Dear Valued Employees:

Among the things that make Stevens a great place to work is the organization’s commitment to our staff, which is demonstrated by offering an extensive employee benefits package.

As an eligible employee, you may enroll in one of the most comprehensive benefit programs in higher education. You are eligible to enroll for certain benefits as of your date of hire; other benefits such as medical, dental, and vision are effective on the 1st day of the month following date of hire if you enroll in a timely manner.

Stevens provides you with a wide range of benefit options to help you meet your changing benefit needs, and we are committed to providing you with great products that are among the best available in our market.

This benefits guidebook highlights our many benefit programs and provides you with an easy to read resource for your benefit enrollment.

If you have any questions about your coverage options, please contact Stevens Human Resources at 201-216-5123.

Warren Petty
Vice President for Human Resources
Plan Rules, Dates & Eligibility

PLAN YEAR

The plan year for the Stevens Institute of Technology benefit programs begins on January 1 and ends December 31.

ELIGIBILITY

If you are a full-time employee regularly scheduled to work at least 30 hours per week, you are eligible to enroll in benefits based on the chart below:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Employees</th>
<th>Spouses</th>
<th>Dependent Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical, Dental, Vision and Flexible Spending Accounts</td>
<td>First of the month coincident with or next following your date of hire.</td>
<td>Legal Spouse</td>
<td>Natural, adopted and step children, regardless of full-time student status, tax status, marital status or residence, up to end of the year in which they turn 26.</td>
</tr>
<tr>
<td>Life</td>
<td>Date of Hire.</td>
<td>Not Eligible</td>
<td>Not Eligible</td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>First of the month following 12 months of continuous employment.</td>
<td>Not Eligible</td>
<td>Not Eligible</td>
</tr>
<tr>
<td>Business Travel Accident (for salaried employees only)</td>
<td>Date of Hire.</td>
<td>Not Eligible</td>
<td>Not Eligible</td>
</tr>
</tbody>
</table>

Benefits end at the end of the month in which your employment or benefit eligibility terminates.

CHANGING YOUR BENEFITS

Per Internal Revenue Service (IRS) rules, employees may only enroll in pre-tax benefit plans once per year. As such, your benefit choices for medical/prescription drugs, dental, vision, and life insurance, as well as your contributions for flexible spending accounts are binding. Your elections take effect immediately following the applicable waiting period and cannot be changed until the next annual enrollment period (in fall 2022 for a January 1, 2022 effective date), unless you experience a qualifying life status change.

Below is a list of a few events that would permit you to make a change midyear:

- Marriage
- Birth, adoption or placement for adoption of an eligible child
- Divorce, legal separation or annulment of marriage
- Loss of dependent’s job or change in work status (when coverage is maintained through dependent’s plan)
- Death of dependent
- Loss of dependent status
- Becoming eligible for Medicare or Medicaid during the plan year

For any qualifying life events, you must inform Human Resources within 31 calendar days (60 calendar days for changes related to Medicaid or CHIP eligibility) and provide proof of the event. Benefit changes requested due to a “change of mind” are not permissible until the next annual enrollment period.
### Medical Benefits

#### MEDICAL & PRESCRIPTION DRUG PLAN OPTIONS

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Group Number</th>
<th>Carrier Contact #</th>
<th>Employee Per Paycheck Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna</td>
<td>3343980</td>
<td>(800) 244-6224</td>
<td>Core PPO, Plus PPO, HDHP Plans: Based on plan chosen, coverage level and salary</td>
</tr>
</tbody>
</table>

**Plan Highlights**

- You have a choice of four plans, **Core PPO, Plus PPO, EPO, and a High Deductible Health Plan (HDHP) with an HSA** all of which access Cigna’s **Open Access Plus network**. Claim forms are not required when utilizing network participating providers. Providers who participate in Cigna’s network accept negotiated rates which reduce your claim costs and out of pocket expenses.
- There is no cost for preventive care visits with network participating physicians in all medical plan options.
- You are not required to select a Primary Care Physician (PCP) and referrals are not needed to seek services from a specialist.
- Out of network benefits are available if you enroll in the Core PPO or Plus PPO plans.

