

# FERRIS STATE UNIVERSITY

## HUMAN RESOURCES



## Benefits at a Glance

# 2022-2023

## 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 4 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 Guardian. 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 vision coverage through EyeMed 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 \$2,850 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.

Employees can choose between TIAA-CREF & Fidelity to manage their Ferris accounts.

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.

# Admin & Admin Temp Medical Plan Options

	FERRIS 1 PPO Plan Priority Health		FERRIS 2 EPO Plan Priority Health		FERRIS 3 PPO Plan Priority Health		FERRIS 4 (HSA) PPO Plan with HSA Priority Health	
	IN NETWORK	OUT OF NETWORK	IN NETWORK		IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
<b>Preventive Care</b>	100% coverage	70% after ded.	100% coverage		100% coverage	60% after deductible	100% coverage	80% after deductible
<b>Primary Care Office Visit</b>	\$10	70% after ded.	\$10		\$20 copay PCP	60% after deductible	100% after deductible	80% after deductible
<b>Specialist Office Visit</b>	\$25	70% after ded.	\$25		\$40 copay Specialist	60% after deductible	100% after deductible	80% after deductible
<b>Virtual Visit - through Spectrum Health or MDLive virtual care</b>	\$0 copay	N/A	\$0 copay		\$0 copay	N/A	100% after deductible	N/A
<b>Coinsurance - (Plan Pays)</b>	90% after ded.	70% after ded.	90% after deductible		80% after deductible	60% after deductible	100% after deductible	80% after deductible
<b>Prescription copay</b>							COPAYS APPLY AFTER DEDUCTIBLE	
Medtipsterfree Preventive	\$0 Generic Preventive Drugs		\$0 Generic Preventive Drugs		\$0 Generic Preventive Drugs		\$0 Generic Preventive Drugs	
Tier 1	20% copay (\$5 min/\$30 max)		20% copay (\$5 min/\$30 max)		20% copay (\$5 min/\$30 max)		10% copay (\$5 min/\$30 max)	
Tier 2	20% copay (\$30 min/\$60 max)		20% copay (\$30 min/\$60 max)		20% copay (\$30 min/\$60 max)		10% copay (\$30 min/\$60 max)	
Teir 3	20% copay (\$50 min/\$75 max)		20% copay (\$50 min/\$75 max)		20% copay (\$50 min/\$75 max)		10% copay (\$50 min/\$75 max)	
Tier 4	20% copay (\$40 min/\$70 max)		20% copay (\$40 min/\$70 max)		20% copay (\$40 min/\$70 max)		10% copay (\$40 min/\$70 max)	
Tier 5	20% copay (\$80 min/\$100 max)		20% copay (\$80 min/\$100 max)		20% 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	
<b>Urgent Care Center Copay</b>	\$25 copay	70% after ded.	\$25 copay		\$40 copay	60% 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	
<b>Network</b>	Priority Health / CIGNA		Priority Health		Priority Health / CIGNA		Priority Health / CIGNA	
<b>Deductible</b>								
Individual	\$250	\$500	\$250		\$500	\$2,000	\$1,500	\$3,000
Family	\$500	\$1,000	\$500		\$1,000	\$4,000	\$3,000	\$6,000
<b>Coinsurance Maximum</b>	Excludes Deductible		Excludes Deductible		Excludes Deductible		Excludes Deductible	
Individual	\$1,000	\$2,500	\$1,000		\$1,500	\$2,500	\$750	\$2,000
Family	\$2,000	\$5,000	\$2,000		\$3,000	\$5,000	\$1,500	\$4,000
<b>Out of Pocket Maximum</b>	Includes Deductibles, Coinsurance		Includes Deductibles, Coinsurance		Includes Deductibles, Coinsurance		Includes Deductibles, Coinsurance, <b>Copays</b>	
Individual	\$1,250	\$3,000	\$1,250		\$2,000	\$4,500	\$2,250	\$5,000
Family	\$2,500	\$6,000	\$2,500		\$4,000	\$9,000	\$4,500	\$10,000
<b>ACA Statutory Maximum</b>	Includes Deductibles, Coinsurance, <b>Copays</b>		Includes Deductibles, Coinsurance, <b>Copays</b>		Includes Deductibles, Coinsurance, <b>Copays</b>		Includes Deductibles, Coinsurance, <b>Copays</b>	
Individual	\$8,700	\$17,400	\$8,700		\$8,700	\$17,400	\$2,250	\$5,000
Family	\$17,400	\$34,800	\$17,400		\$17,400	\$34,800	\$4,500	\$10,000
<b>Costs</b>	Per Pay Cost	Annual Cost	Per Pay Cost	Annual Cost	Per Pay Cost	Annual Cost	Per Pay Cost	Annual Cost
Single	\$112.97	\$2,937.30	\$98.91	\$2,571.78	\$33.13	\$861.42	\$21.63	\$562.34
2 Person	\$192.11	\$4,994.98	\$157.67	\$4,099.39	\$112.85	\$2,934.19	\$60.66	\$1,577.03
Family	\$275.75	\$7,169.61	\$231.47	\$6,018.21	\$128.97	\$3,353.13	\$66.41	\$1,726.61

