

# FERRIS STATE UNIVERSITY

## HUMAN RESOURCES



# Benefits at a Glance

## 2022-2023

# POLC

## 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 a full-time POLC 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 SPENDING 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. An option to decrease the waiting period to 60 days is available for a cost if the employee is grandfathered (not eligible for STD).

## 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 10% of the employee's base salary to a 403b account each pay period. Employee's have a mandatory 4% contribution. Employees may make voluntary contributions via payroll deduction as well. There is an 8 year vesting schedule for the employer contributions.

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

## SICK TIME

New 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.

Grandfathered 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 1,600 sick hours.

## 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.

STD not available for employees who opted for the grandfathered sick time accrual option.

## VACATION TIME

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

Vacation is accrued on a per pay period basis according to length of continuous service:

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

| Length of Service         | Annual Max Accrual |
|---------------------------|--------------------|
| 1 year through 3 years    | 96 hours           |
| 4 years through 10 years  | 120 hours          |
| 11 years through 14 years | 144 hours          |
| 15 years or more          | 160 hours          |

## HOLIDAYS

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

|                |                        |
|----------------|------------------------|
| New Year's Day | Thanksgiving Day       |
| Good Friday    | Day after Thanksgiving |
| Memorial Day   | Christmas Eve          |
| July 4th       | Christmas Day          |
| Labor Day      | New Year's Eve         |

Additional paid holiday time may be granted by the President.

## PERSONAL TIME

After 6 months of employment, 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.

# AFSCME & POLC Medical Plan Options

|                                                                       | FERRIS 1<br>PPO Plan<br>Priority Health          |                    | FERRIS 2<br>EPO Plan<br>Priority Health          |                    | FERRIS 3<br>PPO Plan<br>Priority Health          |                      | FERRIS 4 (HSA)<br>PPO Plan with HSA<br>Priority Health |                      |
|-----------------------------------------------------------------------|--------------------------------------------------|--------------------|--------------------------------------------------|--------------------|--------------------------------------------------|----------------------|--------------------------------------------------------|----------------------|
|                                                                       | IN NETWORK                                       | OUT OF NETWORK     | IN NETWORK                                       | OUT OF 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>                                             | <i>COPAYS APPLY AFTER DEDUCTIBLE</i>             |                    |                                                  |                    |                                                  |                      |                                                        |                      |
| <b>Medtipsterfree Preventive</b>                                      | <b>\$0 Generic Preventive Drugs</b>              |                    | <b>\$0 Generic Preventive Drugs</b>              |                    | <b>\$0 Generic Preventive Drugs</b>              |                      | <b>\$0 Generic Preventive Drugs</b>                    |                      |
| <i>Tier 1</i>                                                         | 20% copay (\$5 min/\$30 max)                     |                    | 20% copay (\$5 min/\$30 max)                     |                    | 20% copay (\$5 min/\$30 max)                     |                      | 10% copay (\$5 min/\$30 max)                           |                      |
| <i>Tier 2</i>                                                         | 20% copay (\$30 min/\$60 max)                    |                    | 20% copay (\$30 min/\$60 max)                    |                    | 20% copay (\$30 min/\$60 max)                    |                      | 10% copay (\$30 min/\$60 max)                          |                      |
| <i>Tier 3</i>                                                         | 20% copay (\$50 min/\$75 max)                    |                    | 20% copay (\$50 min/\$75 max)                    |                    | 20% copay (\$50 min/\$75 max)                    |                      | 10% copay (\$50 min/\$75 max)                          |                      |
| <i>Tier 4</i>                                                         | 20% copay (\$40 min/\$70 max)                    |                    | 20% copay (\$40 min/\$70 max)                    |                    | 20% copay (\$40 min/\$70 max)                    |                      | 10% copay (\$40 min/\$70 max)                          |                      |
| <i>Tier 5</i>                                                         | 20% copay (\$80 min/\$100 max)                   |                    | 20% copay (\$80 min/\$100 max)                   |                    | 20% copay (\$80 min/\$100 max)                   |                      | 10% copay (\$80 min/\$100 max)                         |                      |
| <i>Mail Order Pharmacy</i>                                            | 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>                                            | <i>Excludes Deductible</i>                       |                    | <i>Excludes Deductible</i>                       |                    | <i>Excludes Deductible</i>                       |                      | <i>Excludes Deductible</i>                             |                      |
| 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>                                          | <i>Includes Deductibles, Coinsurance</i>         |                    | <i>Includes Deductibles, Coinsurance</i>         |                    | <i>Includes Deductibles, Coinsurance</i>         |                      | <i>Includes Deductibles, Coinsurance, Copays</i>       |                      |
| 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>                                          | <i>Includes Deductibles, Coinsurance, Copays</i> |                    | <i>Includes Deductibles, Coinsurance, Copays</i> |                    | <i>Includes Deductibles, Coinsurance, Copays</i> |                      | <i>Includes Deductibles, Coinsurance, Copays</i>       |                      |
| 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>                                                          | <b>Per Pay Cost</b>                              | <b>Annual Cost</b> | <b>Per Pay Cost</b>                              | <b>Annual Cost</b> | <b>Per Pay Cost</b>                              | <b>Annual Cost</b>   | <b>Per Pay Cost</b>                                    | <b>Annual Cost</b>   |
| Single                                                                | \$113.34                                         | \$2,946.85         | \$99.28                                          | \$2,581.33         | \$33.50                                          | \$870.97             | \$22.00                                                | \$571.89             |
| 2 Person                                                              | \$194.85                                         | \$5,066.03         | \$160.40                                         | \$4,170.47         | \$115.59                                         | \$3,005.27           | \$63.39                                                | \$1,648.11           |
| Family                                                                | \$275.84                                         | \$7,171.73         | \$231.55                                         | \$6,020.33         | \$129.05                                         | \$3,355.25           | \$66.49                                                | \$1,728.73           |