**How the Individual Deductible Works**

(Core PPO, Plus PPO and EPO Plans)

All in-network facility charges, including inpatient and outpatient surgery, are subject to the plan’s in-network deductible. Once the deductible is satisfied, the plan will pay a percentage of the negotiated rate, referred to as coinsurance. Office visits, emergency room visits and urgent care visits are not subject to the plan’s deductible.

**How the Family Deductible Works**

(Core PPO, Plus PPO and EPO Plans)

After each family member meets his or her individual deductible, the plan will pay his or her claims (up to the allowable charge, if out-of-network) less any copayment or coinsurance amounts. After the total family deductible has been met, each individual’s claim will be paid by the plan (up to the allowable charge, if out of network) less any copayment and coinsurance amounts. No one family member will ever be charged more than their individual deductible. Every dollar that is applied to any one family member’s individual deductible is also applied to the overall family deductible.

**Prescription Drugs**

The prescription drug plan for all four medical plans is administered through Cigna. For information on quantity limits, step therapy and/or pre-certification requirements prescription drugs, please contact Cigna or visit their website at [www.mycigna.com](http://www.mycigna.com).

**High Deductible Health Plan Only**

Prescription drugs are subject to the plan’s deductible. After your deductible is satisfied, you are responsible to pay 30% of the full discounted cost of your prescription drug medication.

**Mail Order Drug Program**

The mail order program benefits employees who are on maintenance medications for chronic conditions such as diabetes, asthma and high blood pressure (or any medication you take on a regular basis). By ordering prescriptions by mail, you can receive a 3-month supply of prescriptions delivered directly to your home for two times the retail pharmacy copayment (Core PPO, Plus PPO and EPO plans only). You can order prescriptions for mail order online via [www.mycigna.com](http://www.mycigna.com).

**Finding a Provider**

To find a participating provider near you, please call Cigna at the phone number at the top of this page, or visit [www.cigna.com](http://www.cigna.com).
Medical Benefits

HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT

| HSA Bank | (800) 357-6246 | $750 single / $1,500 family | $2,850 single / $5,700 family | $3,600 single / $7,200 family |

How the Plan Works

- Think of the High Deductible Health Plan (HDHP) and the Health Savings Account (HSA) as two separate benefits. The HDHP is the underlying medical plan while the HSA is a tax advantaged bank account.
- To contribute to the HSA, you must be enrolled in the HDHP medical plan.
- You cannot enroll in a non-HDHP if you wish to contribute to the HSA, including coverage through a family member’s health plan, a general purpose Healthcare FSA or Medicare.
- Because the HSA is your personal bank account, it is portable and will stay with you even if you are no longer enrolled in the HDHP.
- Distributions from an HSA are not taxable if used for qualified healthcare expenses.
- If you elect family coverage, you must meet the entire family deductible before any services are covered at the plan’s coinsurance percentage. The entire family deductible can be met by one individual or several family members.
- Distributions can be taken for any reason at age 65 with no penalty but will be subject to ordinary income tax.
- If you have a balance of $2,000 or more, you may invest in mutual funds. Investment gain is tax avoided if used to pay for qualified healthcare expenses.
- HSA funds can be used to pay for COBRA, Medicare and long term care premiums.

High Deductible Health Plan (HDHP)

The High Deductible Health Plan (HDHP) has an annual deductible applicable to all services, except preventive care, before the plan pays 70% of eligible facility and prescription drug charges. Office visits and emergency room visits are subject to a copayment after the deductible is satisfied. If you have family coverage, you must meet the family deductible before benefits are payable.

