

2023 Open Enrollment Frequently Asked Questions (FAQ)

1. Who provides Stevens medical and prescription plans?

Cigna is the Stevens healthcare carrier for our medical and prescription plans. Stevens offers four plans: Plus, Core, EPO, and HDHP/H.S.A. All plans access Cigna's National Open Access Plus network of providers and facilities.

2. How do I know if my doctor is in-network?

The Cigna Open Access Plus Network is a broad national network. To see if your doctor or facility is part of the **Cigna Open Access Plus Network**, please visit this site: [Cigna Healthcare Provider Search](#)

Once on the site, follow these steps:

- Click on **Employer or School**
- Enter the address or zip code of your healthcare provider
- Select the search option of your choice
- Enter the name of your doctor or facility
- Find your doctor or facility in the drop-down list
 - You may be asked to enter login credentials. Please do so if you have an account, otherwise continue as a "Guest".
- As you review your doctor or facility information, scroll down the page, and look for the following network:

HMO

- Cigna Healthcare of New Jersey - Northern NJ HMO

Network, Network POS

- Seamless - Metro New York

OAP

- Open Access Plus, OA Plus, ChoiceFund OA Plus with CareLink
- Open Access Plus, OA Plus, ChoiceFund OA Plus

PPO

- PPO, Choice Fund PPO

3. How can I find out if my prescription is covered by Cigna?

Cigna’s prescription drug plan is administered by Express Scripts. You should review the **Cigna Standard 3 Tier prescription drug list** to confirm which tier your medication falls under as this will determine your prescription co-pay.

To review the Cigna Standard 3 Tier prescription drug list, please visit this site:

[Cigna Prescription Drug List Search](#)

Once on the site, please follow these steps:

- Click on **Cigna’s Drug List for Plans offered by Employers**
- Scroll down the webpage to **Select a Drug List**
- Select **Standard 3 Tier** from the drop-down list
- Under prescription drug name, enter the name of your medication
- Once you find your medication, please refer to the Tier to determine the co-pay (Tier 1/ \$10, Tier 2/\$25, Tier 3/\$40). Refer to the screenshot below for an example.
 - * Please review the Notes section for any special information for that medication, i.e. QL = quantity limits, PA = “prior authorization”

Here are your results for the search term nexium found in Standard 3 Tier

Drug Name	Strength	Dosage Form	Class / Type	Tier	Notes
NEXIUM <i>(Multiple Variations Listed)</i>	2.5 mg	SUSP FOR RECON, DELAYED REL. IN A PACKET	PROTON-PUMP INHIBITORS	2 - Preferred Brand	QL
	10 mg	SUSP FOR RECON, DELAYED REL. IN A PACKET			NC, QL
	40 mg	SUSP FOR RECON, DELAYED REL. IN A PACKET			NC, QL
	20 mg	SUSP FOR RECON, DELAYED REL. IN A PACKET			NC, QL
	40 mg	CAPSULE, DELAYED RELEASE (ENTERIC COATED)			NC, QL
	5 mg	SUSP FOR RECON, DELAYED REL. IN A PACKET		2 - Preferred Brand	QL
	20 mg	CAPSULE, DELAYED RELEASE (ENTERIC COATED)			NC, QL
NEXIUM I.V.	40 mg	VIAL (EA)	PROTON-PUMP INHIBITORS		EX

Notes and Acronym Definitions

This list of definitions applies to the acronyms found in the "Notes" column in the Results section above.

EX	Drug Not Covered: This drug is not covered on your plan. Please contact your physician for assistance or alternatives.
NC	Not Covered: This drug is not covered on your plan. Please contact your physician for assistance or alternatives. Your prescription drug plan requires approval by Cigna to have this drug covered.
QL	Quantity Limit: Maximum amount (number of pills) that will be approved at one time.

4. I cannot find my doctor or facility. Are they out-of-network? What does that mean?

If your healthcare providers are not in the Cigna Open Access Plus network, services associated with these providers will be treated as out-of-network claims. The Plus plan will cover 80% of the eligible cost of services and the Core plan will cover 70% of the eligible cost of services. The EPO and HDHP/HSA plans do not have out-of-network coverage benefits.

5. What is the Cigna Healthy Awards Program?

Cigna's Healthy Awards Program rewards our employees who take active steps to ensure their health and wellness. Healthy awards can be applied toward out-of-pocket medical and vision expenses. Healthy awards will be applied at the time of service at the pharmacy. For all other services, members will receive a check in the mail. You can find more information on Cigna's Healthy Awards Programs on [Cigna's Website](#).

Cigna provides monetary incentives for completion of the following:

Program/Activity	Deadline to Complete	Award	Eligible Members
Biometric Screening	4/30/2023	\$100	Employees only
Health Risk Assessment	4/30/2023	\$100	Employees and Spouses
Omada Diabetes Prevention Program	12/31/2023	\$250	Employees and Spouses
Healthy Pregnancy Program	1 st Trimester 2 nd Trimester	\$150 \$75	Employees and Spouses
Lifestyle Management Program (smoking cessation, stress, and weight management)	12/31/2023	\$100	Employees and Spouses
Cigna Centers of Excellence (for orthopedic or heart surgeries)	12/31/2023	\$300	Employees and Spouses

6. Does Stevens offer dental plans?

Yes, Stevens offers two types of dental plans through Aetna, DMO and PPO.

One plan has a narrow network of dentists and is called the DMO plan. The other plan is the PPO plan which has a broader in-network list of dentists and has out-of-network coverage.

7. What are the employee contribution costs for the medical plans?

There is an increase in employee premiums for 2023. Please click on this link to review the employee contribution amounts: [2023 Employee Premiums](#)

8. I have a flexible spending account (FSA) balance. What happens to my unused funds at the end of the year?

Healthcare FSA

If you have a balance in your healthcare FSA at the close of the plan year, your unused balance, up to \$570, will be carried forward into the 2023 plan year with no impact on your 2023 elected contribution. Any unused 2022 balance, over \$570, 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 \$570, will be rolled into a limited-purpose FSA. Any unused balance, over \$570, 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, 2022, and March 15, 2023, against your 2023 balance. Unused funds will be forfeited. No rollover is permitted.

You have until April 15, 2023, to file a claim.

9. I would like to learn about my benefits. Will there be a benefits fair this year?

The Division of Human Resources will host open enrollment education sessions throughout the open enrollment period. These virtual sessions are available not only to faculty and staff but also to their family members. Please visit the Stevens Open Enrollment website to view the education sessions available.

10. I have more questions. Who can I speak to?

You have several resources that can provide support during the 2023 Open Enrollment Period. Please see the list below.

For questions about your 2023 benefits, including the medical plan options, dental and vision plans, or flexible spending accounts, please contact:

Gallagher Benefit Advocate Center (BAC)

Phone: 1-844-647-6571

Email: bac.stevenstech@ajg.com

For questions about open enrollment in Workday or general benefit questions, please contact:

Stevens Open Enrollment Team

Email: openenrollment@stevens.edu