AMERICAN UNIVERSITY
WASHINGTON, DC

Support for **Every Step**

2027 Benefits and Enrollment Guide

Full-Time Staff and Faculty



AMERICAN UNIVERSITY
WASHINGTON, DC

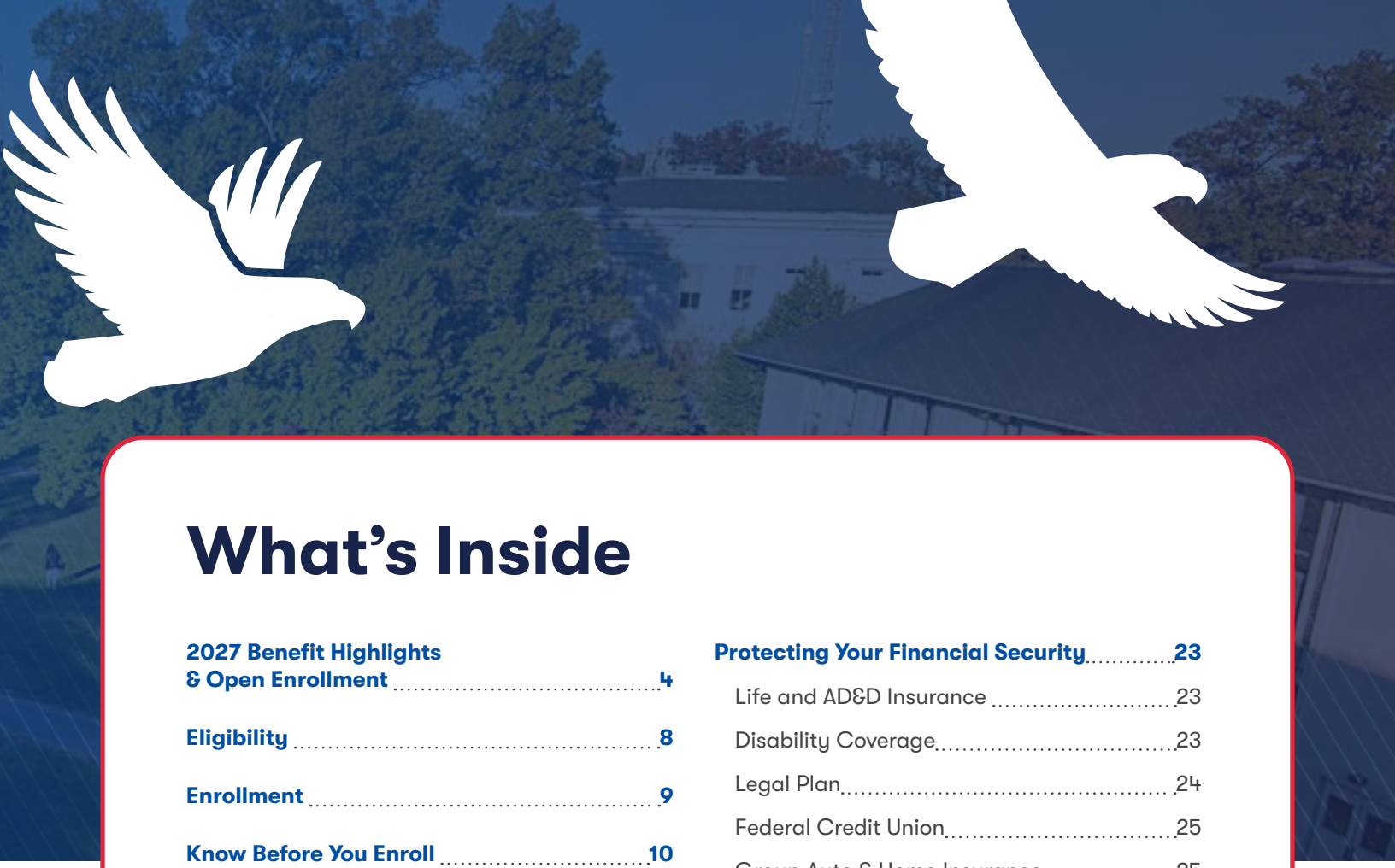
Welcome to your 2027 Benefits Guide

At American University, we work hard to provide great benefits with access to top quality care, and plans that fit the needs of your family and lifestyle.

Our philosophy is simple: we're in this together, providing the best care we can, and building toward stability.

We're always thinking about how to keep our benefits competitive and here for the long haul. We do that by offering a variety of plan designs which provide choices so you can determine what is best for you and your family. This year we have an increased focus on communication and education to help you get the care you need and pay for it in a way that works for you.

Every change we make serves one goal: protecting the value of what you and your family rely on. And no one has to figure it out alone. We'll explain what's changing, show you your options, and give you the resources to help you choose with confidence.



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American University makes every effort to ensure the accuracy of the information in this guide. However, if there are discrepancies between the guide and the legal documents governing a plan or program (the "plan documents"), the plan documents will always govern. American University reserves the right to amend or terminate any benefit plan at its sole discretion at any time, for any reason.

2027 Benefit Highlights & Open Enrollment

Enroll in your 2027 benefits from November 2 – 13, 2026

Understand

Informed choices are better choices. Get to know how your plans work and what resources are available to you.

Engage

Benefits are personal. The more you participate in the programs, tools, and education sessions designed to help you, the better they'll fit the life you're living.

Optimize

Use your benefits fully and intentionally throughout the year. Make sure you're getting every bit of value they offer.

What's Changing for 2027

New plan names

The Premier Plan is becoming the CareFirst PPO, and the CareFirst Savings Bundle is becoming the CareFirst HDHP.

Increasing premiums for medical and dental

Healthcare costs have increased in line with claims, resulting in higher overall plan expenses. To help offset these increases, AU continues to fund the majority of plan costs and structures employee contributions so that those with lower incomes receive greater financial support.

CareFirst HDHP

The **in-network out-of-pocket maximum (OPM) is decreasing**, giving you more protection against high-cost out of pocket expenses. We are also **adding an embedded deductible and OPM**. This means that one family with higher healthcare costs can begin receiving plan benefits sooner and before the full family deductible has been met. For the HDHP plan, the embedded deductible for individual members of a family is $3,500 as required by the IRS. This is different from the deductible for EE Only coverage.

CareFirst PPO plan

The deductible and out-of-pocket maximum are increasing. Copays for emergency room services and specialty prescriptions are increasing.

Kaiser HMO

The **out-of-pocket maximum is decreasing**, while copays for primary care, outpatient surgery, ER, hospitalization, and prescriptions are increasing modestly.

Unbundling VOYA Hospital Indemnity

AU will no longer pay for the basic Hospital Indemnity plan and will not subsidize the enhanced plan for members of the CareFirst HDHP (formerly the CareFirst Savings Bundle). If you were enrolled in Hospital Indemnity coverage through the CareFirst Savings Bundle in 2026, and want coverage for 2027, you must actively enroll and rates will be 100% employee paid.

AU funding for the HSA

AU will continue to contribute to Health Savings Accounts (HSA). If you are employed on Jan. 1, you will receive the whole AU contribution amount upfront. If you join after January 1, you will receive a prorated amount.

Contribution limits for Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA)

Employee HSA contribution limits are increasing, so you are able to put aside more. As of the time of publication, the IRS has not yet announced 2027 FSA contribution limits. For 2027, we will continue to use the 2026 limit of $3,400 for FSAs.

Spouse and Domestic Partner Surcharge

If your spouse/domestic partner is eligible for medical plan coverage through their own employer sponsored medical plan or is retired and has access to a health plan through their previous employer or retirement plan, and you choose to enroll them in an AU medical plan, a surcharge of **$125 per month will apply.**

The domestic partner and **spousal surcharge will be waived if:**

- You and your spouse or domestic partner both work at American University
- You do not enroll your spouse/domestic partner in the American University medical plan
- Your spouse/domestic partner is not employed, or if employed, is not eligible for benefits through their employment.
- Your spouse/domestic partner is eligible for and/or enrolled in Medicare/Medicaid and not offered a supplement through a retiree health plan

Required Attestation During Enrollment
If you enroll your spouse/domestic partner in a 2027 AU medical plan, in addition to the monthly surcharge, you will also be required to complete, at the time of enrollment, the Spouse and Domestic Partner Surcharge Attestation. Each year you will be required to certify that:

- The information you provide in support of a spouse/domestic partner enrollment in your AU medical plan is true, complete, and accurate to the best of your knowledge.
- You understand that eligibility for medical benefits is governed by the terms of the applicable benefit plans and American University policies.

When you certify, you acknowledge that any false, misleading, incomplete, or fraudulent statement or representation regarding your eligibility or the eligibility of your spouse/domestic partner for coverage may result in corrective action by the University up to and including termination of employment, in addition to any other remedies available under applicable law, plan documents, or University policies.



How to Get Ready for Open Enrollment

- ◯ **Read and study** all materials in advance including your 2027 Benefit Guide
- ◯ **Attend the benefits fair on November 4**
- ◯ **Attend an in-person benefits session** (registration through Workday)
- ◯ **Think about any life changes** in the upcoming year and if your current benefit choices still fit your lifestyle, goals, and budget
- ◯ **Review your spouse/domestic partner's medical plan** and decide what's best for your family's needs in consideration of the $125 monthly surcharge
- ◯ **Create a list of questions to ask** at our drop in booth or submitted to hrpayrollhelp@american.edu
- ◯ **Consider making FSA/HSA elections,** if applicable
- ◯ **Gather dependent information:** Name, date of birth, sex assigned at birth, and SSN
- ◯ **Gather all beneficiary information:** Name, date of birth, SSN, and current address
- ◯ **Complete the spouse/domestic partner surcharge attestation**

Submit enrollment in Workday by November 13, 2026!

Who MUST Take Action

You must complete the spouse/domestic partner and surcharge attestation if: you are enrolled or enrolling in EE + Spouse or EE + Family coverage. If you do not complete the attestation, you will automatically be charged the $125 spouse/domestic partner monthly surcharge.

