2022
Benefits Guidebook
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 201-216-5122 or benefits@stevens.edu.

Warren Petty
Vice President for Human Resources
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</table>
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>Basic Life and Accidental Death &amp; Dismemberment (AD&amp;D), Supplemental Life and Spouse Life</td>
<td>Date of Hire</td>
<td>Legal Spouse</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>NJ Temporary Disability Benefit (NJ TDB) (for NJ work based employees)</td>
<td>As defined by NJ TDB law</td>
<td>Not Eligible</td>
<td>Not Eligible</td>
</tr>
<tr>
<td>Short-Term Disability (STD) (for non-NJ work based employees)</td>
<td>Date of Hire</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>

Medical, dental and vision benefits end at the end of the month in which your employment or benefit eligibility terminates. Coverage for all other benefits ends on your date of termination or the date your eligibility terminates.
CHANGING YOUR BENEFITS

Employees may only enroll in our benefit plans once per year. As such, your benefit choices for medical/prescription drugs, dental, vision, and life insurance, as well as your contributions to 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, 2023 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, CHIP eligibility or a dependent aging off of the plan) 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

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.

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.

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.mycigna.com.

Vendor: Cigna
Group Number: 3343980
Carrier Contact #: (800) 244-6224
Employee Per Paycheck Cost:
Core PPO, Plus PPO, HDHP Plans: Based on plan chosen, coverage level and salary
EPO Plan: Based on coverage level
<table>
<thead>
<tr>
<th>Medical Coverage</th>
<th>Core Plan In-Network</th>
<th>Core Plan Out-of-Network</th>
<th>Plus Plan In-Network</th>
<th>Plus Plan Out-of-Network</th>
<th>EPO Plan In-Network Only</th>
<th>EPO Plan Out-of-Network</th>
<th>HDHP In-Network Only</th>
<th>HDHP Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Single/Family)</td>
<td>$500 / $1,000</td>
<td>$1,000 / $2,000</td>
<td>$250 / $500</td>
<td>$500 / $1,000</td>
<td>$1,000 / $2,000</td>
<td>$1,500 / $3,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Insurance</td>
<td>100%</td>
<td>70%</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
<td>70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Max (Individual/ Family)</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>
<td>$3,500 / $7,000</td>
<td>$3,000 / $6,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>70% no deductible</td>
<td>100%</td>
<td>80% no deductible</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visit Primary Care</td>
<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>
<td>$20 copay after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental/Behavioral Health Physicians</td>
<td>100% after $50 copay</td>
<td>70% after deductible</td>
<td>100% after $40 copay</td>
<td>80% after deductible</td>
<td>100% after $40 copay</td>
<td>$40 copay after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Lab Services</td>
<td>100%</td>
<td>70% after deductible</td>
<td>100%</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic X-rays and Laboratory Tests</td>
<td>100%</td>
<td>70% after deductible</td>
<td>100%</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex Imaging Services</td>
<td>100%</td>
<td>70% after deductible</td>
<td>100%</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>100% after deductible</td>
<td>70% after deductible</td>
<td>100% after deductible</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Services</td>
<td>100% after deductible</td>
<td>70% after deductible</td>
<td>100% after deductible</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prescription Drug Coverage**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Retail (30-day supply)</th>
<th>Mail Order (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Generic: $10 / Preferred Brands: $25 / Non-Preferred Brands: $40</td>
<td>Generic: $20 / Preferred Brands: $50 / Non-Preferred Brands: $80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All tiers: 70% after deductible</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.
Health Savings Account
For High Deductible Health Plan (HDHP) Participants Only

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.

HSA Specifics

• An HSA is a bank account that can only be offered to participants enrolled in the High Deductible Health Plan, as defined by the IRS
• Contributions to the bank account are made with pre-tax dollars and deposited into an interest bearing account
• The maximum annual contribution (employee & employer combined) for 2022 is:
  — $3,650 for single coverage
  — $7,300 for family coverage
  — Employees over the age of 55 may contribute an additional $1,000
• The employee and/or employer can make contributions to the bank account. Stevens' annual contribution is $750 per employee, $1,500 per employee and one or more dependent. The combined employee and Stevens contribution cannot exceed the federal maximum.
• Funds in the account may be invested similar to a 403(b) - requires a $2,000 minimum in your HSA.
• An HSA is portable. All money in the account belongs to the employee.
• Funds may be withdrawn from the account for qualifying healthcare expenses, tax free, including dental and vision, on behalf of employees, spouse’s and tax dependents.
• Funds may be rolled over year to year. You can use it or keep it!
• You cannot be enrolled in a non-HSA qualified medical plan (including a Healthcare FSA, Medicare or a spouse’s or parent’s non-HSA qualified medical plan) and make contributions to an HSA or receive employer HSA contributions.
• Funds can be used to pay for COBRA, Long Term Care and Medicare premiums or withdrawn at age 65 without penalty (subject to ordinary income tax).
• Non-qualified withdrawals are subject to ordinary income tax and a 20% penalty.
High Deductible Health Plan Specifics

