AMERICAN UNIVERSITY
WASHINGTON, DC

2026
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 2026 that are informed by current trends and benchmark data.

I-B-OE 11 2026

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American University benefits

2026 Benefit changes

Announcing the rebranding of the CareFirst medical plan options in 2026!

- CareFirst & Express-Scripts HDPD Plan is rebranded as CareFirst & Express-Scripts Savings Bundle Plan.
- CareFirst & Express-Scripts PPO Plan is rebranded as CareFirst & Express-Scripts Premier Plan

New Supplemental Medical Insurance Options

Employees can select from the following options

- Hospital indemnity insurance
- Accident insurance
- Critical Illness insurance

Carefirst Medical Plan Enhancement for 2026

- AU will pay 100% of the premium for the Hospital Indemnity Basic plan option for employees and their families who enroll in the CareFirst Savings Bundle Medical Plan.

New Administrator: Disability, Life and AD & D

- The Hartford

Changes to CareFirst Premier & Express Scripts

- Increased in-network deductibles
- Increased in-network out-of-pocket maximum
- Increased primary care and specialist copays
- Increased prescription drug-out-of pocket maximums
- Increased premiums for CareFirst Premier

Changes to Kaiser and Delta Dental

- Increased premiums to Kaiser and Delta Dental

What is not changing

Medical coverage tiers

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

Salary tiers for premiums

- Under $60K
- $60K - $99.9K
- $100K - $149.9K
- Over $150K

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

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 2026 benefits runs from November 4 – November 18, 2025. Make your 2026 benefit elections in Workday. Coverage is effective January 1, 2026.

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 CareFirst Savings Bundle Plan is elected).
- Optional life and accidental death & dismemberment insurance.
- Supplemental medical insurance.
- Legal plan.

If you're enrolled in AU benefits and don't take any action, your current benefits will automatically renew for 2026, 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 (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.

Eligibility

You are eligible for the benefits in this guide if you are an American University full-time staff or full-time 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[1]
- 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.[2]

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.

1 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.

2 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.

Cost for coverage

Under $60,000 annual salary

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	*AU Monthly Contribution*	*AU + Employee Total Monthly Cost*
CareFirst Premier				
Employee only	$26.15	$52.30	*$993.70*	*$1,046.00*
Employee + child(ren)	$149.97	$299.94	*$1,321.35*	*$1,621.29*
Employee + spouse	$217.70	$435.40	*$1,918.09*	*$2,353.49*
Family	$280.27	$560.54	*$2,469.40*	*$3,029.94*
CareFirst Savings Bundle				
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	$18.28	$36.56	*$694.68*	*$731.24*
Employee + child(ren)	$124.38	$248.75	*$1,095.85*	*$1,344.60*
Employee + spouse	$154.75	$309.49	*$1,363.44*	*$1,672.93*
Family	$196.83	$393.66	*$1,734.25*	*$2,127.91*
Delta Dental Basic				
Employee only	$11.65	$23.29	*$7.75*	*$31.04*
Employee + child(ren)	$19.83	$39.65	*$9.91*	*$49.56*
Employee + spouse	$28.78	$57.55	*$14.38*	*$71.93*
Family	$36.00	$72.00	*$17.99*	*$89.99*
Delta Dental Comprehensive				
Employee only	$14.65	$29.29	*$9.76*	*$39.05*
Employee + child(ren)	$24.94	$49.87	*$12.47*	*$62.34*
Employee + spouse	$36.20	$72.40	*$18.10*	*$90.50*
Family	$45.30	$90.59	*$22.64*	*$113.23*
CareFirst Vision Basic				
Employee only	$1.95	$3.90	*$0.00*	*$3.90*
Employee + child(ren)	$4.10	$8.19	*$0.00*	*$8.19*
Employee + spouse	$3.90	$7.80	*$0.00*	*$7.80*
Family	$5.71	$11.41	*$0.00*	*$11.41*
CareFirst Vision Enhanced				
Employee only	$3.31	$6.62	*$0.00*	*$6.62*
Employee + child(ren)	$6.96	$13.92	*$0.00*	*$13.92*
Employee + spouse	$6.63	$13.25	*$0.00*	*$13.25*
Family	$9.69	$19.38	*$0.00*	*$19.38*
Metlife Legal Plans	$10.35	$20.70	*$0.00*	*$20.70*
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*

Cost for coverage

$60,000 – $99,999 annual salary

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	*AU Monthly Contribution*	*AU + Employee Total Monthly Cost*
CareFirst Premier				
Employee only	$94.14	$188.28	*$857.72*	*$1,046.00*
Employee + child(ren)	$267.52	$535.03	*$1,086.26*	*$1,621.29*
Employee + spouse	$388.33	$776.66	*$1,576.83*	*$2,353.49*
Family	$499.94	$999.88	*$2,030.06*	*$3,029.94*
CareFirst Savings Bundle				
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	$65.82	$131.63	*$599.62*	*$731.25*
Employee + child(ren)	$221.86	$443.72	*$900.87*	*$1,344.59*
Employee + spouse	$276.04	$552.07	*$1,120.86*	*$1,672.93*
Family	$351.11	$702.21	*$1,425.70*	*$2,127.91*
Delta Dental Basic				
Employee only	$11.65	$23.29	*$7.75*	*$31.04*
Employee + child(ren)	$19.83	$39.65	*$9.91*	*$49.56*
Employee + spouse	$28.78	$57.55	*$14.38*	*$71.93*
Family	$36.00	$72.00	*$17.99*	*$89.99*
Delta Dental Comprehensive				
Employee only	$14.65	$29.29	*$9.76*	*$39.05*
Employee + child(ren)	$24.94	$49.87	*$12.47*	*$62.34*
Employee + spouse	$36.20	$72.40	*$18.10*	*$90.50*
Family	$45.30	$90.59	*$22.64*	*$113.23*
CareFirst Vision Basic				
Employee only	$1.95	$3.90	*$0.00*	*$3.90*
Employee + child(ren)	$4.10	$8.19	*$0.00*	*$8.19*
Employee + spouse	$3.90	$7.80	*$0.00*	*$7.80*
Family	$5.71	$11.41	*$0.00*	*$11.41*
CareFirst Vision Enhanced				
Employee only	$3.31	$6.62	*$0.00*	*$6.62*
Employee + child(ren)	$6.96	$13.92	*$0.00*	*$13.92*
Employee + spouse	$6.63	$13.25	*$0.00*	*$13.25*
Family	$9.69	$19.38	*$0.00*	*$19.38*
Metlife Legal Plans	$10.35	$20.70	*$0.00*	*$20.70*
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*