You must actively re-enroll if:

- **You choose the CareFirst HDHP and want to use the Health Savings Account (HSA),** you must select how much money you want to set aside.
- You choose the **CareFirst PPO or Kaiser plan and would like to have a Health Care Flexible Spending Account (HCFSA).**
- You would like to have a **Dependent Care Flexible Spending Account (DCFSA).**
- **You are planning to retire in 2027 and want to be eligible for the Benefits Extension Plan (BEP) retiree benefits.** If you are not enrolled in an AU medical, dental, or vision plan in 2027 you will not be eligible.
- **You were previously enrolled in both the CareFirst HDHP and Hospital indemnity coverage.** For 2027, AU will no longer pay for the basic Hospital Indemnity plan and will not subsidize the enhanced plan. If you want Hospital Indemnity coverage in 2027 you must actively enroll and it will be 100% employee paid.
- Y**ou are enrolled or enrolling in EE + Spouse or EE + Family Coverage,** you must complete enrollment and the surcharge attestation.

If you want to change or update your beneficiaries, this is a good time to do it.

Terms to Know

Premium
The amount you pay from your paycheck each pay period to have benefits coverage.

Annual Deductible
The amount you pay out-of-pocket for covered services before your plan starts to share costs. On your medical plan, some services like preventive care, may be covered before you meet the deductible.

Out-of-Pocket Maximum (OPM)
The OPM is the most you will pay out-of-pocket for covered services during the plan year. Once you reach this amount, your medical plan will pay 100% of covered services for the rest of the plan year.

Embedded Deductible
With an embedded deductible, one family member can begin paying coinsurance by meeting the plan's individual deductible before the entire family deductible is reached.

Embedded Out-of-Pocket Max (OPM)
With an embedded OPM, one family member who may have higher healthcare costs can meet the individual OPM for the plan and be covered at 100% even though the full family OPM has not yet been met.

In- and Out-of-Network
In-network providers have contracted with your plan and typically cost less. Out-of-network providers have not contracted with your plan, so care may cost more or may not be covered except in certain situations.

Copayment (copay)
A fixed dollar amount you pay for a covered service, such as a doctor's office visit or prescription.

Coinsurance
The percentage of the cost of care you pay out-of-pocket for covered services after you meet your deductible. Your plan covers the remaining amount.

Health Savings Account (HSA)
A tax-advantaged savings account available to individuals enrolled in a qualified High Deductible Health Plan (HDHP). An HSA allows you to contribute pre-tax dollars, which can be used for eligible healthcare expenses or invested for future medical and retirement needs.

Flexible Spending Account (FSA)
A tax-advantaged account that allows you to set aside pre-tax money from your paycheck to pay for eligible expenses during that plan year. There are multiple types of FSA.

Allowed Amount / Allowed Benefit
The maximum amount your plan will recognize or pay toward a covered service. If a provider charges more than the allowed amount, you may be responsible for the difference.

Coverage Tiers
This is the level of coverage you have based on who you choose to enroll. Your premiums are based on this tier. Individual coverage covers the employee only. Family coverage typically refers to employee + spouse/domestic partner, employee + children, and employee + family coverage tiers.

Statement of Health
Also known as Evidence of Insurability (EOI), this is a health questionnaire used by an insurance company to review and approve certain insurance enrollments or increases in coverage.

Beneficiary
Your primary beneficiary is the person, organization, trust, or entity you choose to receive a benefit upon your death. A contingent beneficiary receives the benefit if your primary beneficiary is deceased.



Eligibility

You are eligible for the benefits in this guide if you are:

- An American University full-time faculty member (you currently have a contract as a full-time faculty member and are receiving remuneration, or you have a contract as a nine-month faculty member, are receiving remuneration, and have been appointed for the upcoming fall semester).
- An American University full-time staff member (your position is classified as full-time and you are scheduled for at least 28 hours per week).

Eligible dependents

You may enroll your eligible dependents for medical, dental, vision, legal, optional life and accidental insurance coverage.

Eligible dependent	Eligibility details
Spouse	Eligible dependent
Domestic partner	Domestic partners and their children may be added to the plan as long as you meet eligibility requirements and have a valid Affidavit of Domestic Partnership on file in the Office of Human Resources.
Children under age 26	Includes your children, stepchildren, legally adopted children, children placed with you for adoption, and children for whom you have been appointed legal guardian. Dependent children are eligible to stay on your plan until the end of the year they turn 26.
Disabled children of any age	Children who are incapable of supporting themselves due to a mental or physical disability, provided that the disability occurred before the child reached age 26.

Enrollment

When You Can Enroll

You can only enroll in benefits during an enrollment window. There are three types of enrollment window:

As a New Hire

New hires must complete benefits enrollment in Workday within 30 days of your start date.

Coverage begins on the first of the month after your hire date for medical, dental and vision benefits, flexible spending accounts, and the legal plan. If your hire date is on the first of the month, your benefits will start that day.

During Open Enrollment

Each year in the fall, you have the opportunity to review, change, or update your benefit elections for the next year in Workday. Coverage is effective January 1 - December 31, 2027.

After a Qualifying Event

Outside of open enrollment, you can only modify your benefits if you experience a qualifying event or an event covered by HIPAA special enrollment.

Qualifying events include:

- Marriage, divorce, or legal separation
- Death of a spouse or dependent
- Birth, adoption, or gaining legal custody of a new dependent
- A change in a dependent's eligibility status (e.g., exceeding lifetime limits under another employer's plan)
- A change in your or your spouse's employment status
- A change in residence (only pertinent if the move causes you to reside outside of your medical plan's network service area)

HIPAA special enrollment notice

If you initially decline enrollment for your dependents because they have other health insurance coverage, you may be able to enroll your dependents in AU's plan during the year under HIPAA's special enrollment rights.

There are two types of special enrollment.

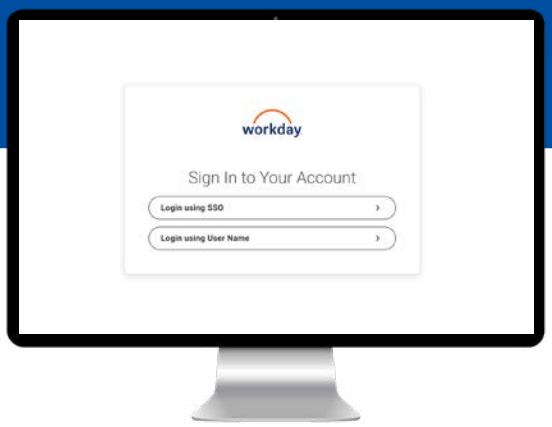
1. Loss of eligibility for other coverage: you initially declined coverage for your dependents due to other health coverage and then your dependents lose eligibility or lose employer contributions; or
2. Qualifying life event: you have a new dependent as a result of marriage, birth, adoption, or placement for adoption.

Supporting documentation

If you have a qualifying event or HIPAA special enrollment and wish to change your benefits, you must submit supporting dated documentation and make your changes in Workday within 30 days of the event. The benefit change must be consistent with the event.

How to Enroll

1. Log into workday.american.edu
2. Find the Change Benefit for Open Enrollment task in your inbox
3. Review your current elections
4. Update your medical, dental, vision, FSA, or other benefit choices
5. Complete the AU Spouse and Domestic Partner attestation if applicable
6. Confirm that your dependents and beneficiaries are up to date
7. Submit your elections by the deadline



Know Before You Enroll

Benefit Availability

Some benefits can only be enrolled in or changed during specific enrollment windows as a new hire, during open enrollment, or after a qualifying life event. Others are available all year.

Available only during an enrollment window	Available outside of an enrollment window
• Medical & prescription coverage • Dental coverage • Vision coverage • Health Care Flexible Spending Account (HFSA) • Dependent Care Flexible Spending Account (DCFSA) • Initial enrollment in a Health Savings Account (HSA) • Optional life insurance • Dependent life insurance • Optional AD&D insurance (without EOI) • Accident insurance • Critical illness insurance • Hospital indemnity insurance • Legal plan	• Making changes to a current Health Savings Account (HSA) • Tuition remission • Education benefits for dependent children • Commuter and parking benefits • Wellness & work/life benefits • Emergency backup childcare • Group home, renters, and auto insurance • Pet insurance • Access to Federal Credit Union services

Enrollment tip!

Generally, benefits fit into two categories: those that support your everyday needs or planned expenses, and those that support your future goal or protect you against unexpected costs or crises. Some, like medical coverage, do both. When selecting your benefits, it's important to consider both sets of needs.



Medical and Prescription Coverage

You have three medical plan options each built to support different ways of balancing your needs. There's no wrong choice—just different trade-offs between when you pay for care, flexibility, and how your care is coordinated.

Note: If you are enrolled in Medicare, TRICARE, or someone else claims you as a dependent on their taxes, you cannot choose the CareFirst HDHP. You may only choose the CareFirst PPO or the Kaiser HMO.

AU Spouse and Domestic Partner Surcharge

If you choose to cover your spouse or domestic partner who has coverage available through their own employer there is an additional charge of $125/month (confirmed through a self-attestation during enrollment).

