

# 2025 Benefit Options & Enrollment Guide

Full-Time Staff & Faculty

# Equity. Modernization. Sustainability.

As part of its long-term strategy to provide equitable and sustainable benefits for the university, AU made benefit changes for 2025 that are informed by current trends and benchmark data.

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## **American University benefits**

#### 2025 Benefit changes

#### **Medical coverage options**

- Employee only
- **NEW!** Employee + child(ren)
- **NEW!** Employee + spouse/domestic partner
- Employee + family

#### Medical costs based on salary tiers

- **UPDATED!** Under \$60K (\$55K in 2024)
- **NEW!** \$60K \$99.9K
- **NEW!** \$100K \$149.9K
- NEW! Over \$150K

## **NEW!** High Deductible Health Plan + Health Savings Account

#### **Changes to CareFirst & Express Scripts PPO**

- Increased in-network deductibles
- Increased in-network coinsurance
- Increased in-network out-of-pocket maximum
- Increased prescription drug copays for brand named drugs
- Removal of discounts for vision coverage

#### **Changes to Delta Dental Comprehensive**

- Increased member coinsurance
- Increased annual plan maximum
- Increased orthodontics benefit maximum

#### **NEW!** Vision plan options

- Vision basic
- Vision enhanced

#### Benefits that are the same

- Defined contribution 403(b) retirement plan
- Tuition remission
- Education benefits for dependent children
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Disability coverage
- · Group auto & home insurance
- Pet insurance
- Commuter & parking benefits
- Federal credit union
- AhealthyU health & wellness programs
- Faculty & Staff Assistance Program counseling resources
- Work-life programs, family services & resources

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.

### **Enrollment**

#### **New hires**

As a new hire, you must complete your benefits enrollment in Workday within 30 days of your start date.

For new hires enrolling in AU's medical, dental, vision, flexible spending accounts, and legal plan, coverage begins on the first of the month after your hire date. If your hire date is on the first of the month, your benefits will start that day.

#### **During open enrollment**

Open enrollment for 2025 benefits runs from November 4 – November 18, 2024. Make your 2025 benefit elections in Workday. Coverage is effective January 1, 2025.

During open enrollment you can add, change, or drop:

- Medical & prescription coverage.
- Dental coverage.
- Vision coverage.
- Health Care Flexible Spending Account.
- · Dependent Care Flexible Spending Account.
- Health Savings Account (if High Deductible Health Plan is elected).
- Optional life and accidental death & dismemberment insurance.
- Legal plan.

If you're enrolled in AU benefits and don't take any action, your current benefits will automatically renew for 2025, EXCEPT for Flexible Spending Accounts (FSAs), which must be re-elected every year.

However, we recommend reviewing your benefits to ensure they meet your needs, and confirming your dependents and beneficiaries.

#### **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.

#### **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:

- 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 <u>Workday</u> within 30 days of the event. The benefit change must be consistent with the event.

## Eligibility

You are eligible for the benefits in this guide if you are an American University full-time staff or faculty member as defined in the Faculty & Staff Benefits Manual.

#### Eligible dependents

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

Your dependents may include your:

- Spouse
- Domestic partner<sup>1</sup>
- Eligible children, including:
- Your children
- Stepchildren
- Legally adopted children
- Children who have been placed with you for adoption
- Children for whom you have been appointed legal guardian

In most cases, your dependent children are eligible for medical, dental, vision, and legal plan coverage until the end of the year in which they reach age 26. If your dependent child is disabled, there is no age restriction on these benefits.<sup>2</sup>

<sup>1</sup> Domestic partners and their children may be added to the plan as long as you meet eligibility requirements and have a valid <a href="Affidavit of Domestic Partnership">Affidavit of Domestic Partnership</a> on file in the Office of Human Resources.

<sup>2</sup> Disabled 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.