- The in-network deductible is:
  - $1,500 for single coverage
  - $3,000 for family coverage
- All family members contribute towards the family deductible. An individual cannot have claims covered under the plan's coinsurance until the total family deductible has been satisfied.
- The in-network out-of-pocket maximum is:
  - $3,000 for single coverage
  - $6,000 for family coverage
- Preventive care is covered in full (not subject to a deductible).
- Preventive care examples:
  - Annual physical including immunizations and diagnostic test;
  - Routine women’s preventive care including prenatal care; Well-child care;
  - A range of age-based preventive screenings.
- Prescriptions drugs are subject to the deductible.

(Minimum deductibles, maximum out-of-pocket limits and maximum contributions to the HSA are indexed annually by the federal government.)

Using the HSA and High Deductible Health Plan

You can use the money in your HSA to pay the medical plan deductible and coinsurance.

- Present your medical ID card. You should not pay your provider at time of service (except pharmacy).
- You and your provider will receive an explanation of benefits (EOB) detailing your payment obligation.
- The provider will send you an invoice based on the payment obligation detailed in the EOB.
- Once the deductible has been met, the HDHP will cover in-network services at 70%.
- Prescription drug coverage is subject to the plan’s deductible before coinsurance applies.
- The money in your HSA can be used for qualified medical expenses listed in IRC section 213(d) on the IRS website, similar to Healthcare FSA eligible expenses, including over-the-counter drugs.

HSA Vendor: HSA Bank
Member Services: (800) 357-6246
Stevens Annual HSA Contribution: $750 single / $1,500 family
Employee Maximum HSA Contribution: $2,900 single / $5,800 family
Maximum Total Annual HSA Contribution: $3,650 single / $7,300 family
Mental Health & Emotional Wellbeing

Available to employees and dependents enrolled in the Cigna medical plan. Visit www.mycigna.com to take advantage of these resources.

There are many options available for members to address mental health and emotional well-being. The following resources range from self-help tools to programs that treat more complicated mental health conditions:

**iPrevail**
Provides on-demand coaching, personalized learning and caregiver support. Complete an assessment, receive a program tailored to your needs and get connected to a peer coach.

**Happify**
A self-directed program with activities, science-based games and guided mediations, designed to help reduce anxiety, stress and boost overall health.

**Ginger**
Offers confidential mental healthcare through behavioral health coaching via text-based chats, self-guided learning activities and content, and, if needed, video-based therapy and psychiatry. Support is available 24/7/365, for a variety of mental health challenges you may be struggling with—all from the privacy of your smartphone.

**Talkspace™**
TalkspaceTM is a digital platform that offers an effective alternative to face-to-face therapy with thousands of licensed behavioral health clinicians, giving individuals greater flexibility to engage with their care and improve their overall health. Members looking to use Talkspace should register at talkspace.com/connect. BH benefits will cover Talkspace use as an outpatient therapy, and copays or coinsurance will apply.

**MDLive**
Behavioral health virtual care provided by licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- Addictions
- Bipolar disorders
- Child/Adolescent issues
- Depression
- Eating disorders
- Grief/Loss
- Life changes
- Men’s issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women’s issues

CIGNA TOTAL BEHAVIORIAL HEALTH GUIDE

Learn more at: cignabehavioralprograms.com/CTBH/
Life Assistance Program (LAP)

Available to all employees and their families.

The LAP, administered by New York Life, is a confidential assistance program designed to help you with the life issues and situations where professional guidance may be desired. Three face-to-face sessions for short term problem resolution are available. Clinicians are available telephonically 24 hours a day, 7 days a week. The EAP can help you with such issues as:

- Reducing stress
- Overcoming an addiction
- Stopping violence
- Learning to relax
- Marital and family conflicts
- Workplace issues
- Grief and loss

FOR MORE INFORMATION
800-538-3543
www.nylgbs-lap.com
Dental Plan

Stevens offers 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.

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

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.

### Dental Highlights

<table>
<thead>
<tr>
<th></th>
<th>PPO Plan</th>
<th>DMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Endodontic Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontic Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>Dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Vision Benefits

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](http://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](http://www.vsp.com).

This benefit is 100% employee-paid.

Finding a Provider:

To find a participating VSP vision provider near you, please call VSP at 800-877-7195 or visit [www.vsp.com](http://www.vsp.com).