Medical Plan Options

	Kaiser HMO	CareFirst PPO		CareFirst HDHP	
	In-Network(*)	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	N/A	**EE Only:** $1,500 **Embedded Individual:** $1,500 **Family:** $3,000	**EE Only:** $3,000 **Embedded Individual:** $3,000 **Family:** $6,000	**EE Only:** $3,000 **Embedded Individual:** $3,500 **Family:** $6,000	**EE Only:** $6,000 **Embedded Individual:** $6,000 **Family:** $12,000
Annual Out-of-Pocket Max	**EE Only:** $2,250 **Embedded Individual:** $2,250 **Family:** $4,500	**EE Only:** $4,500 **Embedded Individual:** $4,500 **Family:** $9,000	**EE Only:** $6,750 **Embedded Individual:** $6,750 **Family:** $13,500	**EE Only:** $6,000 **Embedded Individual:** $6,000 **Family:** $12,000	**EE Only:** $12,000 **Embedded Individual:** $12,000 **Family:** $24,000
Coinsurance	N/A	20% of allowed benefit	35% of allowed benefit	20% of allowed benefit	40% of allowed benefit
Healthcare FSA Eligible?	Yes	Yes		Not eligible	
HSA Eligible?	Not eligible	Not eligible		Yes	
Cost of Care (what you pay)					
Preventive Care	$0	$0	35% after deductible for dependent children only	$0	40% after deductible for dependent children only
Primary Care Visit	$30 copay	$25 copay after deductible(**)	35% after deductible	20% after deductible	40% after deductible
Specialist Visit	$40 copay	$50 copay after deductible(**)	35% after deductible	20% after deductible	40% after deductible
Referral needed for Specialist Care?	Yes	No	No	No	No
Retail Health Clinic	N/A	$25 copay after deductible	35% after deductible	20% after deductible	40% after deductible
Urgent Care	$40 copay for in-network and non-plan providers if out of the service area	$50 copay, deductible does not apply		20% after deductible	40% after deductible
Emergency Room Visit	$250 copay, waived if admitted	$250 copay, waived if admitted, deductible does not apply		20% after deductible	20% after deductible
Hospital Facility Fee	$500 copay per admission	$250 copay after deductible per admission, then 20% coinsurance	35% after deductible	20% after deductible	40% after deductible
Inpatient Hospital Physician / Surgeon Fee	No charge	20% after deductible	35% after deductible	20% after deductible	40% after deductible

*Kaiser HMO provides in-network coverage only except for in certain emergency situations
**If at a Hospital Facility, you pay 20% after deductible

Prescription Plan Details (In-Network Coverage Only)

	Kaiser HMO	CareFirst PPO	CareFirst HDHP
RX Deductible	N/A	None	Prescriptions count towards medical plan deductible and OPM, except for medication on the Express Scripts preventive medication list.
RX Out-of-Pocket Max (OPM) (individual / family)	Combined with medical OPM	$4,500 / $9,000 separate OPM than the medical plan OPM	
Maintenance Medication coverage	Applicable generic, preferred, and non-preferred copayment.	After the first three retail prescription fills for maintenance drugs, you pay 100% of the cost of the drug if not filled through mail service. That cost does not apply toward the script OPM.	After the first three retail prescription fills for maintenance drugs, you pay 100% of the cost of the drug if not filled through mail service. That cost does not apply toward the script deductible and OPM.
Cost of Prescriptions (Retail 30-day supply / Mail Order 90-day supply)			
Generic	**Kaiser retail:** $15 **Mail order:** $30 **Other participating pharmacies:** $25	**Retail:** $10 **Mail order:** $25	After deductible, **Retail:** $10 **Mail order:** $25
Preferred Brand	**Kaiser retail:** $35 **Mail order:** $70 **Other participating pharmacies:** $55	30% coinsurance, **Retail:** $25 min to $70 max **Mail order:** $65 min to $175 max	After deductible, 30% coinsurance **Retail:** $25 min to $70 max **Mail order:** $65 min to $175 max
Non-Preferred Brand	**Kaiser retail:** $60 **Mail order:** $120 **Other participating pharmacies:** $80	50% coinsurance, **Retail:** $100 min to $300 max **Mail order:** $250 min to $750 max	After deductible, 50% coinsurance, **Retail:** $100 min to $300 max **Mail order:** $250 min to $750 max
Specialty 30-day maximum supply	Applicable generic, preferred, and non-preferred copayment.	**Generic:** $10 **Preferred Brand:** 30% coinsurance, $25 min to $70 max **Non-Preferred:** 50% coinsurance, $100 min to $300 max	After deductible, **Generic retail:** $10 **Preferred Brand:** 30% coinsurance, $25 min to $70 max **Non-Preferred:** 50% coinsurance, $100 min to $300 max
Excluded Drugs	Per Kaiser formulary for excluded drug	Express Scripts Medications Excluded from the Formulary	Express Scripts Medications Excluded from the Formulary

Infusion Care Services

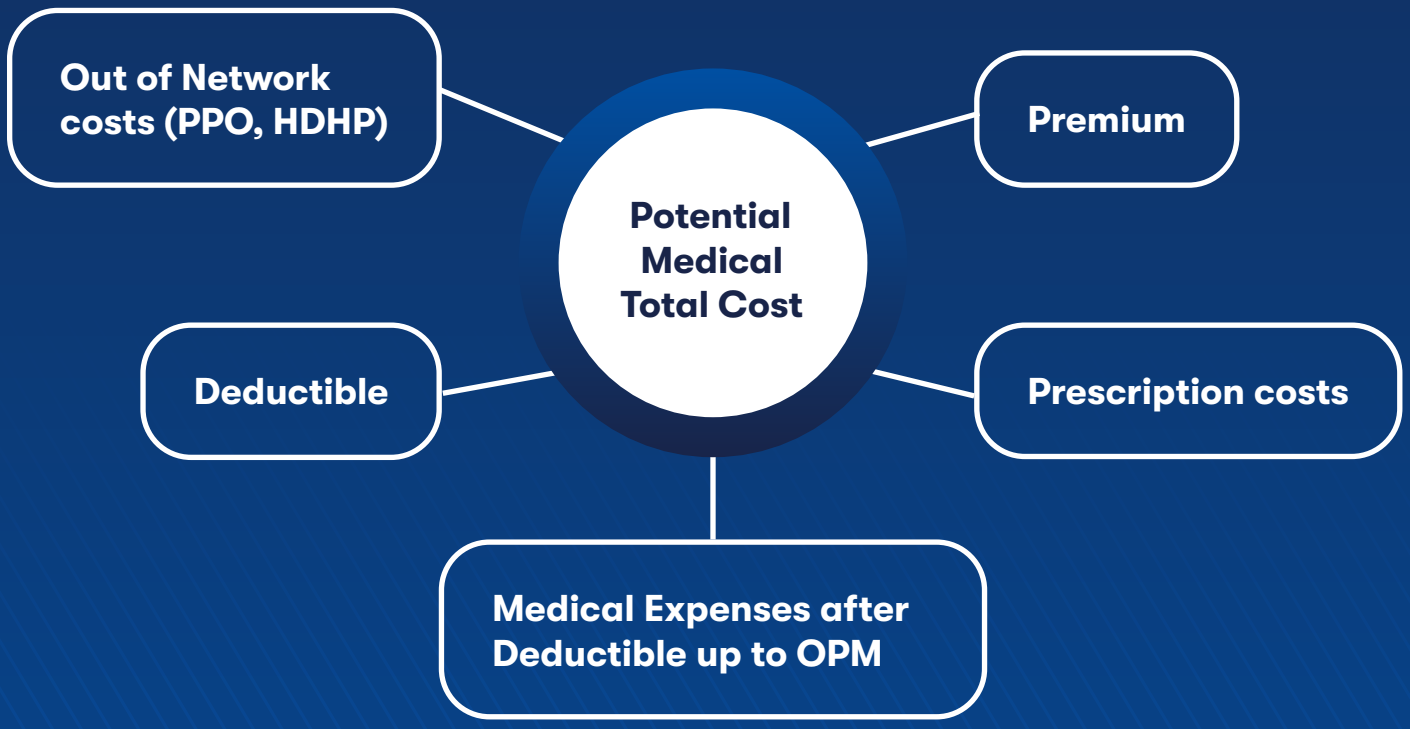
For CareFirst Medical Plans, infusion care services may require prior authorization. Infusion pharmacy services are managed by CareFirst through CVS Specialty, while the provider administers the medication. Your provider is responsible for ordering and coordinating the medication. These medications are covered under both the CareFirst PPO and HDHP plans. Some medications may require a specific site of care, and approval for a setting other than an outpatient hospital will be based on medical necessity criteria at the time of prior authorization. Generally, the deductible must be met, and employee costs will vary depending on the site of care. For additional information, members and providers can contact CareFirst at the information listed on the back of your ID card. **For Kaiser,** applicable cost shares will apply based on place and type of service.

How to Choose a Plan

Understanding Your Total Costs

When choosing your medical plan, remember, your premium deductions are only one part of your total costs. You'll want to consider both what your total cost might look like in an average year and also the maximum you might have to pay in the worst-case scenario.

Here's a quick guide to estimating your annual costs.



Then consider how other benefits like HSA's or FSA's if applicable (page 18) or supplemental medical coverage (page 20) can help you prepare for or offset out-of-pocket costs.

When choosing a plan, make sure you are comfortable with both the expected costs and the worst-case scenario.

Understanding Embedded Deductibles & OPMs

Embedded deductibles and OPMs are a feature of EE + child, EE + spouse, and family coverage where one person's individual deductible or OPM can be met before the full family amount is reached. This protects individual family members by helping them access coverage more quickly.

How it Works with Your Plans

Kaiser HMO (Embedded)	CareFirst PPO and HDHP (Embedded)	
No Deductible **Embedded Out-of-Pocket Max** 1. Each plan member contributes to their individual OPM. 2. When a plan member meets their individual OPM, their future care is fully covered. Other members of the family continue to pay towards the family OPM. 3. Once the family OPM is met, care is fully covered for all family members.	**Embedded Deductible** 1. Each plan member contributes to their individual deductible. 2. Coverage begins for a plan member when they meet their individual deductible. Other members of the family continue to pay towards the family deductible. 3. Once the family deductible is met, coverage begins for all family members.	**Embedded Out-of-Pocket Max** 1. Each plan member contributes to their individual OPM. 2. When a plan member meets their individual OPM, their future care is fully covered. Other members of the family continue to pay towards the family OPM. 3. Once the family OPM is met, care is fully covered for all family members.

HDHP Plan Example

Dean and Sarah are married with a one year-old, Zoe, and enrolled in the CareFirst HDHP plan. Because they are enrolled in EE + Family coverage, they can benefit from the plan's embedded deductibles and OPMs in a year they had significant claims expenditure.

Deductible: Embedded Individual $3,500 / Family $6,000

OPM: Embedded Individual $6,000 / Family $12,000

	Dean	Sarah	Zoe
Annual Total Medical Bills	$20,000	$1,500	$25,000
Individual Deductible met?	Yes	No	No - Family Deductible Met
Individual OPM met?	Yes	No	No - Family OPM Met
Deductible Paid	$3,500	$1,500	$1,000
Coinsurance Paid	$2,500	$0	$3,500
Total Paid	**$6,000**	**$1,500**	**$4,500**

After meeting his deductible, Dean paid 20% coinsurance on the remaining $16,500 he owed. Together his deductible and coinsurance totaled $6,800, which is over his individual OPM. His plan paid the $800 balance after his OPM was met.