### Under \$60,000 annual salary

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	AU Monthly Contribution	AU + Employee Total Monthly Cost	
CareFirst PPO					
Employee only	\$23.28	\$46.56	\$884.56	\$931.12	
Employee + child(ren)	\$133.50	\$267.00	\$1,176.23	\$1,443.23	
Employee + spouse	\$193.79	\$387.58	\$1,707.44	\$2,095.02	
Family	\$249.49	\$498.98	\$2,198.20	\$2,697.18	
CareFirst HDHP					
Employee only	\$17.46	\$34.92	\$663.42	\$698.34	
Employee + child(ren)	\$100.13	\$200.25	\$882.18	\$1,082.43	
Employee + spouse	\$145.34	\$290.68	\$1,280.58	\$1,571.26	
Family	\$187.12	\$374.23	\$1,648.65	\$2,022.88	
Kaiser HMO					
Employee only	\$16.21	\$32.41	\$615.80	\$648.21	
Employee + child(ren)	\$110.25	\$220.50	\$971.41	\$1,191.91	
Employee + spouse	\$137.18	\$274.35	\$1,208.61	\$1,482.96	
Family	\$174.48	\$348.96	\$1,537.32	\$1,886.28	
Delta Dental Basic					
Employee only	\$10.87	\$21.74	\$7.25	\$28.98	
Employee + child(ren)	\$18.51	\$37.02	\$9.25	\$46.27	
Employee + spouse	\$26.87	\$53.73	\$13.43	\$67.16	
Family	\$33.61	\$67.22	\$16.80	\$84.02	
<b>Delta Dental Comprehensive</b>					
Employee only	\$13.68	\$27.35	\$9.12	\$36.46	
Employee + child(ren)	\$23.29	\$46.57	\$11.64	\$58.21	
Employee + spouse	\$33.80	\$67.60	\$16.90	\$84.50	
Family	\$42.29	\$84.58	\$21.14	\$105.72	
CareFirst Vision Basic					
Employee only	\$1.99	\$3.98	\$0.00	\$3.98	
Employee + child(ren)	\$4.18	\$8.36	\$0.00	\$8.36	
Employee + spouse	\$3.98	\$7.96	\$0.00	\$7.96	
Family	\$5.82	\$11.64	\$0.00	\$11.64	
CareFirst Vision Enhanced					
Employee only	\$3.38	\$6.76	\$0.00	\$6.76	
Employee + child(ren)	\$7.11	\$14.21	\$0.00	\$14.21	
Employee + spouse	\$6.77	\$13.53	\$0.00	\$13.53	
Family	\$9.90	\$19.79	\$0.00	\$19.79	
Metlife Legal Plans	\$8.25	\$16.50	\$0.00	\$16.50	
FSA Administrative Fee	\$0.72	\$1.45	\$1.50	\$2.95	
HSA Administrative Fee	\$0.55	\$1.10	\$1.10	\$2.20	
Optional Life Insurance	Varies	Varies	\$0.00	\$0.00	



## \$60,000 - \$99,999 annual salary

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	AU Monthly Contribution	AU + Employee Total Monthly Cost
CareFirst PPO				
Employee only	\$83.80	\$167.60	\$763.52	\$931.12
Employee + child(ren)	\$238.14	\$476.27	\$966.96	\$1,443.23
Employee + spouse	\$345.68	\$691.36	\$1,403.66	\$2,095.02
Family	\$445.04	\$890.07	\$1,807.11	\$2,697.18
CareFirst HDHP				
Employee only	\$62.85	\$125.70	\$572.64	\$698.34
Employee + child(ren)	\$178.60	\$357.20	\$725.23	\$1,082.43
Employee + spouse	\$259.26	\$518.52	\$1,052.74	\$1,571.26
Family	\$333.78	\$667.55	\$1,355.33	\$2,022.88
Kaiser HMO				
Employee only	\$58.34	\$116.68	\$531.53	\$648.21
Employee + child(ren)	\$196.67	\$393.33	\$798.58	\$1,191.91
Employee + spouse	\$244.69	\$489.38	\$993.58	\$1,482.96
Family	\$311.24	\$622.47	\$1,263.81	\$1,886.28
Delta Dental Basic				
Employee only	\$10.87	\$21.74	\$7.25	\$28.98
Employee + child(ren)	\$18.51	\$37.02	\$9.25	\$46.27
Employee + spouse	\$26.87	\$53.73	\$13.43	\$67.16
Family	\$33.61	\$67.22	\$16.80	\$84.02
<b>Delta Dental Comprehensive</b>				
Employee only	\$13.68	\$27.35	\$9.12	\$36.46
Employee + child(ren)	\$23.29	\$46.57	\$11.64	\$58.21
Employee + spouse	\$33.80	\$67.60	\$16.90	\$84.50
Family	\$42.29	\$84.58	\$21.14	\$105.72
CareFirst Vision Basic				
Employee only	\$1.99	\$3.98	\$0.00	\$3.98
Employee + child(ren)	\$4.18	\$8.36	\$0.00	\$8.36
Employee + spouse	\$3.98	\$7.96	\$0.00	\$7.96
Family	\$5.82	\$11.64	\$0.00	\$11.64
CareFirst Vision Enhanced				
Employee only	\$3.38	\$6.76	\$0.00	\$6.76
Employee + child(ren)	\$7.11	\$14.21	\$0.00	\$14.21
Employee + spouse	\$6.77	\$13.53	\$0.00	\$13.53
Family	\$9.90	\$19.79	\$0.00	\$19.79
Metlife Legal Plans	\$8.25	\$16.50	\$0.00	\$16.50
FSA Administrative Fee	\$0.72	\$1.45	\$1.50	\$2.95
HSA Administrative Fee	\$0.55	\$1.10	\$1.10	\$2.20
Optional Life Insurance	Varies	Varies	\$0.00	\$0.00