Cost for coverage

$100,000 – $149,999 annual salary

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	*AU Monthly Contribution*	*AU + Employee Total Monthly Cost*
CareFirst Premier				
Employee only	$120.29	$240.58	*$805.42*	*$1,046.00*
Employee + child(ren)	$308.05	$616.09	*$1,005.20*	*$1,621.29*
Employee + spouse	$447.17	$894.33	*$1,459.16*	*$2,353.49*
Family	$575.69	$1,151.38	*$1,878.56*	*$3,029.00*
CareFirst Savings Bundle				
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	$84.10	$168.19	*$563.06*	*$731.25*
Employee + child(ren)	$255.48	$510.95	*$833.64*	*$1,344.59*
Employee + spouse	$317.86	$635.71	*$1073.22*	*$1,672.93*
Family	$404.31	$808.61	*$1,319.30*	*$2,127.91*
Delta Dental Basic				
Employee only	$11.65	$23.29	*$7.75*	*$31.04*
Employee + child(ren)	$19.83	$39.65	*$9.91*	*$49.56*
Employee + spouse	$28.78	$57.55	*$14.38*	*$71.93*
Family	$36.00	$72.00	*$17.99*	*$89.99*
Delta Dental Comprehensive				
Employee only	$14.65	$29.29	*$9.76*	*$39.05*
Employee + child(ren)	$24.94	$49.87	*$12.47*	*$62.34*
Employee + spouse	$36.20	$72.40	*$18.10*	*$90.50*
Family	$45.30	$90.59	*$22.64*	*$113.23*
CareFirst Vision Basic				
Employee only	$1.95	$3.90	*$0.00*	*$3.90*
Employee + child(ren)	$4.10	$8.19	*$0.00*	*$8.19*
Employee + spouse	$3.90	$7.80	*$0.00*	*$7.80*
Family	$5.71	$11.41	*$0.00*	*$11.41*
CareFirst Vision Enhanced				
Employee only	$3.31	$6.62	*$0.00*	*$6.62*
Employee + child(ren)	$6.96	$13.92	*$0.00*	*$13.92*
Employee + spouse	$6.63	$13.25	*$0.00*	*$13.25*
Family	$9.69	$19.38	*$0.00*	*$19.38*
Metlife Legal Plans	$10.35	$20.70	*$0.00*	*$20.70*
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*

Cost for coverage

$150,000+ annual salary

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	*AU Monthly Contribution*	*AU + Employee Total Monthly Cost*
CareFirst Premier				
Employee only	$135.98	$271.96	*$774.04*	*$1,046.00*
Employee + child(ren)	$332.36	$664.72	*$956.57*	*$1,621.29*
Employee + spouse	$482.47	$964.93	*$1,388.56*	*$2,353.49*
Family	$621.14	$1,242.27	*$1,787.67*	*$3,029.94*
CareFirst Savings Bundle				
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	$95.06	$190.12	*$541.13*	*$731.25*
Employee + child(ren)	$275.64	$551.28	*$793.31*	*$1,344.59*
Employee + spouse	$342.95	$685.90	*$987.03*	*$1,672.93*
Family	$436.22	$872.44	*$1255.47*	*$2127.91*
Delta Dental Basic				
Employee only	$11.65	$23.29	*$7.25*	*$31.04*
Employee + child(ren)	$19.83	$39.65	*$9.91*	*$49.56*
Employee + spouse	$28.78	$57.55	*$14.38*	*$71.93*
Family	$36.00	$72.00	*$17.99*	*$89.99*
Delta Dental Comprehensive				
Employee only	$14.65	$29.29	*$9.76*	*$39.05*
Employee + child(ren)	$24.94	$49.87	*$12.47*	*$62.34*
Employee + spouse	$36.20	$72.40	*$18.10*	*$90.50*
Family	$45.30	$90.59	*$22.64*	*$113.23*
CareFirst Vision Basic				
Employee only	$1.95	$3.90	*$0.00*	*$3.90*
Employee + child(ren)	$4.10	$8.19	*$0.00*	*$8.19*
Employee + spouse	$3.90	$7.80	*$0.00*	*$7.80*
Family	$5.71	$11.41	*$0.00*	*$11.41*
CareFirst Vision Enhanced				
Employee only	$3.31	$6.62	*$0.00*	*$6.62*
Employee + child(ren)	$6.96	$13.92	*$0.00*	*$13.92*
Employee + spouse	$6.63	$13.25	*$0.00*	*$13.25*
Family	$9.69	$19.38	*$0.00*	*$19.38*
Metlife Legal Plans	$10.35	$20.70	*$0.00*	*$20.70*
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*

Cost for Coverage:

Supplemental Medical Insurance (Voya)

Same cost for all salary ranges

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	*AU Monthly Contribution*	*AU + Employee Total Monthly Cost*
Voya Hospital Indemnity Insurance – Basic Plan – Employees on CareFirst Savings Bundle Plan				
Employee only	$0.00	$0.00	*$8.64*	*$8.64*
Employee + child(ren)	$0.00	$0.00	*$17.29*	*$17.29*
Employee + spouse	$0.00	$0.00	*$19.01*	*$19.01*
Family	$0.00	$0.00	*$27.66*	*$27.66*
Voya Hospital Indemnity Insurance – Enhanced Plan – Employees on CareFirst Savings Bundle Plan				
Employee only	$6.33	$12.65	*$8.64*	*$21.29*
Employee + child(ren)	$13.92	$27.83	*$17.29*	*$42.58*
Employee + spouse	$12.65	$25.29	*$19.01*	*$46.84*
Family	$20.24	$40.47	*$27.66*	*$68.13*
Voya Hospital Indemnity Insurance – Basic Plan – Employees on CareFirst Premier or Kaiser HMO				
Employee only	$5.45	$10.90	*$0.00*	*$10.90*
Employee + child(ren)	$11.99	$23.97	*$0.00*	*$21.79*
Employee + spouse	$10.90	$21.79	*$0.00*	*$23.97*
Family	$17.43	$34.86	*$0.00*	*$34.86*
Voya Hospital Indemnity Insurance – Enhanced Plan – Employees on CareFirst Premier or Kaiser HMO				
Employee only	$10.65	$21.29	*$0.00*	*$21.29*
Employee + child(ren)	$23.42	$46.84	*$0.00*	*$42.58*
Employee + spouse	$21.29	$42.58	*$0.00*	*$46.84*
Family	$34.07	$68.13	*$0.00*	*$68.13*
Voya Accident Insurance – Basic Plan				
Employee only	$1.73	$3.46	*$0.00*	*$3.46*
Employee + child(ren)	$3.47	$6.93	*$0.00*	*$7.45*
Employee + spouse	$3.73	$7.45	*$0.00*	*$6.93*
Family	$5.46	$10.92	*$0.00*	*$10.92*
Voya Accident Insurance – Enhanced Plan				
Employee only	$3.85	$7.69	*$0.00*	*$7.69*
Employee + child(ren)	$7.69	$15.38	*$0.00*	*$16.53*
Employee + spouse	$8.27	$16.53	*$0.00*	*$15.38*
Family	$12.11	$24.22	*$0.00*	*$24.22*
Voya Critical Illness 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 Premier Plan