<table>
<thead>
<tr>
<th>Frequency of Services*</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Lenses</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>Every 24 months</td>
<td>Every 24 months</td>
</tr>
<tr>
<td>Examination</td>
<td>$10 copay</td>
<td>Up to $45 allowance</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td>$25 copay</td>
<td>Up to $70 allowance</td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single vision</td>
<td></td>
<td>Up to $30 allowance</td>
</tr>
<tr>
<td>Bifocal vision</td>
<td>Included in Prescription Glasses</td>
<td>Up to $50 allowance</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Included in Prescription Glasses</td>
<td>Up to $65 allowance</td>
</tr>
<tr>
<td>Frames</td>
<td>Included in Prescription Glasses</td>
<td>Up to $150 allowance</td>
</tr>
<tr>
<td>Contacts Lenses</td>
<td>Up to $150 allowance</td>
<td>Up to $105 allowance</td>
</tr>
</tbody>
</table>

2022 Benefits Guide
Life & Accidental Death & Dismemberment (AD&D) Benefits

Life and AD&D benefits are an important part of your financial security, especially if others depend on you for support. Stevens provides you with basic life and AD&D, at no cost to you, insured by New York Life. You also have the option of purchasing supplemental life insurance.

**BASIC LIFE & AD&D**

As an eligible employee, Stevens provides you with company paid basic life and AD&D insurance in an amount that equals one time (1x) your annual earnings up to a maximum of $150,000. Under current IRS provisions, imputed income applies to the value of employer-provided life insurance coverage greater than $50,000. Imputed income is the IRS term for the value of any benefit or service that should be considered income for the purposes of calculating federal taxes. If this applies to you, you will see a line item on your paycheck.

**SUPPLEMENTAL LIFE**

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.

**SPOUSE LIFE INSURANCE**

If you purchase supplemental life for yourself, you can purchase life insurance for your spouse in increments of $5,000 up to a maximum of $250,000 (cannot exceed 50% of your supplemental life benefit).

<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>$150,000</td>
</tr>
<tr>
<td>Supplemental Life</td>
<td>1, 2, 3, 4 or 5x annual earnings</td>
<td>$1,000,000 (combined with basic amount)</td>
</tr>
<tr>
<td>Spouse Life</td>
<td>Increments of $5,000</td>
<td>$250,000 (cannot exceed 50% of employee’s voluntary life benefit)</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 New York Life, 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 is available to employees who regularly work a minimum of 30 hours per week.

STD benefit provides 66.67% of your normal salary or wages up to a maximum of $993 per week (or NJ state mandated maximum benefit), after being on leave for 7 days due to your own non-work related illness or injury.

**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 STD Benefit Calculation

<table>
<thead>
<tr>
<th>Gross Weekly Income</th>
<th>$500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount</td>
<td>66.67%</td>
</tr>
<tr>
<td>Weekly STD Benefit</td>
<td>$333</td>
</tr>
</tbody>
</table>

### Monthly LTD Benefit

<table>
<thead>
<tr>
<th>Gross Monthly Income</th>
<th>$2,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount</td>
<td>60%</td>
</tr>
<tr>
<td>Monthly LTD Benefit</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

**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.
Flexible Spending Accounts

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.

HEALTHCARE FSA
You may contribute up to $2,850 into a Health Care FSA (or up to the IRS maximum if different than what is noted in this benefits guide). 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

HSAs and LIMITED HEALTHCARE FSAs
If you (and/or Stevens) are contributing to an HSA and you are interested in contributing to a healthcare FSA, you can only elect to contribute on a “limited” basis. A “limited” healthcare FSA is used to reimburse out of pocket dental and vision expenses. Only the portion of the qualified dental and/or vision expense that is not covered by any other coverage can be reimbursed through a Limited FSA.

If you have a balance in your Healthcare FSA or Limited Purpose Healthcare FSA at the close of the 2022 plan year, your unused balance, up to $570, will be carried forward into the 2023 plan year with no impact to your 2023 elected contribution. Any unused 2022 balance, over $570, will be forfeited.

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

Stevens has adopted the 2 1/2 month grace period. You can request reimbursement for expenses incurred between January 1, 2022 and March 15, 2023, against your 2022 balance. Unused funds will be forfeited.

You have until April 30, 2023 to file a claim.