### \$100,000 - \$149,999 annual salary

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	AU Monthly Contribution	AU + Employee Total Monthly Cost
CareFirst PPO				
Employee only	\$107.08	\$214.16	\$716.96	\$931.12
Employee + child(ren)	\$274.22	\$548.43	\$894.80	\$1,443.23
Employee + spouse	\$398.06	\$796.11	\$1,298.91	\$2,095.02
Family	\$512.47	\$1,024.93	\$1,672.25	\$2,697.18
CareFirst HDHP				
Employee only	\$80.31	\$160.62	\$537.72	\$698.34
Employee + child(ren)	\$205.66	\$411.32	\$671.11	\$1,082.43
Employee + spouse	\$298.54	\$597.08	\$974.18	\$1,571.26
Family	\$384.35	\$768.69	\$1,254.19	\$2,022.88
Kaiser HMO				
Employee only	\$74.55	\$149.09	\$499.12	\$648.21
Employee + child(ren)	\$226.47	\$452.93	\$738.98	\$1,191.91
Employee + spouse	\$281.76	\$563.52	\$919.44	\$1,482.96
Family	\$358.40	\$716.79	\$1,169.49	\$1,886.28
Delta Dental Basic				
Employee only	\$10.87	\$21.74	\$7.25	\$28.98
Employee + child(ren)	\$18.51	\$37.02	\$9.25	\$46.27
Employee + spouse	\$26.87	\$53.73	\$13.43	\$67.16
Family	\$33.61	\$67.22	\$16.80	\$84.02
<b>Delta Dental Comprehensive</b>				
Employee only	\$13.68	\$27.35	\$9.12	\$36.46
Employee + child(ren)	\$23.29	\$46.57	\$11.64	\$58.21
Employee + spouse	\$33.80	\$67.60	\$16.90	\$84.50
Family	\$42.29	\$84.58	\$21.14	\$105.72
CareFirst Vision Basic				
Employee only	\$1.99	\$3.98	\$0.00	\$3.98
Employee + child(ren)	\$4.18	\$8.36	\$0.00	\$8.36
Employee + spouse	\$3.98	\$7.96	\$0.00	\$7.96
Family	\$5.82	\$11.64	\$0.00	\$11.64
CareFirst Vision Enhanced				
Employee only	\$3.38	\$6.76	\$0.00	\$6.76
Employee + child(ren)	\$7.11	\$14.21	\$0.00	\$14.21
Employee + spouse	\$6.77	\$13.53	\$0.00	\$13.53
Family	\$9.90	\$19.79	\$0.00	\$19.79
Metlife Legal Plans	\$8.25	\$16.50	\$0.00	\$16.50
FSA Administrative Fee	\$0.72	\$1.45	\$1.50	\$2.95
HSA Administrative Fee	\$0.55	\$1.10	\$1.10	\$2.20
Optional Life Insurance	Varies	Varies	\$0.00	\$0.00



### \$150,000+ annual salary

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	AU Monthly Contribution	AU + Employee Total Monthly Cost
CareFirst PPO				
Employee only	\$121.05	\$242.09	\$689.03	\$931.12
Employee + child(ren)	\$295.86	\$591.72	\$851.51	\$1,443.23
Employee + spouse	\$429.48	\$858.96	\$1,236.06	\$2,095.02
Family	\$552.92	\$1,105.84	\$1,591.34	\$2,697.18
CareFirst HDHP				
Employee only	\$90.79	\$181.57	\$516.77	\$698.34
Employee + child(ren)	\$221.90	\$443.80	\$638.63	\$1,082.43
Employee + spouse	\$322.11	\$644.22	\$927.04	\$1,571.26
Family	\$414.69	\$829.38	\$1,193.50	\$2,022.88
Kaiser HMO				
Employee only	\$84.27	\$168.53	\$479.68	\$648.21
Employee + child(ren)	\$244.34	\$488.68	\$703.23	\$1,191.91
Employee + spouse	\$304.01	\$608.01	\$874.95	\$1,482.96
Family	\$386.69	\$773.37	\$1,112.91	\$1,886.28
Delta Dental Basic				
Employee only	\$10.87	\$21.74	\$7.25	\$28.98
Employee + child(ren)	\$18.51	\$37.02	\$9.25	\$46.27
Employee + spouse	\$26.87	\$53.73	\$13.43	\$67.16
Family	\$33.61	\$67.22	\$16.80	\$84.02
<b>Delta Dental Comprehensive</b>				
Employee only	\$13.68	\$27.35	\$9.12	\$36.46
Employee + child(ren)	\$23.29	\$46.57	\$11.64	\$58.21
Employee + spouse	\$33.80	\$67.60	\$16.90	\$84.50
Family	\$42.29	\$84.58	\$21.14	\$105.72
CareFirst Vision Basic				
Employee only	\$1.99	\$3.98	\$0.00	\$3.98
Employee + child(ren)	\$4.18	\$8.36	\$0.00	\$8.36
Employee + spouse	\$3.98	\$7.96	\$0.00	\$7.96
Family	\$5.82	\$11.64	\$0.00	\$11.64
CareFirst Vision Enhanced				
Employee only	\$3.38	\$6.76	\$0.00	\$6.76
Employee + child(ren)	\$7.11	\$14.21	\$0.00	\$14.21
Employee + spouse	\$6.77	\$13.53	\$0.00	\$13.53
Family	\$9.90	\$19.79	\$0.00	\$19.79
Metlife Legal Plans	\$8.25	\$16.50	\$0.00	\$16.50
FSA Administrative Fee	\$0.72	\$1.45	\$1.50	\$2.95
HSA Administrative Fee	\$0.55	\$1.10	\$1.10	\$2.20
Optional Life Insurance	Varies	Varies	\$0.00	\$0.00

## **Medical options**

American University offers three medical options, all of which include prescription drug coverage. Qualified preventive care services are covered in-network at 100%.

