

FERRIS STATE UNIVERSITY

HUMAN RESOURCES



Benefits at a Glance

2024-2025

KCAD Faculty & Term Appts

CONTACT US NOW



231-591-2150
Human Resources



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Big Rapids, MI 49307

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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.

KENDALL FACULTY COSTS

							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
KENDALL 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	\$96.69	\$2,513.94	\$93.97	\$2,443.22	\$19.53	\$507.78	\$18.64	\$484.64	\$2.11	\$54.86
2 Person	\$305.83	\$7,951.58	\$298.99	\$7,773.74	\$233.45	\$6,069.70	\$170.44	\$4,431.44	\$102.97	\$2,677.22
Family	\$404.49	\$10,516.74	\$395.67	\$10,287.42	\$247.54	\$6,436.04	\$183.97	\$4,783.22	\$101.64	\$2,642.64
							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

KENDALL TERM FACULTY COSTS

							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
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
							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

KENDALL ADJUNCT FACULTY COSTS

						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							\$1,750	\$3,500	\$3,000	\$6,000	
Family	\$1,500	\$3,000	\$1,500	\$2,000	\$5,500			\$6,000	\$12,000		
Coinsurance Maximum	Excludes Deductible		Excludes Deductible		Excludes Deductible		Excludes Deductible		Excludes Deductible		
Individual							\$1,000	\$2,500	\$2,000	\$4,000	
Family	\$3,500	\$7,000	\$3,500	\$4,500	\$5,500			\$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							\$2,750	\$6,000	\$5,000	\$10,000	
Family	\$5,000	\$10,000	\$5,000	\$6,500	\$11,000			\$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							\$2,750	\$6,000	\$5,000	\$10,000	
Family	\$18,900	\$37,800	\$18,900	\$18,900	\$37,800			\$10,000	\$20,000		
KENDALL ADJUNCT 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	\$352.26	\$9,158.76	\$348.81	\$9,069.06	\$264.63	\$6,880.38	\$233.62	\$6,074.12	\$210.75	\$5,479.50	
2 Person	\$863.04	\$22,439.04	\$854.58	\$22,219.08	\$780.66	\$20,297.16	\$689.18	\$17,918.68	\$621.71	\$16,164.46	
Family	\$1,109.63	\$28,850.38	\$1,098.75	\$28,567.50	\$952.67	\$24,769.42	\$841.03	\$21,866.78	\$758.70	\$19,726.20	

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.

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

Additional details regarding MESSA's various supplemental benefit plans are available at www.messa.org.

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 plan 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 or log into your MyMESSA account to view your personalized rates for these benefits.