PROS

- Flexibility to see any provider.
- No referral required.
- Insurance starts paying after lower deductible than CareFirst Savings Bundle Plan.
- You can elect a health care Flexible Spending Account (FSA) to pay for eligible medical expenses, up to the annual IRS maximum.
- You can elect the Voya Supplemental Medical Insurance Plans.

CONS

- Highest monthly premium of all options.
- Your cost depends on if your provider is in or out of the CareFirst network.
- There is a deductible to reach before the plan starts to pay.
- After you reach the deductible, you are responsible for a percentage of the charge (coinsurance).
- Separate out-of-pocket maximum for prescriptions.
- Can't contribute to the HSA.

CareFirst Savings Bundle Plan

PROS

- Flexibility to see any provider.
- No referral required.
- Lower monthly premium than CareFirst Premier Plan.
- **NEW!** AU fully covers the cost of the Basic Hospital Indemnity Insurance plan for employees and their dependents who enroll in the CareFirst Savings plan.
- AU contributes $500 for individuals or $1,000 for "individual +" towards the HSA if you select the CareFirst Savings Bundle Plan. 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.
- Your cost depends on if your 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 Premier out-of-network coinsurance.
- Can't contribute to a health care Flexible Spending Account (FSA).

Kaiser HMO

PROS

- One-stop shop for most medical needs.
- Lower monthly premium than CareFirst Premier Plan.
- Coordinated care within Kaiser network.
- No deductibles.
- No coinsurance.
- 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.
- You can elect the Voya Supplemental Medical Insurance plans.

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.
- Can't contribute to the HSA.

AU Medical Options Key Terms and Definitions

The information below defines key terms that will help you understand medical plan options for 2026 plan year.

2026 Plan Terms	Definitions
Annual Deductible	The dollar amount of Covered Services based on the Allowed Benefit, which must be Incurred before CareFirst will pay for all or part of remaining Covered Services. The Deductible is met when the Member receives Covered Services that are subject to the Deductible and pays for these themselves.
Out-of-Pocket Maximum (OPM) (CareFirst)	The maximum amount the Member will have to pay for his/her share of benefits in any Benefit Period.
Out-of-Pocket Maximum (OPM) (Kaiser)	The limits to the total amount of Copayments, Coinsurance and Deductibles you have to pay during the contract year.
Copayment (copay) (CareFirst)	A fixed dollar amount that a member must pay for certain Covered Services. When a member receives multiple services on the same day by the same Health Care Provider, the Member will only be responsible for one Copay
Copayment (copay) (Kaiser)	A specific dollar amount that you must pay when you receive a covered Service as listed under “Copayments and Coinsurance” in Kaiser plan documents.
Coinsurance (CareFirst)	The percentage of the Allowed Benefit allocated between CareFirst and the Member whereby CareFirst and the Member share in the payment for Covered Services
Coinsurance (Kaiser)	The percentage of Allowable Charges that you must pay when you receive a covered Service as listed under "Copayments and Coinsurance" in Kaiser plan documents.
Individual	Individual coverage covers the Subscriber only
Family (employee + child, +spouse/ domestic partner, +family coverage)	Family Coverage, under which a Subscriber may also enroll their Dependents
In-Network	A Health Care Provider that has contracted with CareFirst BlueChoice to render Covered Services to Members. Visit carefirst.com to find out if your provider is In-Network.
Out-of-Network	An Out-of-Network Participating Health Care Provider is a Health Care Provider contracted with CareFirst to be paid directly for rendering Covered Services to Members.

Medical Plan Comparison

The information below can be used to help you better understand medical costs and services covered under AU medical plans.

More detailed illustrations and examples for CareFirst plans of how deductibles, out-of-pocket maximums, and prescriptions would work for individuals or individuals + children, spouses/domestic partners, or families can be found in the CareFirst Deductibles and Out of Pocket Maximums page.

Note: If you are enrolled in Medicare or TRICARE, you cannot choose the CareFirst Savings Bundle Plan but must enroll in the CareFirst Premier Plan or the Kaiser HMO.

	CareFirst Premier		CareFirst Savings Bundle		Kaiser HMO	
Plan Element	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network Only**	**Out of Network**
Deductible (individual coverage)	$1,000	$2,000	$3,000	$6,000	N/A	This plan uses a provider network. If you choose to obtain care outside your network, you might be billed for care outside the network.
Deductible (employee + child, +spouse/domestic partner, +family coverage)	$2,000	$4,000	$6,000	$12,000	N/A	
Out-of-Pocket Max (individual coverage)	$4,000	$6,000	$7,000	$12,000	$3,500	
Out- of - Pocket Max (employee + child, +spouse/domestic partner, +family coverage)	$8,000	$12,000	$14,000	$24,000	$9,400	
Preventative Care & Immunization Visit	$0	Deductible, the 35% of Allowed Benefit	$0	Deductible, then 40% of Allowed Benefit	No charge	Not covered
Primary care visit	Deductible, then $25 Copay per visit. Hospital Facility, Deductible, then 20% of Allowed Benefit	Deductible, then 35% of Allowed Benefit	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefits	$20	Not covered
Specialist	Deductible, then $50 copay per visit. Hospital Facility: Deductible, then 20% of Allowed Benefit	Provider and Hospital: Deductible, then 35% of Allowed Benefit	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefits	$40	Not covered