#### **CareFirst PPO**

#### **PROS**

- Flexibility to see any provider.
- · No referral required.
- Insurance starts paying after lower deductible than CareFirst HDHP.
- Lowest out-of-pocket maximum when using in-network providers.
- Express Scripts provides 30-day prescriptions at retail pharmacies and 90-day supplies using home delivery or CVS Smart90.
- You can elect a health care Flexible Spending Account (FSA) to pay for eligible medical expenses, up to the annual IRS maximum.

#### **CONS**

- Highest monthly premium of all options.
- Your cost depends if your provider is in or out of the CareFirst network.
- There is a moderate deductible to reach before the plan starts to pay.
- After you reach the deductible, you are responsible for a percentage of the charge (coinsurance).
- After three retail prescription fills for maintenance drugs, additional \$10 for each retail fill if you do not have these drugs filled through home delivery or CVS Smart90.
- Separate out-of-pocket maximum for prescriptions.
- · Can't contribute to the HSA.

#### NEW

#### CareFirst HDHP + HSA

#### **PROS**

- · Flexibility to see any provider.
- · No referral required.
- Lower monthly premium than CareFirst PPO.
- AU contributes to a Health Savings Account (HSA).
- You can elect to contribute towards the HSA, up to the annual IRS maximum.

#### CONS

- You pay all medical and prescription costs until deductible is met, except for drugs on the Consumer Directed Healthcare Preventive medication list, which are not subject to the deductible.
- Highest deductible to reach before insurance starts to pay.
- Your cost depends if provider is in or out of the CareFirst network.
- After you reach the deductible, you are responsible for a percentage of the charge (coinsurance).
- Out-of-network coinsurance is higher than CareFirst PPO outof-network coinsurance.
- Highest out-of-pocket maximum of all the options.
- Can't contribute to a health care Flexible Spending Account (FSA).

#### Kaiser HMO

#### **PROS**

- One-stop shop for all medical needs.
- Lower monthly premium than CareFirst PPO.
- Coordinated care within Kaiser network.
- · No deductibles.
- · No coinsurance.
- Lowest cost pharmacy option of all plans when filled in a Kaiser Center pharmacy (slightly higher price using an outside pharmacy for 30-day prescription).
- Over 30 locations in DC, Maryland, and Virginia.
- You can elect a health care Flexible Spending Account (FSA) to pay for eligible medical expenses, up to the annual IRS maximum.

#### CONS

- You must use providers in the Kaiser network; no coverage for out-of-network providers except in certain emergency situations.
- Must obtain a referral from primary care provider for some services.
- Higher out-of-pocket maximum than CareFirst PPO.
- · Can't contribute to the HSA.



## **Compare medical options**

The following chart provides an overview of the three medical options. Your portion of the premium is pretax and deducted from your pay before taxes are withheld. Please note that "Individual +" applies to Individual + child(ren), + spouse/domestic partner, or family coverage.

	CareFirst PPO <sup>1</sup>		CareFirst HDHP <sup>1</sup>		Kaiser HMO
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
AU HSA Contribution	Not applicable	Not applicable	\$500 individual/\$	1000 individual +	Not applicable
Deductible individual	\$600	\$1,000	\$3,000	\$6,000	\$0
Deductible individual +	\$1,000	\$2,000	\$6,000	\$12,000	\$0
Coinsurance	Plan pays 80% You pay 20%	Plan pays 65% You pay 35%	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Not applicable
Out-of-pocket maximum individual	\$3,000	\$4,000	\$7,000	\$12,000	\$3,500
Out-of-pocket maximum individual +	\$6,000	\$8,000	\$14,000	\$24,000	\$9,400
Copay primary care	\$20	Coinsurance after deductible is met	Coinsurance after deductible is met	Coinsurance after deductible is met	\$20
Copay specialist	\$40	Coinsurance after deductible is met	Coinsurance after deductible is met	Coinsurance after deductible is met	\$40
Preventive care visit	No copay	Not covered	No copay	Not covered	No copay
Emergency Room	\$100 copay	\$100 copay	Coinsurance after deductible is met	Coinsurance after deductible is met	\$75 copay
Urgent Care	\$40 copay	\$40 copay	Coinsurance after deductible is met	Coinsurance after deductible is met	\$40 copay

Your choice of provider affects your out-of-pocket costs in the CareFirst plans. Out-of-network deductibles, maximums, and other costs are significantly higher than those in-network. Visit <u>carefirst.com</u> to find out if your provider is in-network.

#### Terms to know

**Annual deductible** is the amount you pay before your insurance begins covering certain services, such as hospitalization or outpatient surgery.

**Coinsurance** is the amount you pay as a percentage of the allowed cost of your services after you reach the annual deductible and until you reach the plan's out-of-pocket maximum.

**Copayment (copay)** is a fixed amount you pay for a health care service.

**Out-of-pocket maximum** is the most you will pay for covered medical services in a calendar year. Once you meet it, the plan will pay the full cost of additional expenses.



## Compare prescription plans

The following chart provides an overview of prescription costs covered under the three medical options.

