

FERRIS STATE UNIVERSITY

HUMAN RESOURCES



Benefits at a Glance

2023

Faculty

CONTACT US NOW



231-591-2150
Human Resources



hrbenefits@ferris.edu



420 Oak Street
Prakken 150
Big Rapids, MI 49307

www.ferris.edu

NEW HIRE ENROLLMENT

Benefits are available on the date of hire into a full-time FFA faculty 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 MESSA/BCBS including PPO 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 \$1100 per person and covers 80% of orthodontic costs up to a lifetime maximum of \$1100 per person for dependents up to age 19. The dental plan is offered at no cost to CTA employees.

VISION

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

LONG TERM DISABILITY

After 90 days of disability, LTD pays 66 2/3% of the employee's monthly salary (maximum \$5000/month) to age 65 or until the end of disability, whichever occurs first.

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 thru MESSA.

Employees can also purchase \$2,000 coverage for spouses and dependents for a cost.

SUPPLEMENTAL INSURANCES

There are a number of additional supplemental insurance plan options available to CTA employees through MESSA at full cost. Please see page 6 for details.

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.

Any unused vacation hours in excess of the employee's annual accrual maximum for the year will be forfeited annually on July 1st

Paid Time Off

VACATION TIME

12 month faculty only:

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

Any unused vacation hours in excess of 160 hours will be forfeited annually on the employee's anniversary date.

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

PERSONAL TIME

12 month faculty only:

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.

8 hours of personal time is available for use by the employee after six (6) months of continuous employment. The 2nd 8 hours, chargeable to sick time, are available after 12 months of continuous employment.

SICK TIME

Employees accrue sick time at a rate of 4.0 hours per pay and is available for use by the employee upon employment.

Employees may accrue up to a maximum of 2,400 sick hours.

HOLIDAYS

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

- New Year's Day
- Good Friday
- Memorial Day
- 4th of July
- Labor Day
- Wednesday before Thanksgiving (1/2 day)
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day

Faculty are not required to report for duty from December 25th through January 1st each year.

Additional paid holiday time may be granted by the President.

MESSA In-Network Plan Comparison - Effective 1/1/2023

Ferris State University - 490B Faculty

	MESSA Choices \$300/\$600 0% MESSA Saver Rx	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1,500/\$3,000 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx
In-Network Cost Share After Deductible				
Deductible	\$300/\$600	\$500/\$1,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	0%	0%	0%	0%
Blue Cross online visit copay/coinsurance	\$20	\$20	0%	0%
Office visit copay/coinsurance	\$20	\$20	0%	0%
Specialist visit copay/coinsurance	\$20	\$20	0%	0%
Urgent care copay/coinsurance	\$25	\$25	0%	0%
Emergency room copay/coinsurance	\$50	\$50	0%	0%
Total out-of-pocket maximum	\$2,300/\$4,600	\$2,500/\$5,000	\$2,500/\$5,000	\$4,000/\$7,500
Certain Benefit Differences				
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible	Up to 38 visits per calendar year; Covered 100% after deductible
Outpatient physical, occupational and speech therapy	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Acupuncture	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible
	Per Pay Cost	Per Pay Cost	Per Pay Cost	Per Pay Cost
	Single: \$147.29	Single: \$123.33	Single: \$73.29	Single: \$32.97
	Two Person: \$379.39	Two Person: \$325.48	Two Person: \$212.89	Two Person: \$122.18
	Family: \$433.48	Family: \$366.39	Family: \$226.28	Family: \$113.40

If you select no medical coverage you may be eligible to receive an opt-out credit of \$1,200/year - paid at \$50/pay period.