	CareFirst Premier		CareFirst Savings Bundle		Kaiser HMO	
Plan Element	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network Only**	**Out of Network**
Retail Health Clinic (BCBS)	Deductible, then $25 copay per visit	Deductible, then 35% of Allowed Benefit	Deductible, then 20% of Allowed Benefits	Deductible, then 40% of Allowed Benefits	N/A	Not covered
Kaiser Permanente Urgent Care Clinics (In Network)	N/A	N/A	N/A	N/A	$40	Not covered
Urgent Care Clinic Outside Kaiser Permanente (Out of network)	N/A	N/A	N/A	N/A	$40	Not covered
Coinsurance	Deductible, the 20% of Allowed Benefit	Deductible, the 35% of Allowed Benefit	Deductible, then 20% of Allowed Benefit	Deductible, 40% of Allowed Benefit	N/A	Not covered
Referral Needed for Primary Care Visit	No	No	No	No	No	Not covered
Referral Needed for Specialist (CareFirst plans)	No	No	No	No	N/A	Not covered
(Kaiser) Referral Needed for Specialist (OBGYN, Eye Care, Mental Health)	N/A	N/A	N/A	N/A	Yes - but you may self-refer to certain specialists. This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.	Not covered

For CareFirst, infusion care services require prior authorization. Infusion pharmacy services run through Optum, and the provider administers the drugs. These drugs will run through the CareFirst medical plan. Some drugs may require a specific place of service. An out of patient hospital setting will only be approved if medical necessity criteria are met at the time of prior authorization. Generally the deductible must be met, and the costs to the employee will vary based upon the setting. For Kaiser, applicable cost shares will apply based on place and type of service.

	CareFirst Premier		CareFirst Savings Bundle		Kaiser HMO	
Plan Element	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network Only**	**Out of Network**
Hospital (Facility Fee)	Deductible, $250 copay per admission, then 20% of Allowed Benefit	Deductible, then 35% of Allowed Benefit	Deductible, then 20% of Allowed Benefits	Deductible, then 40% of Allowed Benefits	$250 per admission	Not covered
Hospital (Physician/ Surgeon fee)	Deductible, 20% of Allowed Benefit	Deductible, then 35% of Allowed Benefit	Deductible, then 20% of Allowed Benefits	Deductible, then 40% of Allowed Benefits	No charge	Not covered
Emergency Room Visit	$200 co-pay (waived if admitted)	Paid as if In-Network	Deductible, then 20% of Allowed Benefits	Paid as if In-Network	$75	$75
Urgent Care	$50 copay per visit	$50 copay per visit	Deductible, then 20% of Allowed Benefits	Deductible, then 40% of Allowed Benefits	See Kaiser urgent care, above	Not covered
Flexible Spending Account (FSA) - Health Care	Eligible, Employee contribution max $3,400	Eligible, Employee contribution max $3,400	N/A	N/A	Eligible, Employee contribution max $3400	Eligible, Employee contribution max $3400
Health Savings Account (HSA)	Not eligible	Not eligible	Eligible maximum contribution limits are $4,400 for employee only coverage and $8,750 for family coverage. Individuals aged 55 or older can contribute an additional catch-up contribution of $1,000 annually. Employer Contribution $500 for individual, $1,000 for family	Eligible maximum contribution limits are $4,400 for employee only coverage and $8,750 for family coverage. Individuals aged 55 or older can contribute an additional catch-up contribution of $1,000 annually. Employer Contribution $500 for individual, $1,000 for family	Not eligible	Not eligible
Hospital Indemnity Insurance	Basic and Enhanced plan, 100% employee covered	Basic and Enhanced plan, 100% employee covered	Basic Plan Bundled 100% employer paid, Enhanced Plan Bundled (employee pays difference between Basic and Enhanced)	Basic Plan Bundled 100% employer paid, Enhanced Plan Bundled (employee pays difference between Basic and Enhanced)	Basic and Enhanced plan, 100% employee covered	Basic and Enhanced plan, 100% employee covered

Prescription Plan Comparisons

The information below can be used to help you better understand prescription costs covered under AU medical and prescription plans.

- CareFirst participants (Premier) After the first three retail prescription fills for maintenance drugs, the plan participant pays 100% of the cost of the drug if not filled through mail service and does not apply toward the script OPM
- CareFirst participants (CareFirst Savings Bundle) After the first three retail prescription fills for maintenance drugs, the plan participant pays 100% of the cost of the drug if not filled through mail service and it does not apply toward the script deductible and OPM

	CareFirst Premier		CareFirst Savings Bundle		Kaiser HMO	
Plan Element	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network Only**	**Out of Network**
Rx Deductible	The script plan for the CareFirst Premier Plan does not have a deductible.*	Not covered	Scripts count towards the deductible, except for medication on the Express Scripts preventive medication list*	Scripts count towards the deductible, except for medication on the Express Scripts preventive medication list*	N/A	N/A
RX Out of Pocket Max (Individual)	$ 4000 which is a script separate OPM than the medical plan OPM. *	Not covered	Script plan applied towards medical plan OPM except drugs on the preventative medication list*	Script plan applied towards medical plan OPM except drugs on the preventative medication list*	N/A	N/A
RX Out of Pocket Max (employee + child, +spouse/ domestic partner, +family coverage)	$8000 which is separate OPM than the medical plan	Not covered	Script plan applied towards medical plan OPM except drugs on the preventative medication list*	Script plan applied towards medical plan OPM except drugs on the preventative medication list*	N/A	N/A
Generic Drugs	$10 (retail 30-day maximum supply), $25 (mail order 90-day maximum supply). *	Not covered	Deductible, then $10 (retail 30-day maximum supply), $25 (mail order 90-day maximum supply). *	Deductible, then $10 (retail 30-day maximum supply), $25 (mail order 90-day maximum supply). *	Most Generic Drugs: $10/ retail, $20/ mail order, $20 participating pharmacy per each prescription	N/A