	CareFirst PPO	CareFirst HDHP¹	Kaise	r HMO
	Express Scripts	Express Scripts	Kaiser Center Pharmacy	Outside Pharmacy
Rx Deductible	None	Included with medical	None	None
Rx Calendar year out-of- pocket maximum	\$3,850 individual/ \$7,700 family	Included with medical	Included with medical	Included with medical
Generic (30 days)	\$10 <sup>2</sup>	Same as PPO after medical deductible is met	\$10	\$20
Brand name preferred (30 days)	30%² min \$25 – max \$70	Same as PPO after medical deductible is met	\$20	\$40
Brand name non- preferred (30 days)	50%² min \$70 – max \$150	Same as PPO after medical deductible is met	\$35	\$70
Generic home delivery (90 days)	\$25³	Same as PPO after medical deductible is met	\$20	Not applicable
Brand name preferred home delivery (90 days)	30%³ min \$65 – max \$175	Same as PPO after medical deductible is met	\$40	Not applicable
Brand name non- preferred home delivery (90 days)	50%³ min \$175 – max \$375	Same as PPO after medical deductible is met	\$55	Not applicable
Specialty drugs (30 days)	Same as retail generic, preferred and non- preferred copays/ coinsurance	Same as PPO after medical deductible is met	· ·	ic, preferred, and rred copayments ecialty drugs
Excluded drugs⁴	No coverage	No coverage	Not applicable	Not applicable

<sup>1</sup> The deductible will be waived for drugs on the Consumer Directed Healthcare Preventive Medication List.

#### Terms to know

**Generic drugs** meet the same standard quality and are an ingredient or therapeutic match to the brand name equivalent.

**Brand name non-preferred** or non-formulary drugs have no generic equivalent and are not included on the plan's preferred drug list.

**Brand name preferred** or formulary drugs have no generic equivalent and are included on the plan's preferred drug list.

<sup>2</sup> After the first three retail prescription fills for maintenance drugs, CareFirst participants pay an additional \$10 for each retail fill.

<sup>3</sup> CareFirst participants can also use the CVS Smart90 program to fill a maintenance medication at a local CVS store for a 90-day supply.

<sup>4</sup> Excluded drugs do not apply towards out-of-pocket maximums.



## **Dental coverage**

American University offers a choice between two dental plans from Delta Dental. To find a dentist, visit <a href="https://www.deltadentalins.com">www.deltadentalins.com</a>. Contact your dentist to find out if they are a Delta Dental provider.

#### **Delta Dental Basic**

#### **PROS**

- Covers screenings, cleanings, fillings, and periodontics.
- Lower monthly premium than Delta Dental Comprehensive.

#### CONS

- You must choose a dentist who is in the Delta Dental PPO network.
- Does not provide coverage for services from a Premier or non-participating dental provider.
- · Does not cover major dental services.

#### **Delta Dental Comprehensive**

#### **PROS**

- Covers everything in Delta Dental Basic and most necessary dental services and supplies, including orthodontia.
- Select any licensed dentist, however, the dentist you choose determines the level you pay out-ofpocket.
  - You pay the least out-of-pocket if you see a dentist in the Delta Dental PPO network;
  - You pay a little more out-of-pocket if you see a dentist in the Delta Dental Premier network;
  - You pay the most out-of-pocket for seeing a dentist who is not affiliated with Delta Dental.

#### **CONS**

· Higher monthly premium than Delta Dental Basic.

#### Terms to know

Allowed benefit is the maximum amount your plan will pay for a covered service. It's also referred to as the "eligible expense," "payment allowance," or "negotiated rate." If you choose a Premier or non-affiliated dentist and their charges exceed this amount, you may have to pay the difference, known as balance billing.

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



## **Compare dental plans**

The following chart provides an overview of the two dental plans.

	Delta Dental Basic¹	Delta Dental Comprehensive <sup>2</sup>		
	PPO Dentists	PPO Dentists	Delta Dental Premier® and Non-PPO Dentists	
<b>Deductible</b> Waived for diagnostic, preventive, and orthodontics	\$50 individual \$150 family	\$50 individual \$150 family	\$50 individual \$150 family	
Plan maximum	\$1,000 per person calendar year maximum	\$2,000 per person calendar year maximum \$1,500 per person orthodontic lifetime maximum	\$2,000 per person calendar year maximum \$1,500 per person orthodontic lifetime maximum	
Diagnostic and preventive services <sup>34</sup> Oral exams, cleanings, x-rays, and sealants	100% of allowed benefit no deductible	100% of allowed benefit no deductible	100% of allowed benefit no deductible	
Basic services Fillings and posterior composites	50% of allowed benefit after deductible	80% of allowed benefit after deductible	70% of allowed benefit after deductible	
Endodontics Root canals	50% of allowed benefit after deductible	80% of allowed benefit after deductible	70% of allowed benefit after deductible	
Periodontics Gum treatment	50% of allowed benefit after deductible	50% of allowed benefit after deductible	40% of allowed benefit after deductible	
Oral surgery Incisions, excisions, and surgical removal of tooth	Not covered	80% of allowed benefit after deductible	70% of allowed benefit after deductible	
Prosthodontics Bridges, dentures, and implants	Not covered	50% of allowed benefit after deductible	40% of allowed benefit after deductible	
Orthodontic services Adults and children	Not covered	50% of allowed benefit no deductible	50% of allowed benefit no deductible	

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.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Diagnostic and preventive services will not count toward the calendar year maximum.

