

FERRIS STATE UNIVERSITY

HUMAN RESOURCES



Benefits at a Glance

2022-2023

Full-Time Temp Service (T1)

CONTACT US NOW



231-591-2150
Human Resources



hrbenefits@ferris.edu



420 Oak Street
Prakken 150
Big Rapids, MI 49307



NEW HIRE ENROLLMENT

Benefits are available on the date of hire into a benefit eligible 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 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

Level 1 Adjuncts are not expected to report to work on University approved holidays and holiday shut down periods.

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



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 for more information.

www.ferris.edu

Adjunct Level 1 Medical Plan Option

FERRIS 4 (HSA) PPO Plan with HSA Priority Health		
	IN NETWORK	OUT OF NETWORK
Preventive Care	100% coverage	80% after deductible
Primary Care Office Visit	100% after deductible	80% after deductible
Specialist Office Visit	100% after deductible	80% after deductible
Virtual Visit - through Spectrum Health or MDLive virtual care	100% after deductible	N/A
Coinsurance - (Plan Pays)	100% after deductible	80% after deductible
Prescription copay	<i>COPAYS APPLY AFTER DEDUCTIBLE</i>	
<i>Medtipsterfree Preventive</i>	\$0 Generic Preventive Drugs	
<i>Tier 1</i>	10% copay (\$5 min/\$30 max)	
<i>Tier 2</i>	10% copay (\$30 min/\$60 max)	
<i>Tier 3</i>	10% copay (\$50 min/\$75 max)	
<i>Tier 4</i>	10% copay (\$40 min/\$70 max)	
<i>Tier 5</i>	10% copay (\$80 min/\$100 max)	
<i>Mail Order Pharmacy</i>	1x copay for 90 day supply	
Urgent Care Center Copay	100% after deductible	80% after deductible
Emergency Room Copay	100% after deductible	
Network	Priority Health / CIGNA	
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance Maximum	<i>Excludes Deductible</i>	
Individual	\$750	\$2,000
Family	\$1,500	\$4,000
Out of Pocket Maximum	<i>Includes Deductibles, Coinsurance, Copays</i>	
Individual	\$2,250	\$5,000
Family	\$4,500	\$10,000
ACA Statutory Maximum	<i>Includes Deductibles, Coinsurance, Copays</i>	
Individual	\$2,250	\$5,000
Family	\$4,500	\$10,000
Costs	Per Pay Cost	Annual Cost
Single	\$201.97	\$5,251.20
2 Person	\$595.81	\$15,491.16
Family	\$727.09	\$18,904.44