	CareFirst Premier		CareFirst Savings Bundle		Kaiser HMO	
Plan Element	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network Only**	**Out of Network**
Preferred Brand Drugs	30% coinsurance, $25 min to $70 max (retail 30-day maximum supply) 30%, $65 min to $175 max (mail order 90-day maximum supply).*	Not covered	Deductible, then 30% coinsurance, $25 min to $70 max (retail 30-day maximum supply), 30% $65 min to $175 max (mail order 90-day maximum supply). *	Deductible, then 30% coinsurance, $25 min to $70 max (retail 30-day maximum supply), 30% $65 min to $175 max (mail order 90-day maximum supply). *	Most Preferred Brand Drugs: $20/retail, $40 mail order, $40 participating pharmacy per each prescription	N/A
Non-Preferred Brand Drugs	50% coinsurance, $70 min to $150 max (retail 30-day maximum supply), 50% coinsurance, $175 min to $375, max (mail order 90-day maximum supply).*	Not covered	Deductible, then 50% coinsurance, $70 min to $150 max (retail 30-day maximum supply). 50% coinsurance, $175 min to $375 max (mail order 90-day maximum supply). *	Deductible, then 50% coinsurance, $70 min to $150 max (retail 30-day maximum supply). 50% coinsurance, $175 min to $375 max (mail order 90-day maximum supply) *	Most non-preferred brand drugs $35/ retail, $70 mail order, $55 participating pharmacy per each prescription.	N/A
Preferred Specialty Drugs	$10 copay for generics; 30% coinsurance, $25 min to $70 max; 30-day maximum supply. *	Not covered	Deductible, then $10 copays for generics; 30% coinsurance, $25 min to $70 max, 30-day maximum supply. *	Deductible, then $10 copays for generics; 30% coinsurance, $25 min to $70 max, 30-day maximum supply *	Applicable generic, preferred, and non-preferred copayment.	N/A
Non-Preferred Specialty Drugs	50% coinsurance, $70 min to $150 max; 30 -day maximum supply. *	Not covered	Deductible, then 50% coinsurance, $70 min to $150 max; 30-day maximum supply. *	Deductible, then 50% coinsurance, $70 min to $150 max; 30-day maximum supply *	Applicable generic, preferred, and non-preferred copayment.	N/A
(Kaiser) Prescription Drugs (most generic/most preferred brand/non-preferred brand)	N/A	N/A	N/A	N/A	Kaiser Permanente $10/20/35, Network, $20/40/55 30-day supply-1 copay, 90 day supply - 2 copay, mail order 90 day - 2 copay	N/A
Excluded Drugs	Express Scripts Medications Excluded from the Formulary	Express Scripts Medications Excluded from the Formulary	Express Scripts Medications Excluded from the Formulary	Express Scripts Medications Excluded from the Formulary	Per Kaiser formulary for excluded drug	N/A

** If an Express Scripts plan participant selects a Brand Drug when a Generic Drug is available then the difference between the Brand, Non-Preferred, Preferred, Specialty, Non-Preferred Specialty Drug and the Generic does not count toward the deductible and OPM. The cost of the generic does count towards the OPM.*

NEW

Hospital Indemnity Insurance (Voya)

What is it?

Hospital Indemnity insurance pays a fixed admission and daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility.

Help minimize the financial impact that can come with a stay in a hospital or medical facility.

- American University provides the Basic Hospital Indemnity Plan at no cost to employees and their eligible family members who enroll in the Carefirst Savings Bundle Plan (CSBP).
- If you enroll in the CSBP and would like additional coverage, you have the option to upgrade to the Enhanced Plan by paying the difference in cost.
- Employees not enrolled in the CSBP can still choose to participate in either the Basic or Enhanced Hospital Indemnity Plan on a 100% employee-paid basis.

Who can be covered?

You have the option to enroll yourself as well as your spouse* and child(ren)* in Hospital Indemnity Insurance coverage to meet your needs.

**Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent child(ren). For those in the CSBP, your coverage tier will match your CSBP medical coverage election.*

Why should I consider it?

- Benefits will be paid directly to you to use for any purpose such as paying-out-of pocket medical expenses, copays, deductibles, groceries, gas, utilities, and more – it's up to you!
- Coverage is always guaranteed – no medical questions required!
- No pre-existing coverage limitations.

What does it cover?

First day of confinement (Admission Benefit)

Type of Admission	Basic Plan Admission Benefit Amount	Enhanced Plan Admission Benefit Amount
Hospital admission	$1,000	$2,000
Critical Care Unit (CCU) admission	$1,000	$2,000
Rehabilitation facility admission	$1,000	$2,000

This benefit is payable once per confinement up to 8 admissions per year.

Starting day two (Daily Confinement Benefit)

Type of Admission	Basic Plan Daily benefit amount is $100	Enhanced Plan Daily benefit amount Is $200
Hospital confinement, 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
Rehabilitation facility confinement, up to 30 days per confinement	1 x the daily benefit amount	1 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

Your coverage includes mental health and substance use inpatient care. See your Certificate of Insurance for complete provisions, limitations, and exclusions.

Hospital Indemnity Insurance (Voya): What does it cost?

Employees on CareFirst Savings Bundle Plan

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	*AU Monthly Contribution*	*AU + Employee Total Monthly Cost*
Basic Plan – $100 daily benefit + $1,000 admission benefit				
Employee only	$0.00	$0.00	*$8.64*	*$8.64*
Employee + child(ren)	$0.00	$0.00	*$17.29*	*$17.29*
Employee + spouse	$0.00	$0.00	*$19.01*	*$19.01*
Family	$0.00	$0.00	*$27.66*	*$27.66*
Enhanced Plan – $200 daily benefit + $2,000 admission benefit				
Employee only	$6.33	$12.65	*$8.64*	*$21.29*
Employee + child(ren)	$12.65	$25.29	*$17.29*	*$42.58*
Employee + spouse	$13.92	$27.83	*$19.01*	*$46.84*
Family	$29.24	$40.47	*$27.66*	*$68.13*

Employees on CareFirst Premier Plan and Kaiser HMO

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	*AU Monthly Contribution*	*AU + Employee Total Monthly Cost*
Basic Plan – $100 daily benefit + $1,000 admission benefit				
Employee only	$5.45	$10.90	*$0.00*	*$10.90*
Employee + child(ren)	$10.90	$21.79	*$0.00*	*$21.79*
Employee + spouse	$11.99	$23.97	*$0.00*	*$23.97*
Family	$17.43	$34.86	*$0.00*	*$34.86*
Enhanced Plan – $200 daily benefit + $2,000 admission benefit				
Employee only	$10.65	$21.29	*$0.00*	*$21.29*
Employee + child(ren)	$21.29	$42.58	*$0.00*	*$42.58*
Employee + spouse	$23.42	$46.84	*$0.00*	*$46.84*
Family	$34.07	$68.13	*$0.00*	*$68.13*

If you add a child to your family

If child coverage is effective before your child is born OR child coverage is elected as a qualifying life event within 31 days of the birth, your newborn may receive benefits just as any other covered child.