<sup>4</sup> Fluoride treatment is covered only for children up to age 19.



## NEW

## **Vision plans**

American University offers two vision plans through CareFirst. The vision plans are available to all eligible staff and faculty, including those who elect CareFirst PPO, CareFirst HDHP, Kaiser HMO or no medical option. The following chart provides an overview of the two vision plans.

	CareFirst Vision Basic	CareFirst Vision Enhanced
Comprehensive eye exam	\$10 copay	\$10 copay
Examination	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	12 months
Contact lens examination	15% discount <sup>1</sup>	Up to \$60 allowance +15% off balance
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
Frames	Up to \$100 or up to \$150 at Visionworks + 20% off balance	Up to \$180 or up to \$230 at Visionworks + 20% off balance
Elective contact lenses	\$97 allowance for single vision \$127 for multifocal + 15% off remaining balance balance	
Necessary contact lenses	Covered in full Covered in full	
Diabetic eyecare plus program	Additional exam at no cost	Additional exam at no cost

<sup>1 \$51</sup> Member copay assuming \$60 contact lens exam cost.



## Compare tax-advantaged spending and savings account

A Health Care Flexible Spending Account (FSA) and a Health Savings Account (HSA) both help you pay for qualified medical expenses, but differ in key ways. A Dependent Care (DCFSA) is used for eligible dependent care costs and cannot be applied to medical expenses for dependents. Please note that "Individual +" applies to Individual + child(ren), + spouse/domestic partner, or family coverage.

FSA participation does not automatically renew each year. You must enroll or re-enroll during open enrollment to participate the following year.

## Health Care Flexible Spending Account

#### **PROS**

- Use it to pay for eligible medical expenses.
- The entire amount of your election is available on January 1
- You can use with all your dependents that you claim on your federal taxes, not just those covered by an AUsponsored medical plan.
- Contributions are pretax, saving you money on taxes and increasing your take-home pay. Contribute up to \$3,300 in 2025.

#### **CONS**

 Use it or lose it by March 15, 2026.

Administed by Optum Financial.

#### NEW

## Health Savings Account (HSA)

#### **PROS**

- Use it to pay for eligible medical expenses.
- AU contributes \$500 for individuals or \$1,000 for "individual +" if you select the HDHP medical plan.
- You can contribute to your HSA, up to the IRS limit.
- Contributions are pre-tax, saving you money on taxes and increasing your take-home pay.
- Unused funds rollover to the next year.
- You own the HSA, so if you leave the university, the balance belongs to you.
- After age 65, you can use the HSA funds for any purpose without penalty.

#### CONS

- You must be enrolled in the HDHP, requiring significant medical out-of-pocket costs before coverage begins.
- There's a penalty for nonqualified medical withdrawals.

Administed by CareFirst.

## Dependent Care Flexible Spending Account

#### **PROS**

- Use it to pay for eligible dependent care expenses, including:
  - Child care, before/afterschool care, day camps, and preschool.
  - Elder day care.
- Covers dependents such as:
  - Children under 13 claimed as tax exemptions.
  - A spouse who cannot care for themselves.
  - A dependent unable to care for themselves and who you claim as a tax exemption.
- Contributions are pre-tax, saving you money on taxes and increasing your take-home pay. Contribute up to \$5,000 in 2025.

#### CONS

- Use it or lose it by March 15, 2026.
- Only available as your payroll contributions are added to the Dependent Care FSA.

Administed by Optum Financial.

## Life and accidental death & dismemberment insurance

AU automatically provides basic life insurance equal to one times your annual salary at no cost to you. You also have the option to purchase additional life and accidental death & dismemberment (AD&D) coverage provided by Prudential.

## Optional life insurance for employee, spouse, or domestic partner

#### **Employee**

Supplemental life insurance in increments of base salary up to 5x, or max of \$1,500,000. A statement of health may be required.

#### **Spouse/Domestic Partner**

Life insurance in \$10,000 increments up to \$100,000. A statement of health may be required.

#### **Cost for coverage**

Age	2025 Rate/\$1,000 of coverage
< 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

## Optional life insurance for dependent children

Life insurance for eligible dependent children up to age 26.

#### Cost for coverage

Amount	2025 Cost
\$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

## Optional Accidental Death & Dismemberment for Employee or Family

#### Cost for coverage

Coverage level	2025 Rate/\$1,000 of coverage
Single	\$0.014
Family	\$0.023

#### Terms to know

The **Statement of Health** (Evidence of Insurability) is a questionnaire, completed by you and your physician that provides basic health information for the insurance company to approve your life insurance enrollment or increase your coverage.

Primary beneficiary is the person, organization, trust, or entity you designate to receive benefits upon your death.

Contingent beneficiary is the person, organization, trust, or entity you designate to receive benefits if the primary beneficiary is deceased.

## Legal plan

MetLife Legal Plans gives you access to network attorneys for covered legal services.

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.