Sarah only had $1,500 of expenses, so she did not meet the family deductible and have the plan coinsurance start to pay on her claims.

Zoe's claims led the family to meet their total family deductible of $6,000 ($3,500 + $1,500 + $1,000). After this, the family paid 20% coinsurance on the balance of Zoe's claims until they met the overall family OPM of $12,000 ($6,000 in deductible spend + $2,500 + $3,500).

See it in Action

Choosing a medical plan is a personal decision; there is no one-size-fits all recommendation. Consider your health, lifestyle, everyday budget and ability to pay for unexpected or large bills. See examples below of how three individuals chose the best fit for their needs.

Priya's Story

Last year, Priya was diagnosed with a chronic condition that requires regular specialist visits and medications. She also expects at least one hospital stay in the next year. Even with the higher premiums, Priya will spend less by enrolling in the **CareFirst PPO** plan due to the lower out-of-pocket max.

However, Priya's husband enrolls himself and their children in the HMO plan offered by his own employer. This way, they can avoid paying the spousal surcharge and save on premiums for the rest of the family.

Priya decides to enroll in hospital indemnity coverage to give the family a little extra cushion if she does need hospital care. She also calculates the amount she is likely to spend on prescriptions and specialist copays throughout the year, then elects to contribute that amount to a Flexible Spending Account. If she has to spend the money out-of-pocket, she might as well get a tax benefit out of it!



Devon's Story

Devon wants a plan with low premiums so he can maximize his take home pay. Since Devon's spouse often travels for extended periods, they want the flexibility of a national network, and out-of-network coverage. They chose the **CareFirst HDHP**. Devon & his spouse feel comfortable with the high deductible since they generally see a doctor only for an annual check-up and immunizations. Plus, they have an emergency savings to use in case they need to cover their deductible in one go.

Just in case, Devon also makes sure to contribute to his HSA. Even if he doesn't use the money this year, he knows they could need it in the future. The couple also live a very active lifestyle so, for some extra protection, Devon chooses to enroll himself and his spouse in accident coverage.



Sam's Story

26-year-old Sam has a tight budget, but with her new job at AU, she is finally making enough money to start building some savings. Sam doesn't want to risk putting a high deductible on her credit card, so she chooses the **Kaiser HMO** plan.

She knows she will have to choose a new primary care provider who is in the Kaiser network. But that limited choice is worth the predictable copays and lower out-of-pocket max that the HMO plan provides. Without the anxiety of large unexpected medical bills, Sam feels more comfortable investing extra in her 403 (b) retirement account and beginning to build up savings for her future goals like buying a new car.



Dental Coverage

American University offers a choice between two dental plans from Delta Dental. Both plans cover diagnostic and preventive care, like routine cleanings and X-rays, at 100%. Compare plan premiums on page 34.

Delta Dental Basic(*)

- You must choose a dentist who is in the Delta Dental PPO network. The Basic plan does not cover services from Premier or out-of-network dental providers.
- Covers screenings, cleanings, fillings, and periodontics. Does not cover major dental services or orthodontics.
- Lower monthly premium than Delta Dental Comprehensive.

Delta Dental Comprehensive(**)

- You can see any licensed dentist. However, you pay the least out-of-pocket if you see a dentist in the Delta Dental PPO network.
- Covers everything in the Basic plan plus most necessary dental services and supplies, including orthodontia.
- Higher monthly premium than Delta Dental Basic.

Find a Provider

To find an in-network dentist, visit deltadentalins.com or contact your current dentist to find out if they are a Delta Dental provider.

Make sure you know what's covered

Predetermination of dental benefits tells you which procedures are covered and how much will be paid towards your treatment. This is especially important for extensive dental care. Ask your dentist to submit a claim form to Delta Dental for a predetermination.

*Basic Plan: Fees are based on PPO fees for Delta Dental PPO dentists. Services provided by Premier or non-Delta Dental dentists are not covered.
**Comprehensive Plan: Reimbursements are based on PPO contracted fees for Delta Dental PPO dentists, PPO contracted fees for Premier dentists, and PPO contracted fees for Non-Delta Dental dentists.

Plan Details

	Basic		Comprehensive	
Provider Network	**Delta Dental – PPO dentists(*)**	**Non-Delta Dental PPO dentists(*)**	**Delta Dental – PPO dentists(*)**	**Non-Delta Dental PPO dentists(*)**
Deductible (Waived for diagnostic, preventive, and orthodontics)	$50 individual $150 family	Not covered	$50 individual $150 family	$50 individual $150 family
Annual Benefit Maximum	$1,000 per person		$2,000 per person	$2,000 per person
Lifetime Orthodontic Maximum	Not covered		$1,500 per person	$1,500 per person
Diagnostic & Preventive Services (D & P)(**) (Exams, cleanings, x-rays and sealants)	100%		100%	100%
Basic Services (Fillings and posterior composites)	50%		80%	70%
Endodontics (root canals)	50%		80%	70%
Periodontics (gum treatment)	50%		80%	70%
Oral Surgery	50%		80%	70%
Major Services (Crowns, onlays and cast restorations)	0%		50%	40%
Prosthodontics (Bridges, dentures and implants)	0%		50%	40%
Orthodontic Benefits (Adults and dependent children)	N/A		50%	50%

*Reimbursements are based on Delta Dental's maximum contract allowances, not necessarily each dentist's submitted fees. Limitations or waiting periods may apply for some benefits, and some services may be excluded from your plan.
**Diagnostic and preventive services will not count toward the calendar year maximum. Fluoride treatment is covered only for children up to age 19.

Vision Coverage

American University offers two vision plans through CareFirst. The vision plans are available to all eligible staff and faculty, regardless of which medical plan you choose or if you waive medical coverage.

Compare plan rates on page 34. Visit carefirst.com to find a provider.

Considering the Kaiser HMO medical plan?

The Kaiser HMO includes comprehensive vision coverage for children under 19 years of age, including full coverage for necessary contact lenses and select glasses (once per year). Some services are also covered for adults.

See the Kaiser plan documents at american.edu/hr/benefits/health/kaiser.cfm for complete details.

Plan Details (In-Network)

Vision Service	CareFirst Vision Basic	CareFirst Vision Enhanced
Comprehensive eye exam	$10 copay, every 12 months	$10 copay, every 12 months
Frames	Every 24 months	Every 12 months
At Visionworks	Up to $150 + 20% off balance	Up to $230 + 20% off balance
At other providers	Up to $100 + 20% off balance	Up to $180 + 20% off balance
Lenses	Every 12 months	Every 12 months
Single vision lens	$20 copay	$25 copay
Bifocal lens	$20 copay	$25 copay
Trifocal lens	$20 copay	$25 copay
Lenticular lens	$20 copay	$25 copay
Standard progressive lenses	$50 copay	Covered in full
Contact lens fit and follow-up	15% discount, every 12 months	Up to $60 + 15% off balance, every 12 months
Elective single vision contact lenses	Up to $97 + 15% off balance	Up to $180 + 15% off balance
Elective multifocal contact lenses	Up to $127 + 15% off balance	Up to $180 + 15% off balance
Medically necessary contact lenses	Covered in full	Covered in full
Diabetic eyecare plus program	Additional exam per year at no cost	Additional exam per year at no cost



HSA and FSA accounts

Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) help you lower your taxable income while setting money aside for future out-of-pocket healthcare and dependent care costs.

Health Savings Account (HSA)

If you enroll in the CareFirst HDHP, you can take advantage of a Health Savings Account (HSA) administered by CareFirst. An HSA allows you to set aside money from your paycheck on a pre-tax basis to help pay for eligible out-of-pocket medical expenses or for long-term retirement savings.

Your HSA is a personal bank account. It's yours to keep, even if you change medical plans, change jobs, or retire. It is not "use-or-lose" at the end of the year.

Both you and American University contribute to the account. AU requires an annual election of the amount you wish to contribute to your HSA.

AU Contributions

AU contributes $500 for individuals or $1,000 for all other coverage tiers, when you enroll in the CareFirst HDHP. If you join after January 1 you will receive a prorated amount based on the number of months remaining in the year.

Don't forget to choose your beneficiary
Because your HSA is a personal savings account, it's important to designate a beneficiary and keep that information current. Update your beneficiary information any time through Workday.

Flexible Spending Account (FSA)

With an FSA, you can save pre-tax contributions from your payroll to pay for eligible out-of-pocket expenses during the plan year. You have access to two types of FSA:

- **Healthcare Flexible Spending Account (HFSA):** Helps you cover eligible medical, dental and vision expenses.
- **Dependent Care FSA (DCFSA):** Helps you cover eligible childcare and eldercare expenses, while you and/or your spouse attend work or school.

Use it or lose it! You forfeit any money you do not use within the calendar year with these plans.

Enrollment tip!
FSA participation does not automatically renew each year. You must enroll or re-enroll during open enrollment to contribute to an FSA during the next plan year.



Health Savings Account (HSA)	Healthcare Flexible Spending Account (HFSA)	Dependent Care Flexible Spending Account (DCFSA)
Who is eligible?		
CareFirst HDHP medical plan members(*)	CareFirst PPO and Kaiser HMO medical plan members	All employees
What can I use the funds for?		
Eligible medical, prescription drug, dental and vision expenses.	Eligible medical, prescription drug, dental and vision expenses.	Eligible daycare expenses for children under age 13, or dependents who are incapable of caring for themselves, including elderly dependents.
See IRS publication 969 for full details about covered expenses.		
How much can I contribute this year?		
Individual: $4,500 **All other tiers:** $9,000 **Employees aged 55+:** Can contribute an additional $1,000 per year Contribution limits include AU contributions of $500 individual / $1,000 all other tiers, or any prorated amount.	Maximum contribution is $3,400 The IRS has not released limits for 2027 as of this publication.	**Married filing jointly/head of household:** $7,500 **Filing separately:** $3,750 The IRS has not released limits for 2027 as of this publication. Therefore AU is using the 2026 contribution limits for 2027.
When can I use my funds?		
Funds are available to use as they are deposited into your account.	All funds you elect for the year are available to you on January 1.	Funds are available to use as they are deposited into your account.
How do I pay for eligible expenses?		
Use the provided debit card or submit a claim for reimbursement through HealthEquity.com. You may also access your account through carefirst.com/myaccount after setting up your Health Equity account.	Use the provided debit card or pay out-of-pocket and submit a claim for reimbursement at optumfinancial.com.	You can submit claims for reimbursement or check your account balance at optumfinancial.com.
How do I enroll or change my contribution amount?		
When you elect the CareFirst HDHP, you are automatically enrolled. You can change your contribution amount at any time during the year online at carefirst.com/myaccount.	During open enrollment, you must actively choose the total amount to contribute for the year. That amount is divided evenly across the year and made through pre-tax payroll deductions. You can only change your contribution amount during open enrollment or if you have a relevant qualifying life event.	
Can I roll over funds each year?		
Funds roll over every year, and the account stays with you even if you switch plans or leave American University.	Use it or lose it! You forfeit any money you do not use within the calendar year. You have until March 15, 2028 to submit any claims incurred between January 1 and December 31, 2027.	