If you select no medical coverage, and are not covered on another employee's FSU medical plan (through a spouse, parent, or OEA relationship), you may be receive an opt-out credit of \$1664/year - paid at \$64/per pay period.

HSA Contribution	Amount
Single	\$500.00
2 Person	\$1,000.00
Family	\$1,250.00



# Guardian 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	\$5.96/pay - Single \$8.92/pay - Two Person \$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

## Vision Plan Per Pay Premiums: \$0 - Single, Two Person, & Family

## In-Network

## Out-of- Network

Exam with Dilation

Retinal Imaging

Frames

Frequency

Exam - Once Every 12 Months

Lenses or Contact Lenses - Once Every 12 Months

Frame - Once every 12 Months

\$0 Co-Pay

Up to \$39

\$0 Co-Pay; \$130 allowance; 20% off balance over  
\$130

Up to \$40

N/A

Up to \$91

Standard Plastic Lenses

Single Vision

Bifocal

Trifocal

Standard Progressive Lens

Premium Progressive Lens

Tier 1

Tier 2

Tier 3

Tier 4

Lenticular

\$10 Co-Pay

\$10 Co-Pay

\$10 Co-Pay

\$75 Co-Pay

\$95 Co-Pay

\$105 Co-Pay

\$120 Co-Pay

\$75 Co-Pay; 80% of charge less \$120 allowance

\$10 Co-Pay

Up to \$30

Up to \$50

Up to \$70

Up to \$50

Up to \$50

Up to \$50

Up to \$50

Up to \$50

Up to \$70

Lens Options

(Paid by the member and added to the base price of the lens)

UV Treatment

Tint

Standard Plastic Scratch Coating

Standard Polycarbonate

Standard Polycarbonate (under 19)

Standard Anti-Reflective Coating

Premium Anti-Reflective Coating

Tier 1

Tier 2

Tier 3

Photochromic/Transitions

Polarized

Other Add-Ons and Services

\$15

\$15

\$15

\$40

\$40

\$45

\$57

\$68

80% of charge

\$75

20% off retail price

20% off retail price

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Contact Lens Fit and Follow-Up

(Contact lens fit and two follow up visits are available once a  
comprehensive eye exam has been completed)

Standard Contact Lens Fit & Follow Up

Premium Contact Lens Fit & Follow Up

Conventional Lenses

Disposable Lenses

Medically Necessary Lenses

Up to \$55

10% off Retail

\$0 Co-Pay; \$110 allowance, 15% off balance over \$110

\$0 Co-Pay; \$110 allowance, plus balance over \$110

\$0 Co-Pay; Paid-In-Full

N/A

N/A

Up to \$110

Up to \$100

Up to \$210

Laser Vision Correction

Lasik or PRK from U.S. Laser Network

Hearing Care

Hearing Health Care from Amplifon Hearing Network

15% off the retail price or \$5 off the promotional price

40\$ off hearing exams and a low price guarantee on  
discounted hearing aids

N/A

N/A