Health Savings Account (HSA)

An HSA is a bank account administered by HSA Bank. The HSA allows you to save money to pay for current or future healthcare expenses on a tax-free basis. Funds in an HSA can be used to pay for medical expenses incurred while meeting the deductible or coinsurance and to pay for other qualified healthcare expenses not covered by the medical plan such as vision and dental expenses. The HSA can also be used for any tax dependent’s eligible healthcare expenses.

Contributions to the HSA are deducted from your paycheck on a pre-tax basis and will be deposited into your Health Savings Account. For 2021, the maximum contribution (employer PLUS employee funds) to an HSA is $3,600 for an individual / $7,200 for a family. Catch up contributions of $1,000 are permitted if you are age 55 or older.
## Medical/Rx Highlights

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Core Plan</th>
<th>Plus Plan</th>
<th>EPO Plan</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL COVERAGE</strong></td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$500</td>
<td>$1,000</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td>Family</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td>100%</td>
<td>70%</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>100%</td>
<td>70%</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Individual / Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Network Only</td>
<td>$2,000 / $4,000</td>
<td>$4,000 / $8,000</td>
<td>$2,000 / $4,000</td>
<td>$2,500 / $5,000</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>70% no deductible</td>
<td>100%</td>
<td>80% no deductible</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>Primary Care Physician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% after $25 copay</td>
<td>70% after deductible</td>
<td>100% after $20 copay</td>
<td>80% after deductible</td>
<td>100% after $20 copay</td>
</tr>
<tr>
<td>Specialist</td>
<td>100% after $50 copay</td>
<td>70% after deductible</td>
<td>100% after $40 copay</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Lab Services</strong></td>
<td>Diagnostic X-rays and Laboratory Tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>70% after deductible</td>
<td>100%</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Complex Imaging Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>70% after deductible</td>
<td>100%</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% after $100 copay</td>
<td>100% after $100 copay</td>
<td>80% after $100 copay</td>
<td>70% after deductible and $100 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% after deductible</td>
<td>70% after deductible</td>
<td>100%</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td>Inpatient &amp; Outpatient Surgery and Facility Charges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% after deductible</td>
<td>70% after deductible</td>
<td>100%</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>PRESCRIPTION DRUG COVERAGE</strong></td>
<td>GENERIC / PREFERRED BRANDS / NON-PREFERRED BRANDS</td>
<td>ALL TIERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail (30-day supply)</td>
<td>$10 / $25 / $40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Order (90-day supply)</td>
<td>$20 / $50 / $80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td>$10 / $25 / $40</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This chart summarizes the benefits provided under the Cigna benefit plans. For more information, please refer to the formal plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.
Dental Benefits

**DENTAL PLAN**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Group Number</th>
<th>Carrier Contact #</th>
<th>Employee Per Paycheck Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>885886</td>
<td>(877) 238-6200</td>
<td>Based on coverage level</td>
</tr>
</tbody>
</table>

Stevens Institute offered a choice of two dental plans: a PPO and a DMO. These plans offer a wide range of dental benefits, from routine preventive and basic care to major services and orthodontia.

This benefit is 100% employee-paid.

**PPO Plan**

You have the option of seeing any provider within Aetna’s Dental network or you can use a non-network dentist. Claim forms are not required when utilizing in-network providers. Network participating providers accept negotiated rates which reduce your claim costs and out of pocket expenses. If you choose a non-network dentist, the plan will reimburse you a percentage of the allowable charge.

All services except preventive services are subject to the plan’s annual deductible. All benefits paid by Aetna accrue towards the plan’s calendar year maximum. Each family member has their own calendar year maximum.

**DMO Plan**

You are required, as a DMO member, to select a Primary Care Dentist (PCD) from participating dentists in the DMO network. You must use your selected PCD for all dental services or obtain a referral from your PCD to obtain services from a specialist. The amount you pay for services rendered is based on the plan’s benefit fee schedule. Orthodontia coverage is offered for adults and children according to the plan’s fee schedule. Please contact Aetna for more information.