*To contribute to the HSA, you may not be claimed as a dependent on someone else's tax return, be covered by a different HFSA or HSA, be enrolled in Medicare, or be receiving Veteran's healthcare benefits in the past 90 days for any non-service-connected disability.

Supplemental Medical Insurance

We offer Hospital Indemnity Insurance, Accident Insurance, and Critical Illness Insurance through Voya. These benefits are supplemental health plans designed to complement, not replace, your medical coverage.

These benefits feature:

- Guaranteed acceptance for you and other eligible family members
- Benefit payments are made directly to you, not your healthcare provider
- Benefits that can be used for anything you see fit, from helping pay for health insurance deductibles and co-payments or for everyday expenses like groceries, bills, or childcare

During enrollment, you elect each of these benefits separately and choose who to cover, so you can customize your choices to fit your needs. Compare plan premiums on page 35.

Who can be covered?

You have the option to enroll yourself as well as your spouse and child(ren) in supplemental medical coverage options. Employees must be enrolled in order to elect coverage for an eligible spouse and/or dependent child(ren).

Wellness Benefit

Both the Accident and Critical Illness plans include an annual Wellness Benefit, when you and covered family members complete an eligible health screening test. Eligible screenings include, but are not limited to, a flu immunization, mammogram, routine eye or dental exam or mental health screening. The benefit amount is $50 for each covered individual, per plan, per calendar year.

For example...

Keith enrolls himself and his spouse in the Accident and Critical Illness plans. During the year they both get their annual preventive dental cleaning. This fulfills the requirement for both plans, so Keith and his spouse each get $100 from the Wellness benefit, for a total of $200.

Filing a claim

To file a Hospital Indemnity, Accident or Critical Illness Insurance claim or to learn more about your coverage, visit presents.voya.com/EBRC/AmericanUniversity or call **877-236-7564**.

Hospital Indemnity Insurance

Hospital Indemnity Insurance helps minimize the financial impact of a stay in a hospital or medical facility. Coverage includes mental health and substance use inpatient care.

What does it cover?

	Basic Plan	Enhanced Plan
First day of confinement (Admission benefit) This benefit is payable once per confinement up to 8 admissions per year for hospital, critical care unit (CCU), and rehabilitation facility admission.	$1,000 per admission	$2,000 per admission
Starting day two (Daily Confinement Benefit)	Daily benefit amount is $100	Daily benefit amount is $200
Hospital or rehabilitation facility, up to 30 days per confinement	1 x the daily benefit amount	1 x the daily benefit amount
CCU confinement, up to 10 days per confinement	2 x the daily benefit amount	2 x the daily benefit amount
Observation Unit, payable once per year At least 4 consecutive hours but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable.	$250	$250

See your Certificate of Insurance for complete provisions, limitations, and exclusions.

Accident Insurance

Accident insurance pays benefits to help minimize the financial impact of a covered accidental injury. Benefits are paid out based on the specific injury and required treatment or services.

What does it cover?

This chart does not show every covered service, to see full details go to presents.voya.com/EBRC/AmericanUniversity.



Service	Basic Plan Benefit	Enhanced Plan Benefit
Initial doctor visit	$60	$125
Follow-up doctor visit	$60	$125
Urgent care treatment	$150	$250
Emergency room treatment	$150	$325
Ground ambulance	$300	$600
Air ambulance	$1,000	$2,000
Hospital admission	$1,000	$2,000
Hospital confinement (per day)	$225	$325
Critical Care Unit (CCU) Admission	$1,000	$2,000
Critical Care Unit Confinement (per day up to 30 days)	$350	$450
X-ray	$50	$90
MRI, CT scan, PET scan, Ultrasound	$125	$300
Outpatient surgery	$150	$250
Surgery (open abdominal, thoracic)	$800	$1,500
Mental Health, Speech, or Physical/ Occupational Therapy (per treatment, up to 10)	$30	$60
Prosthetic Device (one / two or more)	$500 / $800	$1,250 / $2,000
Lodging (per day, up to 30 days)	$120	$200
Pet Boarding	$15	$20
Family Care (per child/ adult up to 45 days)	$20	$35

Injury	Basic Plan Benefit	Enhanced Plan Benefit
Concussion	$150	$350
Traumatic Brain Injury	$1,250	$2,000
Torn knee/hip/shoulder cartilage (surgical repair)	$500	$900
Tendon/ligament/rotator cuff repair	$550	$925
Laceration requiring 2"-6" stitches	$160	$350
Laceration requiring over 6" stitches	$320	$750
Second-degree burn (36%+ of body)	$1,000	$1,500
3rd Degree Burn (2%-4% of body)	$4,500	$8,500
3rd Degree Burn (4%+ of body)	$10,000	$20,000
Emergency dental crown	$250	$400
Eye injury surgery	$225	$400
Ruptured Disk (surgical repair)	$500	$900
Wrist or hand fracture	$1,200 / $2,400	$2,250 / $4,500
Ankle fracture(*)	$1,200 / $2,400	$2,250 / $4,500
Finger or toe fracture(*)	$160 / $320	$300 / $600
Leg fracture(*)	$1,500 / $3,000	$2,700 / $5,400
Hip Fracture(*)	$2,000 / $4,000	$5,000 / $10,000
Shoulder dislocation(**)	$1,000 / $2,000	$2,000 / $4,000
Knee dislocation(**)	$1,600 / $3,200	$2,500 / $5,000

See your Certificate of Insurance for complete provisions, limitations and exclusions.

*Fracture amounts shown as Non-Surgical Repair / Surgical Repair.
**Dislocation amounts shown as Complete Dislocation / Complete Dislocation Requiring Surgical Repair.

Critical Illness Insurance

Critical Illness Insurance pays a lump-sum benefit to help minimize the financial stress that may follow the diagnosis of a covered serious illness.



Coverage amount

You have the option to enroll in coverage in the following amounts:

- You: $10,000 or $20,000
- Your spouse: 100% of employee benefit
- Your children: 50% of employee benefit

What does it cover?

Unless noted, your payment will be 100% of your elected benefit amount. There is no total maximum benefit amount or limit to the number of payments you may receive for each covered condition under your plan, except for skin cancer.

You may receive a benefit payment for each different diagnosis of a covered condition shown on your Schedule of Benefits. For skin cancer, the benefit is payable up to 1x per calendar year, with a 10x lifetime maximum benefit. Once the maximum for skin cancer limit has been reached, no further benefits are payable.

Covered conditions for you and your insured spouse		Covered conditions for your insured children
• Heart attack	• Skin cancer (10%)	• Cerebral palsy
• Cancer	• Bone marrow transplant (25%)	• Congenital birth defects
• Stroke	• Stem cell transplant (25%)	• Cystic fibrosis
• Sudden cardiac arrest	• Permanent paralysis	• Down syndrome
• Major organ transplant	• Loss of sight	• Gaucher disease - type II or III
• Coronary artery bypass (25%)	• Loss of hearing	• Infantile Tay-Sachs
• Carcinoma in situ (25%)	• Loss of speech	• Niemann-Pick disease
• Type 1 Diabetes	• Coma	• Pompe disease
• Transient ischemic attacks (10%)	• Multiple Sclerosis	• Sickle cell anemia
• Ruptured or dissecting aneurysm (10%)	• Amyotrophic lateral sclerosis (ALS)	• Type 1 diabetes
• Abdominal aortic aneurysm (10%)	• Parkinson's Disease	• Type IV glycogen storage disease
• Thoracic aortic aneurysm (10%)	• Advanced Dementia, including Alzheimer's disease	• Zellweger syndrome
• Open heart surgery for valve replacement or repair (25%)	• Huntington's disease	
• Severe burns	• Muscular dystrophy	
• Transcatheter heart valve replacement or repair (10%)	• Infectious disease (hospitalization requirement) (25%)	
• Coronary angioplasty (10%)	• Addison's disease (10%)	
• Implantable/internal cardioverter defibrillator (ICD) placement (25%)	• Myasthenia gravis (50%)	
• Pacemaker placement (10%)	• Systemic lupus erythematosus (SLE) (50%)	
• Benign brain tumor	• Systemic sclerosis (scleroderma) (10%)	

See your Certificate of Insurance for complete provisions, limitations and exclusions.

Life and AD&D Insurance

It's important to protect your family's future and financial security if the worst should happen to you. That's why American University provides company paid life insurance coverage plus the option to buy additional coverage, both provided by The Hartford. See plan premiums on page 34.

Coverage	How it Works	Benefit Amount
Basic Life	Provided by the university at no cost to you. Pays a lump sum in the event of your passing.	One (1) times your annual salary to a max of $650,000.
Optional Life	Voluntary coverage for employees in addition to basic life.	**Current Participants:** May increase amount by 1x your salary during open enrollment. If you previously declined this coverage, or if you increase coverage by more than 1x your salary in a given year, you will be required to submit Evidence of Insurability (EOI). **New Hires:** Can purchase up to 5x your salary up to $1,500,000. Coverage over 4x salary or $600,000 is subject to Evidence of Insurability (EOI).
Optional Dependent Life	Additional voluntary coverage for your spouse or dependent child.	**For Spouse:** Can purchase coverage in $10,000 increments up to $100,000 not to exceed 100% of employee optional life coverage. Spouses must complete EOI for elections that exceed $10,000. **For Child:** Can purchase coverage in $1,000 increments up to $10,000 and have coverage for dependent until the end of the year the child turns 26.
Basic AD&D	Provided by the university at no cost to you. Pays a lump sum in the event of a covered accidental loss of movement, sight, limb, or life.	One (1) times employee annual salary up to $650,000.
Optional AD&D	Voluntary coverage in addition to basic AD&D.	Can purchase coverage up to $500,000 for yourself, or a percentage of your coverage for a child or spouse.