MESSA In-Network Plan Comparison - Effective: 1/1/2023

Ferris State University - 490B Faculty

	MESSA Choices \$300/\$600 0% MESSA Saver Rx	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1,500/\$3,000 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx
Prescription Drugs	MESSA Saver Rx	MESSA Saver Rx	MESSA ABC Rx (after deductible)	3-Tier Rx (after deductible)
34-day supply				
Generic drug	\$2 or \$10	\$2 or \$10	Free, \$2 or \$10	Free or \$10
Preferred brand drug	\$20 or \$40	\$20 or \$40	Free, \$20 or \$40	Free or 20% coinsurance (\$40 min - \$80 max)
Non-preferred brand drug				20% coinsurance (\$60 min - \$100 max)
90-day supply				
Generic drug, Preferred brand drug, Non-preferred brand drug	2x copay of applicable 34-day supply; Available via retail or mail order	2x copay of applicable 34-day supply; Available via retail or mail order	2x copay of applicable 34-day supply; Available via retail or mail order	2.5x copay of applicable 34-day supply; Available via retail or mail order
Additional Rx Information				
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible

~ For Saver Rx and ABC Rx, the reduced cost Generic drugs at \$2 and Brand Name drugs at \$20, include medications for Asthma, Diabetes, Coronary Artery Disease, High Blood Pressure and High Cholesterol.

~ The MESSA ABC Plan 1 deductible is subject to change each Jan. 1 to remain HSA-compatible according to IRS rules governing HSAs.

If you have any questions, please contact your MESSA Field Representative, Kirk Ozanich, at 800.292.4910.

Information on this document is a general overview. Refer to MESSA.org and the plan booklets for additional information.

MESSA Dental plan highlights



MESSA

1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Effective Date: 01/01/2023

MESSA Account: Ferris State University

Employee Group: 490B Faculty

Group/Subgroup: 06272-0003

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting www.messa.org and using the provider directory search provided by Delta Dental.

Plan Features

Diagnostic & Preventive Services 100%	Basic Services 80%	Major Services 80%	Orthodontics 80%
<ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months <p>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p>Rider (If neither box below is checked, you do not have this coverage.)</p> <p><input checked="" type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p>	<ul style="list-style-type: none"> • Radiographs (x-rays)* • Restorative • Crowns** • Oral Surgery • Endodontic Services — treatment for diseased or damaged nerves. • Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any 5-year period on the same tooth.</p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input checked="" type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p>	<ul style="list-style-type: none"> • Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances. 	<ul style="list-style-type: none"> • Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input checked="" type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p>
\$4,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services			\$3,500 lifetime maximum per person Orthodontics

For a complete listing of exclusions and limitations that apply to the plan, refer to the Delta Dental of Michigan certificate booklet.

VSP 2 S Benefits



Effective Date: 1/1/2023

MESSA Account: Ferris State University

Employee Group: 490B Faculty

In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Signature network doctors is available at messa.org/vision or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

Out-of-network providers

(Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit www.vsp.com or call VSP member services at 800.877.7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
Examination		
Optometrist	\$6.50 copayment	\$28.50
Ophthalmologist		\$38.50
Contact lenses (includes examination)		
Elective lenses to improve vision	\$110 allowance	\$90
Medically necessary - to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye	MESSA pays 100% of the approved amount	\$175
Eyeglass frames	\$130 allowance after copayment	\$44
Eyeglass lenses		
Single vision	\$18 copayment	\$29
Bifocal		\$51
Trifocal		\$63
Lenticular		\$75
Eyeglass lens enhancements		
Rose #1 or #2 tint	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Rimless		
Oversize		
Blended		
Photochromic		
Progressive	Not covered	
Tinted		
Single vision	MESSA pays 100% of the approved amount	\$33
Bifocal		\$61
Trifocal		\$75
Lenticular		\$89
Polarized		
Single vision	MESSA pays 100% of the approved amount	\$47
Bifocal		\$81
Trifocal		\$101
Lenticular		\$119

MESSA Supplemental Benefits

Additional details regarding MESSA's various supplemental benefit plans is 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 to log into your MyMESSA account to view your personalized rates for these benefits.