If child coverage IS NOT effective before your child is born and IS NOT elected as a qualifying life event within 31 days of birth, then a $100 one-time benefit is payable for your newborn's confinement due to birth, and no admission benefit is payable.

Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram, and a routine eye or dental exam.

$50 for employees, $50 for spouses, $50 per child, per calendar year.

NEW

Accident Insurance (Voya)

Help minimize the financial impact that can come with an accidental injury.

What is it?

Accident insurance pays you benefits for specific injuries and events resulting from a covered accident.

Who can be covered?

You have the option to enroll yourself as well as your spouse* and child(ren)* in **Voya Accident Insurance** coverage.

**Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent child(ren).*

Why should I consider it?

- Benefits will be paid directly to you to use for any purpose such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities, and more – it's up to you!
- Coverage is always guaranteed issue – no medical questions required!

How much does it cost?

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	*AU Monthly Contribution*	*AU + Employee Total Monthly Cost*
Basic Plan				
Employee only	$1.73	$3.46	*$0.00*	*$3.46*
Employee + child(ren)	$3.73	$7.45	*$0.00*	*$7.45*
Employee + spouse	$3.47	$6.93	*$0.00*	*$6.93*
Family	$5.46	$10.92	*$0.00*	*$10.92*
Enhanced Plan				
Employee only	$3.85	$7.69	*$0.00*	*$7.69*
Employee + child(ren)	$8.27	$16.53	*$0.00*	*$16.53*
Employee + spouse	$7.69	$15.38	*$0.00*	*$15.38*
Family	$12.11	$24.22	*$0.00*	*$24.22*

Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram, and a routine eye or dental exam.

$50 for employees, $50 for spouses, $50 per child, per calendar year.

Accident Insurance (Voya): What kinds of injuries and treatments does it cover?

Your Accident Insurance coverage provides a benefit payment after a covered accident that results in specific injuries and treatments. The following list presents the benefits provided by Accident Insurance.

Accident Hospital Care	*Basic Plan*	*Enhanced Plan*
Surgery (open abdominal, thoracic)	$800	$1,500
Surgery (exploratory or without repair)	$125	$200
Blood, Plasma, Platelets	$400	$625
Hospital Admission	$1,000	$2,000
Hospital Confinement (per day, up to 365 days)	$225	$325
Critical Care Unit (CCU) Admission	$1,000	$2,000
Critical Care Unit Confinement (per day up to 30 days)	$350	$450
Rehabilitation Facility Confinement (per day up to 90 days)	$150	$225
Induced Coma (up to 14 days)	$100	$200
Non-Induced Coma (duration of 14 or more days)	$11,500	$18,500
Transportation (per trip up to 3 per accident)	$500	$800
Lodging (per day up to 30 days)	$120	$200
Pet Boarding	$15	$20
Family care (per child/ adult up to 45 days)	$20	$35

Accident Care	*Basic Plan*	*Enhanced Plan*
Initial Doctor Visit	$60	$125
Urgent Care Facility Treatment	$150	$250
Emergency Room Treatment	$150	$325
Ground Ambulance	$300	$600
Air ambulance	$1,000	$2,000
Follow-up Doctor Treatment	$60	$125
Chiropractic Treatment (up to 6 per accident)	$30	$60
Prescription Medicine	$10	$20
Medical Equipment	$75	$275
Physical or Occupational Therapy (per treatment up to 10)	$30	$60
Speech Therapy (per treatment up to 10)	$30	$60
Mental Health Therapy (per treatment up to 10)	$30	$60
Prosthetic Device (one)	$500	$1,250
Prosthetic Device (two or more)	$800	$2,000
Major Diagnostic Exams		
CT (computerized tomography) or CAT scan (computerized axial tomography)	$125	$300
MRI (magnetic resonance imaging)		
EEG (electroencephalogram)		
PET (positron emission tomography) scan		
Ultrasound		
Outpatient Surgery	$150	$250
X-ray	$50	$90

Accident Insurance (Voya): What kinds of injuries and treatments does it cover?

Common Injuries	*Basic Plan*	*Enhanced Plan*
Burns (2nd degree, at least 36% of body)	$1,000	$1,500
Burns (3rd degree, at least 2% but less than 4% of the total body surface area)	$4,500	$8,500
Burns (3rd degree, 4% or more of the total body surface area)	$10,000	$20,000
Skin Grafts (percentage of burn benefit)	50%	50%
Emergency Dental Work (Crown)	$250	$400
Emergency Dental Work (Extraction)	$60	$125
Eye Injury (removal of foreign object)	$60	$110
Eye Injury (surgery)	$225	$400
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	$150	$250
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	$500	$900
Laceration[1] (treated – no sutures)	$20	$50
Laceration[1] (sutures up to 2")	$40	$90
Laceration[1] (sutures 2" to 6")	$160	$350
Laceration[1] (sutures over 6")	$320	$750
Puncture Wound[1]	$25	$50
Ruptured Disk (surgical repair)	$500	$900
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	$275	$600
Tendon, Ligament, Rotator Cuff (1, surgical repair)	$550	$925
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	$800	$1,400
Concussion	$150	$350
Traumatic Brain Injury	$1,250	$2,000
Paralysis (monoplegia)	$5,000	$12,500
Paralysis (hemiplegia)	$10,000	$17,500
Paralysis (paraplegia)	$12,000	$18,000
Paralysis (quadriplegia)	$16,000	$27,000