Disability Coverage

AU provides disability insurance through The Hartford. These benefits help protect your financial security by replacing a portion of your income if you are unable to work due to a non-work-related illness or injury.

	Short-Term Medical Leave (STML)	Long-Term Disability
Benefit amount	100% of your pay for up to 13 weeks. 75% from weeks 14 to 26. Any benefits from DC Paid Family Leave will offset your AU pay while on STML.	60% of your base annual salary.
Benefit begins	After a one-week waiting period.	After using 26 weeks of STML.
Benefit ends	After 26 weeks, or you are able to return to work.	Long Term Disability ends once you are no longer considered disabled, you reach Normal Social Security Retirement Age, or you are able to return to work.
How to enroll	Enrollment is automatic. Coverage starts on your first day as a full-time faculty member or after six months for full-time staff.	You are automatically enrolled on the first day of the month after completing one year of full-time service with the university.
Who pays the premiums?	American University	You and American University. Premiums are based on your salary.

Legal Plan

MetLife's Legal Plan gives you, your spouse, and dependents access to network attorneys with no waiting periods, no deductibles, and no claim forms when using a network attorney for a covered matter.

For non-covered matters that are not otherwise excluded, your plan provides four hours of covered network attorney time and services per year.

Learn more by visiting legalplans.com or calling **800-821-6400**.

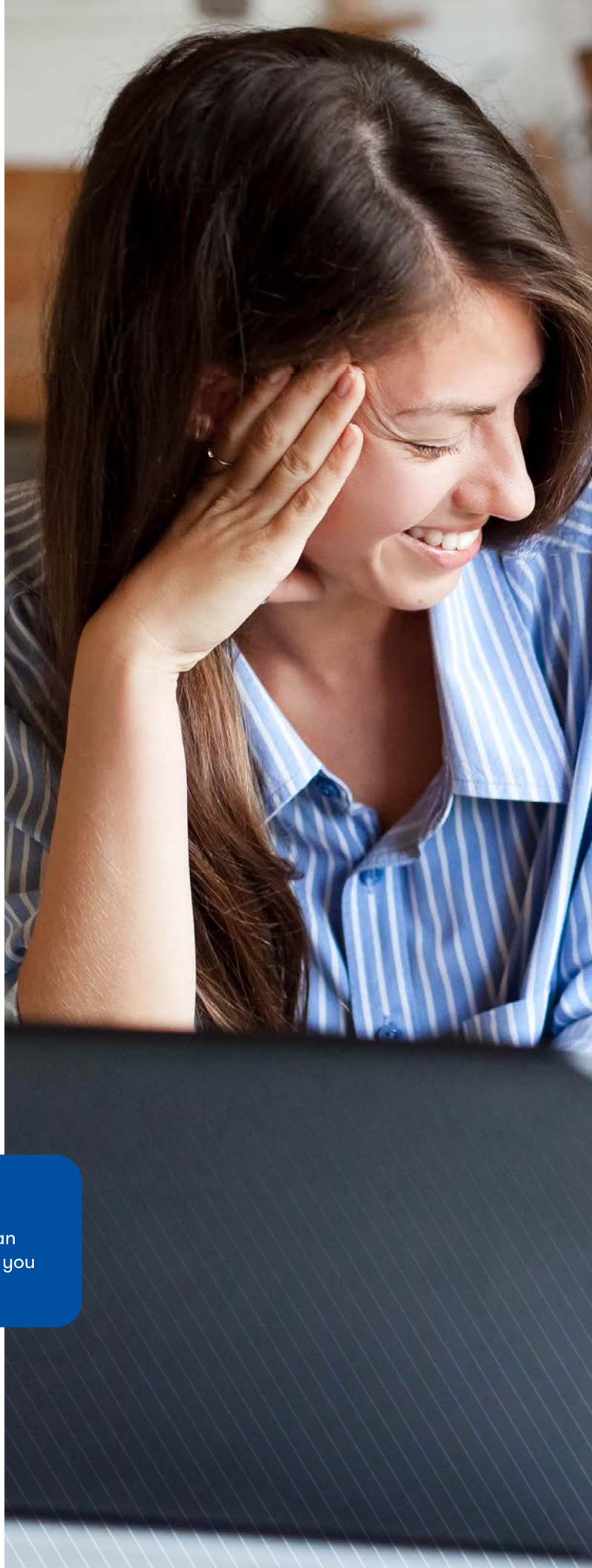
Covered matters

This is a brief overview of what the MetLife Legal Plan covers. For a full list of covered matters go to legalplans.com.

- **Financial Matters** such as debt collection defense, identity theft defense and restoration, and bankruptcy
- **Home and Real Estate Matters** such as boundary and title disputes, mortgages, foreclosures, and property tax support
- **Estate Planning** including wills, healthcare proxies, and power of attorney
- **Elder-Care Issues** including navigating Medicare/Medicaid, powers of attorney and nursing home agreements
- **Family & Personal Matters** such as adoption, prenuptial agreements, immigration assistance, and reviewing personal legal documents
- **Civil Lawsuits** including small claims assistance
- **Traffic Matters** including traffic ticket defense and repossession

Enrollment tip!

You can only make changes to your enrollment in the plan during open enrollment. Once enrolled in the legal plan, you may not drop coverage until the next open enrollment.



Additional Financial Benefits

Federal Credit Union

EP Federal Credit Union offers low-rate loans, competitive savings, and conveniences with low or no fees. Visit epfcu.org or call **202-318-1991** to learn more.

Group Auto & Home Insurance

Access special group discounts and competitive auto and home rates. Farmers GroupSelect is a portable, voluntary group auto and home insurance benefit that provides you with access to insurance coverage for your personal insurance needs, at discounted group premiums. Users can often save when they bundle auto and home insurance together. Call **866-910-4442** to review plan options, obtain quotes, and enroll.



Family and Wellbeing Programs

Your family is our family, too. AU offers benefits that help you care for the people you love through every stage of life. Wellbeing is about your whole life, not just your health care. AU offers programs that give you support, guidance, and someone to turn to when you need it.

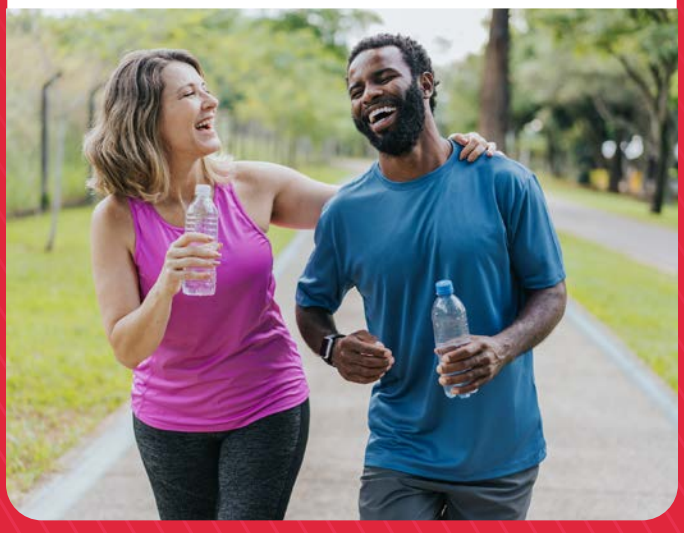
AhealthyU

AhealthyU supports your health and well-being through programs, education, and resources that encourage positive daily habits that fit your goals and lifestyle.

A few of AhealthyU's programs include:

- AhealthyU group exercise classes exclusively for faculty and staff
- Luncheon learn wellness workshops
- Couch–5K and 5K–10K training
- Farmers Market on the Quad
- Financial wellness programs
- Flu shots
- Meditation series
- Lunchtime walking series
- Pedometer challenge
- Health and fitness challenges
- Cooking demonstrations
- Support groups

Visit american.edu/hr/ahealthyu to learn more about the programs and support available.



Pet Insurance

Protect your pet from the unexpected with pet health insurance at a discounted group rate through Nationwide. Vet bills can add up fast, and you never want to be worried about your financial security when making health decisions for your pets.

Visit any vet and choose your level of reimbursement up to $7,500 each year, once you've met your annual deductibles. Nationwide offers coverage for minor problems and common illnesses as well as for injuries, surgeries, and hospitalizations. You also get access to 24/7 pet telehealth support and low-cost pet prescriptions.

Visit benefits.petinsurance.com/americanuniversity or call **877-738-7874** to review plan options, obtain a quote, and enroll.

Meet Luna

Luna is a playful 2-year-old Labrador mix who loves to run! One afternoon, Luna tears a ligament in her knee. After an exam, X-rays, surgery, medication, and follow-up visits, **the total veterinary bill comes to $5,800.**

Because Luna is covered, **her family pays a total of $1,110:**

- **$500 deductible**
- **$530 in coinsurance** (they pay 10% after their deductible)
- **$80 in non-covered expenses**

Without pet insurance, Luna's family would have been responsible for the full **$5,800** veterinary bill, with their coverage, they are reimbursed **$4,690**.

Even after their **annual premium of $780 (or $65 per month)**, those savings have a big impact on Luna's family finances.

Faculty & Staff Assistance Program (FSAP)

The Faculty & Staff Assistance Program (FSAP) provides confidential, professional and personal counseling services to faculty and staff and anyone living in their home. AU has partnered with Revive to provide these services offered at no cost.

The FSAP offers assistance with:

- Physical or emotional problems
- Family and workplace stress and related issues
- Alcohol and other substance abuse
- Child care and elder care
- Other issues or problems that may affect emotional or physical health and well-being
- Assistance with emergency loans up to $1,000 (email employeerelations@american.edu)

Mental health support

Through Revive, you and eligible household members can access:

- Short-term counseling **(up to 5 sessions per concern, per year)**
- A diverse pool of master's-level clinicians with a wide range of expertise
- Free manager and employee training resources, plus a monthly wellness webinar series
- 24/7 Live Chat with care professionals
- Work-life and lifestyle management tools, including financial, legal, and caregiving resources

Get Started

To connect with a Revive Care Coordinator, call **800-327-2251**. You can also visit the Revive portal or download the Revive app and register using code: **4nAI9Jict2**.