On December 27th, 2020 H.R. 133 - Consolidated Appropriations Act (CAA) was passed to allow temporary changes to Section 125 cafeteria plans to assist with the response to the COVID-19 outbreak. Stevens’ plan has been amended to allow carryover of unused Healthcare, Limited Purpose Healthcare and Dependent Care FSA 2021 balances into the 2022 plan year. Carryover amounts are in addition to any 2022 elections.
Retirement Savings Plans

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

Faculty, 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% - 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>Gross Pay</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Minus Pre-Tax Contributions to 403(b) Plan</td>
<td>- $500</td>
<td>$0</td>
</tr>
<tr>
<td>Taxable Pay</td>
<td>$3,500</td>
<td>$4,000</td>
</tr>
<tr>
<td>Minus Estimated Tax Withholding from Pay</td>
<td>- $875</td>
<td>- $1,000</td>
</tr>
<tr>
<td>Minus After-Tax Contributions to Other Savings</td>
<td>$0</td>
<td>- $500</td>
</tr>
<tr>
<td>Spendable Pay</td>
<td>$2,625</td>
<td>$2,500</td>
</tr>
<tr>
<td>BEFORE-TAX ADVANTAGE</td>
<td>$125</td>
<td>$0</td>
</tr>
</tbody>
</table>
Additional Benefits

PAID TIME OFF (PTO) BENEFITS – FOR STAFF

Stevens provides eligible staff members with a generous PTO package including the following types of leave (prorated base on hire date):

Vacation Leave (available following 6 months of employment):

- **Non Exempt Staff:**
  - 10 days 1–5 years of service
  - 15 days 5–10 years of service
  - 20 days 10 or more years of service
- **Exempt Staff:**
  - 20 days 1–24 years of service
  - 25 days 25 or more years of service

Sick Leave: 12 days per calendar year up to a 72 day maximum

Personal Leave (available following 30 days of employment):

- Non Exempt Staff: 3 days per calendar year
- Exempt Staff: 2 days per calendar year

Holidays: 12 holidays per year
EDUCATIONAL ASSISTANCE FOR CHILDREN OF EMPLOYEES

There are several tuition assistance programs available to full time faculty, staff and dependents after one year of service.

- 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)

COMMUTER TAX SAVE PROGRAM

Administered by WageWorks

- Pre-Tax Commuter/Transit Contribution Maximum – up to $280 per month (or up to the IRS monthly maximums if they differ from what is noted).
- Pre-Tax Parking (park & ride sites) Contribution Maximum – up to $280 per month (or up to the IRS monthly maximums if they differ from what is noted).
- 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](https://www.wageworks.com/mycommute) or call 1-877-924-3967.
MEDICARE 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.

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).

Date: October 15, 2021

Name of Sender: Maria S. Ouckama

Address: 1 Castle Point on Hudson, Hoboken, NJ 07030

Phone Number: 201-216-5146
# Contacts

<table>
<thead>
<tr>
<th>Benefit Advocate Center</th>
<th>Gallagher Benefit Services, Inc.</th>
<th><a href="mailto:bac.stevenstech@ajg.com">bac.stevenstech@ajg.com</a></th>
<th>844-647-6571</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical / Prescription Drug Benefits</td>
<td>Cigna</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
<td>800-244-6224</td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>HSA Bank</td>
<td><a href="http://www.hsabank.com">www.hsabank.com</a></td>
<td>800-357-6246</td>
</tr>
<tr>
<td>Dental Benefits</td>
<td>Aetna</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>877-238-6200</td>
</tr>
<tr>
<td>Vision Benefits</td>
<td>VSP</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
<td>800-877-7195</td>
</tr>
<tr>
<td>Life / AD&amp;D Insurance</td>
<td>New York Life</td>
<td><a href="http://www.newyorklife.com">www.newyorklife.com</a></td>
<td>888-842-4462</td>
</tr>
<tr>
<td>Short Term &amp; Long Term Disability</td>
<td>New York Life</td>
<td><a href="http://www.newyorklife.com">www.newyorklife.com</a></td>
<td>888-842-4462</td>
</tr>
<tr>
<td>Retirement Savings</td>
<td>TIAA</td>
<td><a href="http://www.tiaa.org">www.tiaa.org</a></td>
<td>800-842-2776</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>NYLIFE Life Assistance Program</td>
<td><a href="http://www.nylgbs-lap.com">www.nylgbs-lap.com</a></td>
<td>800-538-3543</td>
</tr>
<tr>
<td>Commuter Tax Save Program</td>
<td>WageWorks</td>
<td><a href="http://www.wageworks.com/mycommute">www.wageworks.com/mycommute</a></td>
<td>877-924-3967</td>
</tr>
</tbody>
</table>
ABOUT THIS GUIDEBOOK

This document is an outline of the coverage proposed by the carrier(s), based on information provided by Stevens Institute of Technology. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy documents for your reference will be made available upon request. Every effort has been made to ensure the accuracy of this document. In the event of a discrepancy, your actual coverage will be determined by the legal plan documents that govern this plan.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by the Stevens Institute of Technology Human Resources Department.
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