---

**Finding a Provider:**

To find a participating provider near you, please call Aetna at the phone number at the top of this page, or visit [www.aetna.com](http://www.aetna.com).
VISION PLAN

Stevens provides you with an opportunity to enroll in their vision plan administered through Vision Service Plan (VSP). VSP’s network consists of private practice doctors as well as certain retail chain locations.

You have the option of seeing any provider within the VSP network. Claim forms are not required when utilizing in-network providers. If you choose an out-of-network provider, the plan will reimburse you according to the Out-of-Network reimbursement schedule outlined in the below benefits summary.

Visit www.vsp.com and click on the “Benefits & Claims” section to submit a claim. You will have the opportunity to upload receipts or submit them by fax or mail. Submit your itemized receipt(s) along with the out-of-network reimbursement form. VSP will reimburse you the allotted amount based on the out-of-network reimbursement schedule. For more detailed benefits information or to search for a provider, visit www.vsp.com.

This benefit is 100% employee-paid.

### Vision Highlights

<table>
<thead>
<tr>
<th>Frequency of Services*</th>
<th>IN-NETWORK</th>
<th>VSP</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examination</strong></td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>Every 12 months</td>
<td>Every 24 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>Every 24 months</td>
<td>Every 24 months</td>
<td>Every 24 months</td>
</tr>
<tr>
<td><strong>Examination</strong></td>
<td>$10 copay</td>
<td>Up to $45 allowance</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td>$25 copay</td>
<td>Up to $70 allowance</td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>Included in Prescription Glasses</td>
<td>Up to $30 allowance</td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Included in Prescription Glasses</td>
<td>Up to $50 allowance</td>
<td></td>
</tr>
<tr>
<td>Bifocal</td>
<td>Included in Prescription Glasses</td>
<td>Up to $65 allowance</td>
<td></td>
</tr>
<tr>
<td>Trifocal</td>
<td>Included in Prescription Glasses</td>
<td>Up to $150 allowance</td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td>$150 allowance for contacts; copay does not apply</td>
<td>Up to $150 allowance</td>
<td>Up to $105 allowance</td>
</tr>
</tbody>
</table>
Life Insurance Benefits

Life insurance is an important part of your financial security, especially if others depend on you for support. Stevens provides you with basic life coverage at no cost to you. You also have the option of purchasing supplemental life insurance.

**BASIC LIFE INSURANCE**

As an eligible employee, Stevens provides you with company paid basic life insurance in an amount that equals one times (1x) your annual earnings up to a maximum of $50,000.

**SUPPLEMENTAL LIFE INSURANCE**

If you need additional protection beyond the basic life insurance provided to you, you may purchase supplemental life for yourself. If you elect this coverage, you will be responsible for paying 100% of the cost and will have deductions taken from your pay on a post-tax basis. Premiums are based on your age.

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Benefit Maximum</th>
<th>Guaranteed Issue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life/AD&amp;D</td>
<td>1x annual earnings</td>
<td>$50,000</td>
</tr>
<tr>
<td>Supplemental Life</td>
<td>1, 2, 3, 4 or 5x annual earnings (combined with basic amount)</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

*If enrolling when initially eligible for benefits, you are automatically approved up to the guaranteed issue amount without being subject to Evidence of Insurability (EOI). Any employee amount elected over the guaranteed issue amount or outside the initial eligibility period is subject to EOI.
Disability Benefits

The disability benefits, insured by Cigna, help provide financial protection if you become disabled and cannot work. Long-term disability benefits are provided at no cost to you. These disability benefits also work with other sources of coverage to replace a percentage of your earnings. As a result, the disability payments you receive from our plan will be reduced by any benefits you are eligible to receive from social security, workers’ compensation, retirement benefits or any other disability coverage to which you are entitled.

SHORT TERM DISABILITY (STD)

STD insurance is available to employees who regularly work a minimum of 30 hours per week. Employees are eligible on the first day of the month following date of hire.

STD benefit provides 66.67% of your normal salary or wages up to a maximum of $881 per week (or NJ state mandated maximum benefit), after being on leave for 7 days due to own illness or injury.