Emergency Back-Up Dependent Care

Bright Horizons Back-Up Care offers a nationwide network of childcare centers and in-home care agencies when your regular arrangements fall through. Full-time staff and faculty are eligible.

Through Bright Horizons you have access to:

- **15 days of subsidized emergency back-up care per year** for children and adult/elder family members
- **Referral services and discounts** for non-emergency childcare, elder care, pet sitting, tutoring, and housekeeping

Create your account at clients.brighthorizons.com/au to get started.



AU Tuition Remission

American University offers tuition benefits to support you and/or your spouse pursue further education. For more information, reach out to hrpayrollhelp@american.edu or call **202-885-3836**.

Benefit Details

When you or your spouse/domestic partner enroll in eligible courses, AU will cover the tuition charges directly, meaning you do not pay out-of-pocket and wait for repayment. Online tuition remission applications must be submitted every semester that you plan on using AU's education benefits.

Eligibility

You and your spouse or domestic partner are eligible for university-sponsored education benefits if:

- You have at least four months of full-time employment with the university prior to the last day of late registration
- You are a full-time faculty or full-time staff member

What's Covered

- Tuition for eligible courses taken at AU and Wesley Theological Seminary
- A maximum of 8 credits per semester
- A maximum of 20 credits per academic year

What's Not Covered

- Some courses are not covered (ineligible programs)
- Application, exam, matriculation fees, course and lab fees
- $50 administrative fee per semester
- Mandatory student fees (see Student Accounts for details)

Tax Impacts

When you receive a taxable tuition benefit for yourself, spouse, domestic partner, or dependent, you must pay income taxes on the value of that benefit. **Taxation on remitted tuition can significantly reduce your net (take-home) pay!**

How it works

The value of taxable benefits is imputed as taxable income on your paycheck. Imputed income taxes are then paid through payroll deductions scheduled during the semester the benefit is issued. Certain graduate level courses may be excluded from an employee's taxable income if they qualify as a working condition fringe benefit.

	Undergraduate Level Courses	Graduate Level Courses
Faculty & Staff	0% taxable	$5,250 tax-free annually, then 100% taxable after $5,250
Spouses	0% taxable	100% taxable
Domestic Partners	100% taxable	100% taxable
Dependents	0% taxable	100% taxable

See how your benefits impact your net pay

Your net (take home) pay may be impacted by personal exemptions, pre-tax benefits, federal and state filing status, gross income, etc. Use **Model My Pay** in Workday to estimate your net pay. Because there are many factors that may affect your individual situation, you may want to consult a tax advisor.

Education Benefits for Dependent Children

American University offers three education benefit programs for dependent children of eligible faculty and staff. For more information about AU tuition scholarships and the cash grant program, reach out to hrpayrollhelp@american.edu or call **202-885-3836**.

Eligibility

For all three programs:

- You must have at least two years of continuous, full-time employment with the university as of September 30 (for fall enrollment) or January 31 (for spring enrollment)
- Your child must be classified as a dependent under the IRS regulations
- Your child must be enrolled full-time as a student in a program leading to a generally recognized degree at an accredited college or university within the United States
- Your child must maintain a satisfactory academic record
- Your child's studies must begin before their 21st birthday

AU Tuition Scholarship

The American University tuition scholarship helps cover the cost of tuition in a degree program at American University or the Wesley Theological Seminary.

This benefit covers tuition expenses for four years only. You or your child are responsible for all other non-tuition expenses and fees, including a $50 application fee each semester. Unless courses qualify as a working condition fringe benefit and are therefore exempt from taxable income, all graduate level courses are 100% taxable. See page 28.

Cash Grant Program

Cash grants are awarded to eligible dependent children of faculty and staff hired before July 1, 1995. Grants are $725 per semester, with a combined maximum of $1,450 per academic year.

Tuition Exchange Scholarship Program

The Tuition Exchange scholarship is a competitive award program that allows qualifying dependents to apply for scholarships at over 700 colleges and universities.

This benefit covers the cost of tuition up to a set rate, but it may not cover the entire cost.

Visit the Tuition Exchange website for more information, to find participating institutions, or to learn the annual set tuition amount.



Commuter & Parking Benefits

American University offers pre-tax commuter and parking benefits to help reduce your expenses for work-related transit.

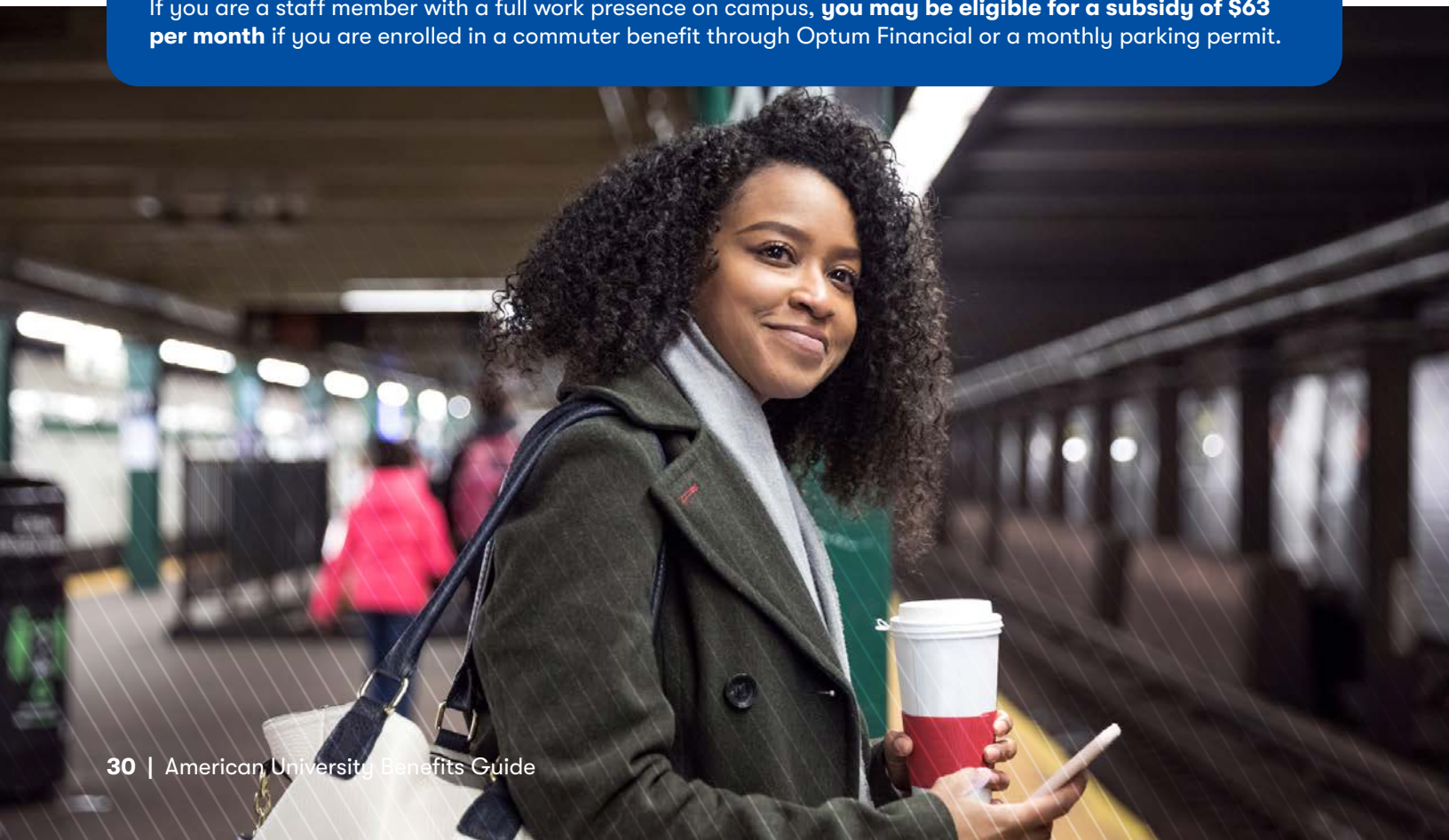
How it Works

You may only use one of the following commuter and parking benefits at a time, although you can change your selection monthly. For commuter and parking savings account and bicycle vouchers you must make your elections on the Optum Financial portal or on their mobile app by the 10th of each month for the following month.

You may:

1. **Commuter & Parking Savings Account:** Set aside pre-tax payroll deductions to use for eligible commuting and parking expenses. Each month you may allocate up to $340 per month for Metro, VRE, MARC train fares, vanpools, and an additional $340 per month for parking at WMATA Park and Ride locations. This benefit is administered by Optum Financial.
2. **Bicycle Voucher:** Receive a $20 taxable voucher for each month that you commute regularly by bicycle for a substantial portion of your travel between home and work. This benefit is administered by Optum Financial.
3. **Parking Permit:** Purchase a faculty and staff permit for parking at a university parking facility for via pre-tax payroll deduction. To sign-up for a faculty and staff parking permit, visit the American University Parking portal.
4. **Discounted Self-Park Rates:** Use the virtual self-park option with a discounted hourly rate of $.75/hour + a $.40 service fee that can be used in all general parking areas. Visit american.edu/finance/transportation/parking.cfm for more information.

Additional subsidies available!
If you are a staff member with a full work presence on campus, **you may be eligible for a subsidy of $63 per month** if you are enrolled in a commuter benefit through Optum Financial or a monthly parking permit.