Fractures: Non-Surgical Repair Fracture[4]/ Fracture Requiring Surgical Repair[5]	*Basic Plan*	*Enhanced Plan*
Hip	$2,000/$4,000	$5,000/$10,000
Leg	$1,500/$3,000	$2,700/$5,400
Ankle	$1,200/$2,400	$2,250/$4,500
Heel	$1,200/$2,400	$2,250/$4,500
Kneecap	$1,200/$2,400	$2,250/$4,500
Foot (excluding toes, heel)	$1,200/$2,400	$2,250/$4,500
Upper arm	$1,400/$2,800	$2,400/$4,800
Forearm, hand, wrist (except fingers)	$1,200/$2,400	$2,250/$4,500
Finger, Toe	$160/$320	$300/$600
Vertebral body	$2,240/$4,480	$4,000/$8,000
Vertebral processes	$960/$1,920	$1,750/$3,500
Pelvis (except coccyx)	$2,250/$4,500	$3,500/$7,000
Coccyx	$200/$400	$450/$900
Bones of the face (except nose)	$800/$1,600	$1,300/$2,600
Nose	$400/$800	$650/$1,300
Upper jaw	$1,000/$2,000	$1,600/$3,200
Lower jaw	$960/$1,920	$1,750/$3,500
Collarbone	$960/$1,920	$1,750/$3,500
Rib	$300/$600	$450/$900
Skull - Simple (except bones of the face)	$1,000/$2,000	$1,500/$3,000
Skull - Depressed (except bones of face)	$2,000/$4,000	$4,000/$8,000
Sternum	$240/$480	$400/$800
Shoulder blade	$1,200/$2,400	$2,250/$4,500
Chip Fractures: percentage of the Non-Surgical Repair	25%	25%

Accident Insurance (Voya): What kinds of injuries and treatments does it cover?

Dislocations: Complete[2]/Complete Requiring Surgical Repair[3]	***Basic Plan***	***Enhanced Plan***
Hip Joint	$2,550/$5,100	$4,000/$8,000
Knee	$1,600/$3,200	$2,500/$5,000
Ankle or foot bone(s) (other than toes)	$1,000/$2,000	$1,700/$3,400
Shoulder	$1,000/$2,000	$2,000/$4,000
Elbow	$750/$1,500	$1,250/$2,500
Wrist	$750/$1,500	$1,250/$2,500
Finger/toe	$175/$350	$300/$600
Hand bone(s) (other than fingers)	$750/$1,500	$1,250/$2,500
Lower jaw	$750/$1,500	$1,250/$2,500
Collarbone	$750/$1,500	$1,250/$2,500
Incomplete dislocations: percentage of the complete amount	25%	25%

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

NEW

Critical Illness Insurance (Voya)

Help minimize the financial stress that may follow the diagnosis of a serious illness.

What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition.

Why should I consider it?

- Benefits will be paid directly to you to use for any purpose such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities, and more – it's up to you!
- Coverage is always guaranteed issue – no medical questions required!

Who can be covered and how much coverage can I get?

You have the option to enroll in coverage in the amount(s) below:

You: $10,000 or $20,000

Your spouse*: 100% of employee benefit

Your children*: 50% of employee benefit

How many times can I receive this benefit?

The Schedule of Benefits includes a list of covered conditions. 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. (a definition of "different diagnosis" is provided in the certificate of coverage).

For skin cancer, the benefit is payable up to 1 time per calendar year, 10 times the lifetime maximum limit. Once the maximum for skin cancer has been reached, no further benefits are payable.

Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram, and a routine eye or dental exam.

$50 for employees, $50 for spouses, $50 per child, per calendar year.

**Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.*

Critical Illness Insurance (Voya): What conditions does it cover?

Unless noted, your payment will be at 100% of your benefit amount.

- Heart attack
- Cancer
- Stroke
- Sudden cardiac arrest
- Major organ transplant
- Coronary artery bypass (25%)
- Carcinoma in situ (25%)
- Type 1 Diabetes
- Transient ischemic attacks (10%)
- Ruptured or dissecting aneurysm (10%)
- Abdominal aortic aneurysm (10%)
- Thoracic aortic aneurysm (10%)
- Open heart surgery for valve replacement or repair (25%)
- Severe burns
- Transcatheter heart valve replacement or repair (10%)
- Coronary angioplasty (10%)
- Implantable/internal cardioverter defibrillator (ICD) placement (25%)
- Pacemaker placement (10%)
- Benign brain tumor
- Skin cancer (10%)
- Bone marrow transplant (25%)
- Stem cell transplant (25%)
- Permanent paralysis
- Loss of sight
- Loss of hearing
- Loss of speech
- Coma
- Multiple Sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia, including Alzheimer's disease
- Huntington's disease
- Muscular dystrophy
- Infectious disease (hospitalization requirement) (25%)
- Addison's disease (10%)
- Myasthenia gravis (50%)
- Systemic lupus erythematosus (SLE) (50%)
- Systemic sclerosis (scleroderma) (10%)

Covered conditions for your insured children:

- Cerebral palsy
- Congenital birth defects
- Cystic fibrosis
- Down syndrome
- Gaucher disease - type II or III
- Infantile Tay-Sachs
- Niemann-Pick disease
- Pompe disease
- Sickle cell anemia
- Type 1 diabetes
- Type IV glycogen storage disease
- Zellweger syndrome

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

Critical Illness Insurance (Voya): How much does it cost?

The table below shows how much you'll pay for Critical Illness Insurance. The premium is deducted directly from your paycheck. Your rates will depend on your age and how much coverage you select. Your rates could increase as you enter into a new age band based on provisions in your certificate of coverage.

Employee Coverage, Monthly Rates
(Includes Wellness Benefit Rider)

Non-Tobacco User

Attained Age	*$10,000 Coverage*	*$20,000 Coverage*
Under 25	$3.00	$6.00
25-29	$3.40	$6.80
30-34	$3.90	$7.80
35-39	$5.00	$10.00
40-44	$7.20	$14.40
45-49	$9.20	$18.40
50-54	$12.10	$24.20
55-59	$15.60	$31.20
60-64	$20.00	$40.00
65-69	$25.60	$51.20
70+	$40.00	$80.00

Tobacco User

Attained Age	*$10,000 Coverage*	*$20,000 Coverage*
Under 25	$4.30	$8.60
25-29	$5.00	$10.00
30-34	$5.90	$11.80
35-39	$7.70	$15.40
40-44	$11.30	$22.60
45-49	$14.80	$29.60
50-54	$19.30	$38.60
55-59	$25.10	$50.20
60-64	$32.30	$64.60
65-69	$41.40	$82.80
70+	$65.20	$130.40