Sample STD Benefit Calculation

| Gross Weekly Income | $500 |
| Benefit Amount      | 66.67% |
| Weekly STD Benefit  | $333 |

Note: your weekly STD benefit will be reduced by applicable taxes including income and Social Security taxes.

LONG TERM DISABILITY (LTD)

If you are disabled for at least 180 days, you may qualify for Long Term Disability benefits. The plan provides a benefit of 60% of your salary up to a maximum of $8,000 per month. LTD benefits are generally payable up to Normal Social Security Retirement Age; however, if you become disabled at or after age 65, benefits are payable according to an age-based schedule.

Sample LTD Benefit Calculation

| Gross Monthly Income | $2,000 |
| Benefit Amount       | 60%    |
| Monthly LTD Benefit  | $1,200 |

Note: Premium paid by Stevens on your behalf will be included in your gross income and taxed. As a result, any benefits you receive from the LTD plan are not subject to taxes.

When Am I Considered Disabled under the LTD plan?

You are considered disabled and eligible to receive LTD benefits if solely because of an injury or illness, you are unable to perform the material and substantial duties of your own occupation. After 24 months, you are considered disabled when, due to the same injury or illness, you are unable to perform the material and substantial duties of any occupation for which you are reasonably fitted by education, training or experience.
Stevens allows employees to redirect a portion of their pay, through pre-tax payroll deductions, into flexible spending accounts (FSAs). Your FSA benefits are administered by Flexible Benefit Administrators, Inc. The money that goes into your FSA is deducted from your pay before taxes are calculated. There are two types of FSAs available.

**HEALTH CARE FSA**
You may contribute up to $2,750 into a Health Care FSA (or up to the IRS maximum if different than what is noted in this guidebook). This type of FSA allows you to pay for eligible out-of-pocket healthcare expenses on a pre-tax basis. Examples of eligible expenses for you, your spouse and your tax dependent children include:

- Deductibles
- Copays
- Coinsurance
- Dental Care / Orthodontia
- Eye Glasses / Contact Lenses
- Over-the-Counter Medications
- Hearing Exams / Hearing Aids

**DEPENDENT CARE FSA**
You may contribute up to $5,000 ($2,500 if you are married and file your taxes separately) into a Dependent Care FSA. This type of FSA allows you to pay for eligible day care expenses on a pre-tax basis for your child, disabled spouse or elderly parent (whom you claim on your taxes). Examples of eligible expenses include:

- Payments to Day Care Centers
- After-School Care
- Summer Day Camp
- Preschool Costs (up to, but not including, kindergarten)
- Elder Care

**“Use It or Lose It”**

**Healthcare FSA**
If you have a balance in your healthcare FSA at the close of the plan year, your unused balance, up to $550, will be carried forward into the 2021 plan year with no impact to your 2021 elected contribution. Any unused 2020 balance, over $550, will be forfeited.

**Limited Purpose Healthcare FSA**
If you have funds in your healthcare FSA at the close of the plan year and are contributing to an HSA as of the beginning of the following plan year, your unused balance, up to $550, will be rolled into a limited purpose FSA. Any unused balance, over $550, will be forfeited.

**Dependent Care FSA**
Stevens Institute has adopted the 2 ½ month grace period. You can request reimbursement for expenses incurred between January 1, 2020 and March 15, 2021 against your 2020 balance. Unused funds will be forfeited. No rollover is permitted. You have until April 15, 2021 to file a claim.
Stevens realizes the importance of saving towards retirement and has established both a 403(b) plan and a pension plan to assist you in meeting your long-term financial goals.

For more information regarding Stevens retirement plans, investment fund options, fund performance and prospectus information, please visit www.tiaa.org/Stevens.

**403(B) ELIGIBILITY**
All full-time regular employees, except for certain staff positions, are eligible to contribute to the 403(b) plan from their date of hire.