Covered services include, but are not limited to:

- Preparation of wills, living wills, and living trusts
- Purchase, sale, and refinancing primary residence
- Debt collection defense
- LifeStages® Identity Management Services
- Traffic ticket defense (no DUI/DWI)

## Retirement plan

## AU's defined contribution 403(b) retirement plan:

- Allows you to make contributions immediately.
- Matches your first 5% of contributions 2-to-1, after meeting eligibility requirements.
- Provides you with the flexibility to make pretax contributions, post-tax Roth contributions, or a combination of both.
- Offers a broad array of diversified investment options.
- Gives you a choice of two investment providers, TIAA and Fidelity.
- Provides immediate vesting, which means 100% of the contributions you and the university make to your account are yours to keep.
- Allows you to make changes to your contribution amount or investments at any time during the year.
- Has dedicated representatives from TIAA and Fidelity available for one-on-one confidential consultations on-campus and virtually.

## Eligibility for the 2-to-1 match on your contributions

You are eligible to receive the 2-to-1 matching contributions if you:

- Have worked at AU for 12 consecutive months, are normally scheduled to work at least 20 hours per week, and
- Worked at least 1,000 hours during that 12-month period.

#### **Automatic enrollment**

If you have not previously enrolled in the retirement plan, you will be automatically enrolled when you become eligible for the university match.

Your initial payroll contribution will be 1% of your basic annual salary and matched with a 2% contribution from the university, which will be invested in a target date fund with a maturity closest to your expected retirement date through Fidelity Investments.

You can change your contribution amount or investments at any time. Automatic payroll deductions will be taken on a pretax basis.

## Waiver of the one-year waiting period

If you have a year of service at another 501(c) (3) non-profit or university, you may be eligible for a waiver of the one-year waiting period. Contact <a href="mailto:hrpayrollhelp@american.edu">hrpayrollhelp@american.edu</a> for more details.

## **Tuition remission**

#### **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; and
- 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 (<u>ineligible programs</u>).
- Application, exam, matriculation fees, course and lab fees.
- \$50 administrative fee.

Online tuition remission applications must be submitted every semester that you plan on using AU's education benefits.

#### Some education benefits are taxable

When you receive a taxable tuition benefit for yourself, spouse, domestic partner, or dependent, the value of the benefit is imputed as taxable income. Imputed income taxes are paid through payroll deductions scheduled during the semester the benefit is issued.

Taxation on remitted tuition can significantly reduce your net (take-home) pay!

Your net pay may be impacted by personal exemptions, pretax benefits, federal and state filing status, gross income, etc. We recommend that you use *Model My Pay* in <u>Workday</u> to estimate your net pay.

Because there are many factors that may affect your individual situation, you may want to consult a tax advisor.

	Undergraduate level courses	Graduate level courses
Staff & faculty	0% taxable	\$5,250 tax-free annually, 100% taxable after \$5,250
Spouses	0% taxable	100% taxable
Domestic partners	100% taxable	100% taxable
Dependents	0% taxable	100% taxable

## Education benefits for dependent children

American University offers three education benefit programs for dependent children of eligible faculty and staff.

#### **Eligibility**

- 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; and
- Your child's studies must have commenced before their 21st birthday.

#### **AU** tuition scholarship

The American University tuition scholarship is available for eligible dependent children enrolled full-time (regular or provisional) in a degree program at American University or the Wesley Theological Seminary.

This benefit covers tuition expenses only; you or your child are responsible for all other non-tuition expenses and fees, including a \$50 application fee each semester. Graduate-level courses are 100% taxable to you.

## **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 <u>Tuition Exchange website</u> for information regarding the rules and level of competitiveness of the Tuition Exchange program, to find participating institutions, or to learn the annual set tuition amount.

#### **Cash grant program**

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

## Disability coverage

#### **Short Term Medical Leave**

If you cannot work due to a non-work-related illness or injury, Short Term Medical Leave (STML) provides up to 26 weeks of income protection. After a one-week waiting period, you receive up to 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.

AU automatically enrolls you in STML at no cost to you. Coverage starts on your first day as a full-time faculty member or after six months for full-time staff

#### **Long Term Disability**

Long term disability (LTD) coverage replaces 60% of your base annual salary if you are unable to work due to sickness or injury after using 26 weeks of Short Term Medical Leave benefits.

You are automatically enrolled in AU's long term disability plan on the first day of the month after you complete one year of full-time service with the university. The cost of long term disability is based on your salary and is shared evenly by you and the university.

### Retirement contributions continue on long term disability

If you participate in the retirement plan and are approved for long term disability, your contributions will continue, up to 15% of your predisability earnings, at no additional cost to you.

## Work-life programs, family services & resources

#### **AhealthyU**

AhealthyU supports your health and well-being through integrated 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.

## Faculty & Staff Assistance Program counseling resources

The Faculty & Staff Assistance Program (FSAP) provides confidential, professional, personal counseling services and resources available to faculty and staff and their immediate families.

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.

American University has partnered with BHS to provide mental health support for AU's Faculty & Staff Assistance Program. To connect with a BHS Care Coordinator:

- Call 800-327-2251.
- Visit the <u>MyBHS portal</u> and enter username: AU to connect via Live Chat or request services through an online form.
- Download the BHS App on your phone for quick one-touch dialing and access to the MyBHS portal (search "BHSApp").

