40 min/\$70 max)		10% copay (\$5 min/\$30 max) 10% copay (\$30 min/\$60 max) 10% copay (\$50 min/\$75 max) 10% copay (\$40 min/\$70 max)	
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)	
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	
\$50 copay	70% after deductible	\$50 copay		\$50 copay	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
						100% afte	er deductible	100% afte	er deductible
¢1 500		Ć1 E	00	\$2,000	¢5.500	\$1,750	\$3,500	\$3,000	\$6,000
1 /				1 / 2 2 2		Excludes Deductible		\$6,000 \$12,000 Excludes Deductible	
\$3,500	\$7,000			\$4,500	\$5,500	\$1,000	\$2,500	\$2,000 \$4,000	\$4,000
Includes Deducti	. ,	Includes Deductibles, Coinsurance		Includes Deductibles, Coinsurance		Includes Deductibles, Coinsurance, Copays		Includes Deductibles, Coinsurance, Copays	
\$5,000	\$10,000	\$5,000		\$6,500 \$11,000		\$2,750 \$6,000		\$5,000 \$10,000	\$10,000 \$20,000
Includes Deductibles	, Coinsurance, Copays			Includes Deductibles, Coinsurance, Copays		Includes Deductibles, Coinsurance, Copays \$2,750 \$6,000		Includes Deductibles, Coinsurance, Copays \$5,000 \$10,000	
\$18,900	\$37,800	\$18,9	900	\$18,900	\$37,800			\$10,000	\$20,000
Per Pay Cost \$352.26 \$863.04 \$1 109 63	Annual Cost \$9,158.76 \$22,439.04 \$28,850.38	Per Pay Cost \$348.81 \$854.58 \$1 098 75	Annual Cost \$9,069.06 \$22,219.08 \$28,567.50	Per Pay Cost \$264.63 \$780.66 \$952.67	Annual Cost \$6,880.38 \$20,297.16 \$24,769.42	Per Pay Cost \$233.62 \$689.18 \$841.03	Annual Cost \$6,074.12 \$17,918.68 \$21,866,78	Per Pay Cost \$210.75 \$621.71 \$758.70	Annual Cost \$5,479.50 \$16,164.46 \$19,726.20
	\$25 copay \$50 copay \$0 copay \$0 copay \$0 copay (\$\frac{5}{2}\$ 20% copay	100% coverage	100% coverage 70% after deductible 100% co	100% coverage 70% after deductible 100% coverage \$25 copay 70% after deductible \$25 copay \$50 copay 70% after deductible \$50 copay \$0	100% coverage	100% coverage 70% after deductible 100% coverage 100% coverage 60% after deductible \$25 copay \$25 copay 60% after deductible \$50 copay 70% after deductible \$50 copay \$50 copay 60% after deductible \$50 copay \$50 copay 60% after deductible \$50 copay 80% after deductible \$50 copay \$50	IN NETWORK OUT OF NETWORK IN NETWORK IN NETWORK 100% coverage 100% coverage 100% coverage 50% after deductible 100% coverage 525 copay 525 copay 525 copay 50% after deductible 100% after 10	IN NETWORK OUT OF NETWORK IN OW 4 fier deductible God, after deductible In New 2004 (Span)	IN NETWORK OUT OF NETWORK IN NETWORK



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

1x the employee's annual salary up to a maximum of \$50,000 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.

LONG TERM DISABILITY

After 90 days of disability, LTD pays 60% of the employee's monthly salary to age 65 or until the end of disability, whichever occurs first.

TUITION WAIVER - K5 ONLY

Employees are eligible to take up to six (6) credit hours per semester, to be applied to Kendall College of Art and Design undergraduate or graduate credit courses and/or \$3,100 per semester to be applied to non-credit Kendall College of Art and Design or Ferris State University credit and/or noncredit courses. Credits may be transferred to a spouse and/or dependent child.

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

RETIREMENT - K5 ONLY

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 MPSERS retirement plan.



Paid Time Off

SICK TIME

Full-time tenured, tenure-track, and term appointment faculty will receive up to 40 hours of sick leave credited on the first of employment and thereafter on the first day of each academic year.

SHORT TERM DISABILITY

Full-time tenured, tenure-track, and term appointment faculty are eligible to receive up to a maximum of 90 days of paid short-term disability leave per year due to personal illness and/or injury.

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.

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