**403(B) EMPLOYEE CONTRIBUTIONS**
Through automatic payroll deductions, you may contribute a percentage of your eligible pay on a pre-tax basis up to the lesser of the annual IRS benefit maximum or 100% of compensation (some restrictions apply for highly compensated employees).

You may invest your contributions and Stevens matching contributions in a variety of investments. Participants age 50 or older may also make additional catch-up contributions, subject to IRS regulations.

Please note that you may stop your contributions to the 403(b) plan at any time. If you wish to change your contribution amount or resume participation, you may do so at any time.

**403(B) EMPLOYER MATCH**
Faculties, Exempt Staff or Campus Police Employees: If you make elective deferrals of at least 5% of your eligible earnings the University will make a matching contribution from 6% to 10% depending on your age as of July 1st.

Union Employees: A University fixed contribution equal to 2% of your eligible earnings will be remitted to TIAA on your behalf. If you choose to make elective deferrals of 1%, a 3% University match will be made. If you elect to defer 4% - 10%, a University match in the amount equal to your deferral will be made (maximum 10%).

Non-Exempt Employees (not Union): A University fixed contribution equal to 2% of your eligible earnings will be remitted to TIAA on your behalf. If you choose to make an elective deferral of 1% or more, a maximum 3% University match will be made.

**SAVINGS EXAMPLE**
If you think you cannot afford to take money out of your paycheck each month for a retirement you can’t even imagine yet, consider this example of pre-tax savings through the 403(b) plan versus post-tax through some other savings method**.

<table>
<thead>
<tr>
<th></th>
<th>Pre-Tax Contribution</th>
<th>After-Tax Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross Pay</strong></td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Minus Pre-Tax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions to</td>
<td>- $500</td>
<td>$0</td>
</tr>
<tr>
<td>403(b) Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Taxable Pay</strong></td>
<td>$3,500</td>
<td>$4,000</td>
</tr>
<tr>
<td>Minus Estimated Tax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withholding from Pay</td>
<td>- $875</td>
<td>- $1,000</td>
</tr>
<tr>
<td>Minus After-Tax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions to</td>
<td>$0</td>
<td>- $500</td>
</tr>
<tr>
<td>Other Savings</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spendable Pay</strong></td>
<td>$2,625</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

**BEFORE-TAX ADVANTAGE**

$125

Any year in which 1,000 hours have been worked is equal to one year of service.

*For illustrative purposes only. This illustration assumes a married participant earning $4,000 per month, who contributes $500 per month to the 403(b) Plan. It also assumes 25% tax withholding.*
**Additional Benefits**

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP provided by Cigna provides confidential and professional assistance at no cost to eligible employees, dependents and/or significant others. Services are available for a wide range of personal matters, such as:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Workplace issues
- Grief and loss
- Substance abuse

The program provides unlimited telephonic counselors and advice, referrals for up to three face to face sessions with a nearby counselor, child and elder care referral services, legal resources and referral service, and financial counseling resources. Call **800-538-3543**, 24 hours a day / 7 days a week or visit [www.cignabehavioral.com/cqi](http://www.cignabehavioral.com/cqi).

### EDUCATIONAL ASSISTANCE FOR CHILDREN OF EMPLOYEES

There are several tuition assistance programs available to full time faculty, staff and dependents:

- **Tuition Remission Program** - provides a benefit to faculty, staff and dependents which waives tuition costs for courses taken at Stevens.
- **Tuition Aid Program** - provides a reimbursement benefit to eligible faculty and staff of up to $6,000 of tuition costs for courses taken at an institution of higher learning or any certificate or training program that is job related.
- **Tuition Exchange Program** - is a scholarship program the dependents of eligible faculty and staff who are accepted and admitted as a first year student at other member institutions.

For full details on our Educational Assistance Programs, please visit our website at: [www.stevens.edu/directory/division-human-resources/benefits](http://www.stevens.edu/directory/division-human-resources/benefits).