**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 eligible to receive an opt-out credit of \$1664/year - paid at \$64/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)                     | 80%<br>(2 in 12 Months)           | 100%<br>(2 in 12 Months)                                               |
|                   | Fluoride (Limit)                      | 80%<br>(Under Age 19)             | 100%<br>(Under Age 19)                                                 |
|                   | Oral Exams                            | 80%                               | 100%                                                                   |
|                   | Sealants                              | 80%                               | 100%                                                                   |
|                   | X-Rays                                | 80%                               | 100%                                                                   |
| Basic Care        | Anesthesia                            | 60%                               | 80%                                                                    |
|                   | Fillings                              | 60%                               | 80%                                                                    |
|                   | Period Surgery                        | 60%                               | 80%                                                                    |
|                   | Perio Maintenance (Limit)             | 60%<br>(Once Every 3 Months)      | 80%<br>(Once Every 3 Months)                                           |
|                   | Repair of Crowns, Bridges, & Dentures | 60%                               | 80%                                                                    |
|                   | Root Canal                            | 60%                               | 80%                                                                    |
|                   | Scaling/Root Planing                  | 60%                               | 80%                                                                    |
|                   | Simple Extractions                    | 60%                               | 80%                                                                    |
|                   | Surgical Extractions                  | 60%                               | 80%                                                                    |
| Major Care        | Bridges & Dentures                    | 50%                               | 80%                                                                    |
|                   | Dental Implants                       | 50%                               | 80%                                                                    |
|                   | Inlays, Onlays, Veneers               | 50%                               | 80%                                                                    |
|                   | Single Crowns                         | 50%                               | 80%                                                                    |
| Orthodontia       | Orthodontia (Limit)                   | 50%<br>(Under Age 19)             | 50%<br>(Any Age)                                                       |
|                   | Lifetime Max Benefit (Per Member)     | \$1,000                           | \$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<br>\$8.92/pay - Two Person<br>\$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