



# Benefits at a Glance

## 2024-2025

# Kendall Admin / Support FT Temporary

## 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 FT Temporary position. 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 2 dental plan options through Blue Cross Blue Shield Dental. 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 2 vision coverage plan options through EyeMed. The core plan is available 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 \$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**

\$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.

## **TUITION WAIVER**

Employees are provided a tuition waiver benefit of up to \$1,440 per semester to be applied to KCAD or FSU classes. Credits may be transferred to a spouse and/or dependent child.

This benefit may be taxable based on the current IRS guidelines.

## **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.

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**

## **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).

## **SICK TIME**

Employees will be credited 40 hours of sick time each July 1, pro-rates for new hires based on hire date.

Unused sick hours will not carry over into the next fiscal year.

## **HOLIDAYS**

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

New Year's Day  
MLK 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.

# Blue Cross Blue Shield Dental Plan

## Options

Options		Low Plan	High Plan
Preventative Care	Cleanings (Limit)	80% (2 in 12 Months)	100% (2 in 12 Months)
	Fluoride (Limit)	80% (Under Age 19)	100% (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% (Once Every 3 Months)	80% (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% (Under Age 19)	50% (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 \$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.





Ferris State University

# CORE PLAN

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$0 copay	Up to \$40
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
<b>CONTACT LENSES</b> <i>(Contact Lens allowance includes materials only)</i>		
Contacts - Conventional	\$0 copay; 15% off balance over \$110 allowance	Up to \$110
Contacts - Disposable	\$0 copay; 100% of balance over \$110 allowance	Up to \$110
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Progressive - Standard	\$75 copay	Up to \$50
Progressive - Premium Tier 1	\$95 copay	Up to \$50
Progressive - Premium Tier 2	\$105 copay	Up to \$50
Progressive - Premium Tier 3	\$120 copay	Up to \$50
Progressive - Premium Tier 4	\$75 copay, 20% off retail price less \$120 allowance	Up to \$50

## Proposed Benefits

- EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company
- Option Base
- Exam & Materials
- Insight Network
- Fully Insured
- Employer Paid
- Funded Benefits

## Frequency

### Examination

Once every 12 months

### Lenses (in lieu of contacts)

Once every 12 months

### Contacts (in lieu of lenses)

Once every 12 months

### Frame

Once every 12 months

## Vision Premiums Per Pay Period

Single: \$0

Two Person: \$0

Family: \$0



Ferris State University

# BUY UP PLAN

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$0 copay	Up to \$40
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
<b>CONTACT LENSES</b> <i>(Contact Lens allowance includes materials only)</i>		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$150
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$150
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$70
Lenticular	\$0 copay	Up to \$70
Progressive - Standard	\$65 copay	Up to \$50
Progressive - Premium Tier 1	\$85 copay	Up to \$50
Progressive - Premium Tier 2	\$95 copay	Up to \$50
Progressive - Premium Tier 3	\$110 copay	Up to \$50
Progressive - Premium Tier 4	\$65 copay, 20% off retail price less \$120 allowance	Up to \$50

## Proposed Benefits

- EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company
- Option Buy Up
- Exam & Materials
- Insight Network
- Fully Insured
- Employee Paid
- Funded Benefits

## Frequency

### Examination

Once every 12 months

### Lenses (in lieu of contacts)

Once every 12 months

### Contacts (in lieu of lenses)

Once every 12 months

### Frame

Once every 12 months

## Vision Premiums Per Pay Period

Single: \$2.32

Two Person: \$4.41

Family: \$6.47