### PAID TIME OFF (PTO) BENEFITS – FOR STAFF

Stevens provides eligible staff members with a generous PTO package including the following types of leave:

<table>
<thead>
<tr>
<th>Vacation Leave (available following 6 months of employment)</th>
<th>Non Exempt Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10 days 1–5 years of service</td>
</tr>
<tr>
<td></td>
<td>15 days 5–10 years of service</td>
</tr>
<tr>
<td></td>
<td>20 days 10 or more years of service</td>
</tr>
<tr>
<td>Exempt Staff:</td>
<td>20 days 1–24 years of service</td>
</tr>
<tr>
<td></td>
<td>25 days 25 or more years of service</td>
</tr>
</tbody>
</table>
*Days are pro-rated based on date of hire and accrued on a monthly basis during the fiscal year

<table>
<thead>
<tr>
<th>Sick Leave (available following 30 days of employment)</th>
<th>12 days per calendar year up to a 72 day maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Leave (available following 30 days of employment)</td>
<td>Non Exempt Staff: 3 days per calendar year</td>
</tr>
<tr>
<td></td>
<td>Exempt Staff: 2 days per calendar year</td>
</tr>
<tr>
<td>Holidays</td>
<td>12 holidays per year</td>
</tr>
</tbody>
</table>

### COMMUTER TAX SAVE PROGRAM

**Administered by WageWorks**

- Pre-Tax Commuter/Transit Contribution Maximum – up to $270 per month.
- Pre-Tax Parking (park & ride sites) Contribution Maximum – up to $270 per month.
- Contributions can also be withheld on post tax basis to help pay for commuter expenses in excess of the pre-tax monthly maximum.
- Continuous Enrollment Cycles – enroll by the 10th of the month for effective date of the 1st of the following month.

Log on to [https://www.wageworks.com/mycommute](http://www.wageworks.com/mycommute) or call 1-877-924-3967.
MEDIHCARE PART D

Important Notice from Stevens About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Stevens and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Stevens has determined that the prescription drug coverage offered by Stevens’ plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7; however, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Stevens coverage will be affected. If you do decide to join a Medicare drug plan and drop your current Stevens coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Stevens and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. Starting on the last day of the month in which you were initially eligible to join a Medicare drug plan, if you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Human Resources Director (whose information is provided below) for further information.

NOTE: You’ll receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Stevens changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

• Visit www.medicare.gov
• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Remember

Keep this Creditable Coverage notice. If you decide to enroll in a Medicare Part D drug plan, you may be required to provide a copy of this notice to show whether or not you have maintained creditable coverage. If you cannot prove you maintained creditable coverage prior to enrolling in Medicare Part D, you may be required to pay a penalty.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Name of Sender: Maria S. Ouckama
Address: 1 Castle Point on Hudson
Hoboken, NJ 07030
Phone Number: 201-216-5146
Contacts

BENEFIT ADVOCATE CENTER
Gallagher Benefit Services, Inc. | bac.stevenstech@ajg.com 844-647-6571

MEDICAL / PRESCRIPTION DRUG BENEFITS
Cigna | www.cigna.com 800-244-6224

HEALTH SAVINGS ACCOUNT
HSA Bank | www.hsabank.com (800) 357-6246

DENTAL BENEFITS
Aetna | www.aetna.com 877-238-6200

VISION BENEFITS
VSP | www.vsp.com 800-877-7195

LIFE / AD&D INSURANCE
Cigna | www.cigna.com 800-362-4462

SHORT TERM & LONG TERM DISABILITY
Cigna | www.cigna.com 800-362-4462

FLEXIBLE SPENDING ACCOUNTS
Claims Fax: 757-431-1155

RETIREMENT SAVINGS
TIAA | www.tiaa.org 800.842.2776

EMPLOYEE ASSISTANCE PROGRAM (EAP)
Cigna | http://www.cignabehavioral.com/cgi 800-538-3543

COMMUTER TAX SAVE PROGRAM
WageWorks | www.wageworks.com/mycommute 877-924-3967