Contact Information

Benefit	Vendor	Phone	Website/Email
Medical	CareFirst	833-798-1635	carefirst.com
	Kaiser Permanente	301-468-6000	kp.org
Prescription Drug	Express Scripts	877-486-5984	express-scripts.com
	Kaiser Permanente	301-468-6000	kp.org
Dental	Delta Dental	800-932-0783	deltadentalins.com
Vision	CareFirst	800-783-5602	carefirst.com
Health Savings Account	BlueFund HSA	866-758-6119	carefirst.com/myaccount
Flexible Spending Accounts	Optum Financial	877-292-4040	optumfinancial.com
Supplemental Medical Insurance	VOYA	877-236-7564	presents.voya.com/EBRC/AmericanUniversity
Life and AD&D Insurance	AU Human Resources Benefits Team For general support	202-885-3836	hrpayrollhelp@american.edu
	The Hartford For evidence of insurability application status	Phone: 888-563-1124 Fax: 866-954-2621	—
Short-Term Medical Leave	AU Human Resources Benefits Team	202-885-3836	hrpayrollhelp@american.edu
Legal Plan	Metlife Legal Plans	800-821-6400	legalplans.com
Credit Union	EP Federal Credit Union	202-318-1991	epfcu.org
Home & Auto Insurance	Farmers Insurance	866-910-4442	—
Retirement Benefits	Fidelity	800-343-0860	netbenefits.com/au
	TIAA	800-842-2252	tiaa.org/american
Health and Wellness Program	AhealthyU	202-885-3742	american.edu/hr/ahealthyu
Pet Insurance	Nationwide	844-208-1108	benefits.petinsurance.com/americanuniversity
Faculty & Staff Assistance Program	Revive	800-327-2251	member.myrevive.health Code: 4nAI9Jict2
Dependent Care & Family Resources	Bright Horizons	877-242-2737	clients.brighthorizons.com/au
Education Benefits	AU Human Resources Benefits Team	202-885-3836	hrpayrollhelp@american.edu
Commuter Benefits	Optum Financial	877-292-4040	optumfinancial.com

Costs of Coverage

Use these premiums to compare what you'll pay for each coverage option based on the plans and coverage tiers you choose. Where American University shares the cost of your coverage, you'll see also see that contribution listed in the chart.

Medical Coverage

Under $60,000 Annual Salary			
Plan	**Bi-Weekly Payroll Deduction**	**Monthly Payroll Deduction**	**AU Monthly Contribution**
Kaiser HMO			
Employee only	$19.63	$39.26	$746.03
Employee + spouse	$175.17	$350.34	$1,446.25
Employee + child(ren)	$140.79	$281.58	$1,162.41
Family	$222.81	$445.61	$1,839.58
CareFirst PPO			
Employee only	$29.60	$59.20	$1,124.87
Employee + spouse	$259.76	$519.51	$2,144.64
Employee + child(ren)	$178.94	$357.88	$1,477.42
Family	$334.42	$668.83	$2,761.06
CareFirst HDHP			
Employee only	$19.77	$39.53	$750.99
Employee + spouse	$173.42	$346.84	$1,431.83
Employee + child(ren)	$119.47	$238.94	$986.37
Family	$223.27	$446.53	$1,843.37

$60,000 – $99,999 Annual Salary			
Plan	**Bi-Weekly Payroll Deduction**	**Monthly Payroll Deduction**	**AU Monthly Contribution**
Kaiser HMO			
Employee only	$74.61	$149.21	$636.08
Employee + spouse	$305.42	$610.84	$1,185.75
Employee + child(ren)	$245.48	$490.96	$953.03
Family	$388.48	$776.96	$1,508.23
CareFirst PPO			
Employee only	$112.49	$224.97	$959.10
Employee + spouse	$452.91	$905.81	$1,758.34
Employee + child(ren)	$312.00	$624.00	$1,211.30
Family	$583.08	$1,166.16	$2,263.73
CareFirst HDHP			
Employee only	$75.10	$150.20	$640.32
Employee + spouse	$302.38	$604.75	$1,173.92
Employee + child(ren)	$208.31	$416.61	$808.70
Family	$389.29	$778.57	$1,511.33

Medical Coverage

$100,000 – $149,999 Annual Salary			
Plan	**Bi-Weekly Payroll Deduction**	**Monthly Payroll Deduction**	**AU Monthly Contribution**
Kaiser HMO			
Employee only	$94.24	$188.47	$596.82
Employee + spouse	$350.34	$700.67	$1,095.92
Employee + child(ren)	$281.58	$563.16	$880.83
Family	$445.61	$891.22	$1,393.97
CareFirst PPO			
Employee only	$142.09	$284.18	$899.89
Employee + spouse	$519.51	$1,039.02	$1,625.13
Employee + child(ren)	$357.89	$715.77	$1,119.53
Family	$668.83	$1,337.66	$2,092.23
CareFirst HDHP			
Employee only	$94.86	$189.72	$600.80
Employee + spouse	$346.84	$693.68	$1,084.99
Employee + child(ren)	$238.94	$477.87	$747.44
Family	$446.53	$893.06	$1,396.84

$150,000+ Annual Salary			
Plan	**Bi-Weekly Payroll Deduction**	**Monthly Payroll Deduction**	**AU Monthly Contribution**
Kaiser HMO			
Employee only	$106.02	$212.03	$573.26
Employee + spouse	$377.29	$754.57	$1,042.02
Employee + child(ren)	$303.24	$606.48	$837.51
Family	$479.89	$959.78	$1,325.41
CareFirst PPO			
Employee only	$159.85	$319.70	$864.37
Employee + spouse	$559.47	$1,118.94	$1,545.21
Employee + child(ren)	$385.42	$770.83	$1,064.47
Family	$720.28	$1,440.55	$1,989.34
CareFirst HDHP			
Employee only	$106.72	$213.44	$577.08
Employee + spouse	$373.52	$747.04	$1,031.63
Employee + child(ren)	$257.32	$514.63	$710.68
Family	$480.88	$961.76	$1,328.14

Dental Coverage

	Basic Plan			Comprehensive Plan		
	Bi-Weekly Payroll Deduction	Monthly Payroll Deduction	AU Monthly Contribution	Bi-Weekly Payroll Deduction	Monthly Payroll Deduction	AU Monthly Contribution
Employee only	$12.68	$25.36	$8.44	$15.95	$31.90	$10.63
Employee + spouse	$31.34	$62.67	$15.66	$39.42	$78.84	$19.71
Employee + child(ren)	$21.59	$43.18	$10.79	$27.16	$54.31	$13.58
Family	$39.21	$78.41	$19.59	$49.33	$98.65	$24.66

Vision Coverage

	Basic Plan		Enhanced Plan	
	Bi-Weekly Payroll Deduction	Monthly Payroll Deduction	Bi-Weekly Payroll Deduction	Monthly Payroll Deduction
Employee only	$1.95	$3.90	$3.31	$6.62
Employee + spouse	$3.90	$7.80	$6.63	$13.25
Employee + child(ren)	$4.10	$8.19	$6.96	$13.92
Family	$5.71	$11.41	$9.69	$19.38

Metlife Legal Plan

Bi-weekly	Monthly
$10.35	$20.70

FSA and HSA Administrative Fee

Coverage amount	Bi-weekly	Monthly	AU Monthly Contribution
FSA Administrative Fee	$0.72	$1.45	$1.50
HSA Administrative Fee	$0.55	$1.10	$1.10

Optional Life and AD&D Insurance

Employee & Spouse Life Premiums

Age	Rate/$1,000 in coverage
Under 30	$0.036
30-34	$0.040
35-39	$0.046
40-44	$0.080
45-49	$0.134
50-54	$0.207
55-59	$0.387
60-64	$0.594
65+	$1.102

Child Life Premiums

Coverage amount	Rate
$1,000	$0.10
$2,000	$0.21
$3,000	$0.31
$4,000	$0.41
$5,000	$0.52
$6,000	$0.62
$7,000	$0.72
$8,000	$0.82
$9,000	$0.93
$10,000	$1.03

AD&D Premiums

Coverage Level	Rate/$1,000 in coverage
Single	$0.014
Family	$0.023

Hospital Indemnity Insurance

	Basic Plan		Enhanced Plan	
	Bi-Weekly Payroll Deduction	Monthly Payroll Deduction	Bi-Weekly Payroll Deduction	Monthly Payroll Deduction
Employee only	$5.45	$10.90	$10.65	$21.29
Employee + spouse	$11.99	$23.97	$23.42	$46.84
Employee + child(ren)	$10.90	$21.79	$21.29	$42.58
Family	$17.43	$34.86	$34.07	$68.13

Accident Insurance

	Basic Plan		Enhanced Plan	
	Bi-Weekly Payroll Deduction	Monthly Payroll Deduction	Bi-Weekly Payroll Deduction	Monthly Payroll Deduction
Employee only	$1.73	$3.46	$3.85	$7.69
Employee + spouse	$3.47	$6.93	$7.69	$15.38
Employee + child(ren)	$3.73	$7.45	$8.27	$16.53
Family	$5.46	$10.92	$12.11	$24.22

Critical Illness Insurance

	Employee Monthly Premiums				Spouse Monthly Premiums			
	Non-Tobacco user		Tobacco user		Non-Tobacco user		Tobacco user	
Coverage	**$10,000**	**$20,000**	**$10,000**	**$20,000**	**$10,000**	**$20,000**	**$10,000**	**$20,000**
Under 25	$3.00	$6.00	$4.30	$8.60	$2.30	$4.60	$3.30	$6.60
25-29	$3.40	$6.80	$5.00	$10.00	$2.70	$5.40	$3.80	$7.60
30-34	$3.90	$7.80	$5.90	$11.80	$3.60	$7.20	$5.20	$10.40
35-39	$5.00	$10.00	$7.70	$15.40	$4.90	$9.80	$7.60	$15.20
40-44	$7.20	$14.40	$11.30	$22.60	$7.30	$14.60	$11.70	$23.40
45-49	$9.20	$18.40	$14.80	$29.60	$10.00	$20.00	$15.80	$31.60
50-54	$12.10	$24.20	$19.30	$38.60	$13.60	$27.20	$21.70	$43.40
55-59	$15.60	$31.20	$25.10	$50.20	$17.20	$34.40	$27.80	$55.60
60-64	$20.00	$40.00	$32.30	$64.60	$20.00	$40.00	$32.20	$64.40
65-69	$25.60	$51.20	$41.40	$82.80	$24.40	$48.80	$39.60	$79.20
70+	$40.00	$80.00	$65.20	$130.40	$34.40	$68.80	$56.20	$112.40

Child Monthly Premiums

Coverage Amount	Monthly Rate
$5,000	$1.00
$10,000	$2.00



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