Spouse Coverage, Monthly Rates
(Includes Wellness Benefit Rider)

Non-Tobacco User

Attained Age	*$10,000 Coverage*	*$20,000 Coverage*
Under 25	$2.30	$4.60
25-29	$2.70	$5.40
30-34	$3.60	$7.20
35-39	$4.90	$9.80
40-44	$7.30	$14.60
45-49	$10.00	$20.00
50-54	$13.60	$27.20
55-59	$17.20	$34.40
60-64	$20.00	$40.00
65-69	$24.40	$48.80
70+	$34.40	$68.80

Tobacco User

Attained Age	*$10,000 Coverage*	*$20,000 Coverage*
Under 25	$3.30	$6.60
25-29	$3.80	$7.60
30-34	$5.20	$10.40
35-39	$7.60	$15.20
40-44	$11.70	$23.40
45-49	$15.80	$31.60
50-54	$21.70	$43.40
55-59	$27.80	$55.60
60-64	$32.20	$64.40
65-69	$39.60	$79.20
70+	$56.20	$112.40

Child Coverage, Monthly Rates
(Includes Wellness Benefit Rider)

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

Dental coverage

American University offers a choice between two dental plans from Delta Dental. To find a dentist, visit www.deltadentalins.com. 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-of-pocket.
  - 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 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.

Compare dental plans

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

	Delta Dental Basic[1]	Delta Dental Comprehensive[2]	
	PPO Dentists	**PPO Dentists**	**Delta Dental Premier® and Non-PPO Dentists**
Deductible 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[3][4] 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.

1 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.
2 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.
3 Diagnostic and preventive services will not count toward the calendar year maximum.
4 Fluoride treatment is covered only for children up to age 19.

Vision plans

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 for details: https://www.american.edu/hr/benefits/health/kaiser.cfm

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

Vision Service	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	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	Up to $180 + 15% off remaining balance
Necessary contact lenses	Covered in full	Covered in full
Diabetic eyecare plus program	Additional exam at no cost	Additional exam at no 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 AU-sponsored medical plan.
- Contributions are pretax, saving you money on taxes and increasing your take-home pay. Contribute up to $3,400 in 2026.

CONS

- Use it or lose it by March 15, 2027.

Administered by Optum Financial.

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 CareFirst Savings Bundle Plan 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 CareFirst Savings Bundle Plan Medical Plan, requiring significant medical out-of-pocket costs before coverage begins.
- There's a penalty for non-qualified medical withdrawals.

Administered by Optum Financial.

Dependent Care Flexible Spending Account

PROS

- Use it to pay for eligible dependent care expenses, including:
  - Child care, before/after-school 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 2026.

CONS

- Use it or lose it by March 15, 2027.
- Only available as your payroll contributions are added to the Dependent Care FSA.

Administered 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 The Hartford (new administrator in 2026).

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	2026 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	2026 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	2026 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.

For $20.70 per month ($10.35 biweekly), you, your spouse, and dependents get legal assistance for some of the most frequently needed personal legal matters - 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 network attorney time and services per year.

Covered services include, but are not limited to:

Money matters

- Debt Collection Defense
- Identity Restoration
- Identity Theft Defense
- Negotiations with Creditors
- Personal Bankruptcy
- Promissory Notes
- Tax Audit Representation
- Tax Collection Defense

Home and Real Estate

- Boundary or Title Disputes
- Deeds
- Eviction Defense
- Foreclosure
- Home Equity Loans
- Mortgages
- Property Tax Assessments
- Refinancing of Home
- Sale or Purchase of Home
- Security Deposit Assistance
- Tenant Negotiations
- Zoning Applications

Estate Planning

- Codicils
- Complex Wills
- Healthcare Proxies
- Living Wills
- Powers of Attorney (Healthcare, Financial, Childcare, Immigration)
- Revocable & Irrevocable Trusts
- Simple Wills

Family and Personal

- Adoption
- Affidavits
- Conservatorship
- Demand Letters
- Garnishment Defense
- Guardianship
- Immigration Assistance
- Juvenile Court Defense, Including Criminal Matters
- Name Change
- Personal Property Protection
- Prenuptial Agreement
- Protection from Domestic Violence
- Review of any Personal Legal Document
- School Hearings

Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Disputes Over Consumer Goods & Services
- Incompetency Defense
- Pet Liabilities
- Small Claims Assistance

Elder Care Issues

- Consultation & Document Review for your parents:
- Deeds
- Leases
- Medicaid
- Medicare
- Notes
- Nursing Home Agreements
- Powers of Attorney
- Prescription Plans
- Wills

Traffic and Other Matters

- Defense of Traffic Tickets
- Driving Privileges Restoration
- Repossession

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.

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 hrpayrollhelp@american.edu 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 (ineligible programs).
- Application, exam, matriculation fees, course and lab fees.
- $50 administrative fee per semester.
- Mandatory student fees (see Student Accounts for details)

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 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.

	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 Tuition Exchange website 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

New administrator in 2026: The Hartford

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 pre-disability 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.

Program offerings subject to change

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 MyBHS portal 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

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 rates! Users can often save when they bundle auto and home insurance together.

Call (866) 910-4442 to review plan options, obtain quotes, and enroll!

Pet insurance

Protect your pet from the unexpected with pet health insurance at a discounted group rate. Pet coverage helps with everything from minor problems to 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 deductibles. Additionally, receive 24/7 pet telehealth support and low-cost pet prescriptions.

Visit https://benefits.petinsurance.com/au or call 877-738-7874 to review plan options, obtain quotes, and enroll!

Federal Credit Union

EP Federal Credit Union offers low-rate loans, competitive savings, and conveniences with low or no fees. Visit www.epfcu.org 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 2026, you may:

- Allocate up to $340 per month, pretax, for Metro, VRE, MARC train fares, vanpools, and allocate up to an additional $340 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 $.40 service fee that can be used in all general parking areas. Visit https://www.american.edu/finance/transportation/parking.cfm for more information.

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 Optum Financial portal 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

Supplemental Medical Insurance

VOYA

(877) 236-7564
https://presents.voya.com/EBRC/AmericanUniversity

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

The Hartford

(Evidence of insurability application status)
Phone: (888) 563-1124
Fax: (866) 954-2621

Medical

CareFirst Premier & CSBP
(833) 798-1635
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

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