## Work-life programs, family services & resources

#### Parental leave for child bonding

AU provides faculty and staff with parental leave to bond with a newborn infant or a child placed in a household through adoption or foster care.

Full-time staff and faculty who have at least one year of continuous service are eligible to receive parental leave.

- Staff receive 8 weeks of paid leave.
- Faculty receive up to one semester of paid leave.
- Receive 100% of regular pay offset by any amount received by DC Paid Family Leave.
- Parental leave starts after short term medical leave for birthing parents.
- Eligible staff and faculty may extend leave through an approved Federal and/or DC Family and Medical Leave (FML) for up to 8 more weeks.

#### **Emergency back-up dependent care**

Bright Horizons® Back-Up Care™ offers a nationwide network of child care centers and in-home care agencies when your regular arrangements fall through. Full-time staff and faculty are eligible for 15 days of subsidized emergency back-up care per year for children and adult/elder family members.

#### Additional family support and resources

AU full-time faculty and staff can access Bright Horizons referral services and discounts for non-emergency child care, elder care, pet sitting, tutoring, and housekeeping.

#### Group auto & home insurance

Farmers GroupSelect<sup>SM</sup> auto and home is a portable, voluntary group auto and home insurance benefit that provides you with access to insurance coverage for your personal insurance needs.

#### Pet insurance

Get access to Nationwide® pet insurance coverage that is only available through employers. Pet coverage helps with everything from minor problems such as common illnesses, injuries, surgeries, and hospitalizations.

Visit any vet and choose your level of reimbursement for up to \$7,500 each year, once you've met your annual deductible. Some exclusions may apply.

#### **Federal Credit Union**

EP Federal Credit Union offers low-rate loans, competitive savings and conveniences with low or no fees. Visit <a href="www.epfcu.org">www.epfcu.org</a> or call (202) 318-1991.

## Commuter & parking benefits

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

In 2025, you may:

- Allocate up to \$325 per month, pretax, for Metro, VRE, MARC train fares, vanpools, and ride-sharing services such as Lyft Line and uberPOOL and allocate up to an additional \$325 per month, pretax, for parking at WMATA Park and Ride locations; or
- 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; or
- Purchase a faculty and staff permit for parking at a university parking facility for \$126 per month, pretax via payroll deduction. To sign-up for a faculty and staff parking permit, visit the American University Parking portal; or
- Use the virtual self-park option. AU faculty and staff are eligible for a discounted hourly rate of \$.75/hour + a \$.35 service fee that can be used in all general parking areas through the PayByPhone mobile app. Register your car on the <u>American University Parking portal</u>.

You may only use one of the commuter and parking benefits above although you can change your selection monthly.

Optum Financial administers the commuter benefits, including the WMATA Park and Ride and bicycle benefits. Make your elections on the <a href="Optum Financial portal">Optum Financial portal</a> or on their mobile app by the 10th of each month for the following month.

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



## **Contact information**

#### Commuter benefits\*

Optum Financial (877) 292-4040 www.optumfinancial.com

## Faculty & Staff Assistance Program counseling resources\*

**BHS** 

(800) 327-2251 https://portal.bhsonline.com username: AU

#### Credit union\*

EP Federal Credit Union (202) 318-1991 www.epfcu.org

#### **Dental**

Delta Dental (800) 932-0783 www.deltadentalins.com

## Dependent care, family services & resources\*

Bright Horizons (877) 242-2737 https://clients.brighthorizons. com/au

#### **Education benefits\***

AU Human Resources Benefits Team (202) 885-3836 hrpayrollhelp@american.edu

## Flexible Spending Accounts

Optum Financial (877) 292-4040 www.optumfinancial.com

## Health and wellness programs for faculty & staff\*

AhealthyU (202) 885-3742 www.american.edu/hr/ahealthyu

#### **Health Savings Account**

BlueFund HSA 866-758-6119 carefirst.come/myaccount

#### Home & auto insurance\*

Farmers Insurance 866-910-4442

#### Legal plan

Metlife Legal Plans (800) 821-6400 www.legalplans.com

#### Life and AD&D insurance

AU Human Resources Benefits Team (202) 885-3836 hrpayrollhelp@american.edu

#### **Prudential**

(Evidence of insurability application status) (888) 257-0412 www.prudential.com/mystatus

#### Medical

CareFirst PPO & HDHP (800) 628-8549 www.carefirst.com

Kaiser Permanente HMO (301) 468-6000 www.kp.org

#### Pet insurance\*

Nationwide (844) 208-1108 my.petinsurance.com

#### **Prescription drug**

Express Scripts (877) 486-5984 www.express-scripts.com

Kaiser Permanente (301) 468-6000 www.kp.org

#### Retirement benefits\*

Fidelity (800) 343-0860 www.netbenefits.com/au

TIAA (800) 842-2252 www.tiaa.org/american

## Short Term Medical Leave\*

AU Human Resources Benefits Team (202) 885-3836 hrpayrollhelp@american.edu

#### Vision

CareFirst (800) 783-5602 www.carefirst.com

\*Benefits that are available all year and do not require enrollment at initial hire, open enrollment or qualifying life event.