AMERICAN UNIVERSITY
WASHINGTON, DC

Support for **Every Step**

2027 Benefits and Enrollment Guide

Benefits Extension Plan / Retiree Edition



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WASHINGTON, DC

WELCOME TO YOUR 2027 BENEFITS GUIDE

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

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

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

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



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

Terms to Know

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Eligibility

As an American University retiree, you may be eligible to participate in:

- The Benefit Extension Plan (BEP) for medical (including prescription), dental, and vision benefits for you and your qualified dependents
- Tuition remission for you and your spouse or domestic partner
- Education benefits for your dependent children

To participate in American University's Benefit Extension Plan (BEP), you must have been enrolled in an AU medical plan before retiring with active coverage of the benefits you wish to extend into retirement.

Eligible dependents

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

Enrollment

When You Can Enroll or Change Your Benefits

As a retiree, you can only change change your medical, dental, and vision elections during an enrollment window. There are two types of enrollment window for retiree participants:

During Open Enrollment

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

After a Qualifying Event

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

Qualifying events include:

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

HIPAA special enrollment notice

If you initially decline enrollment for your dependents because they have other health insurance coverage, you may be able to enroll your dependents in the BEP 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 along with the BEP enrollment form within 30 days of the event. The benefit change must be consistent with the event.

How to Enroll

Complete and sign your Benefits Extension Plan (BEP) enrollment form and collect any required documentation. Then you can either:

1. Email the form and documentation to: hrpayrollhelp@american.edu.
2. Mail the form and documentation to:
   ATTN: Office of Human Resources American University
   4400 Massachusetts Avenue, NW
   Washington, DC 20016-8054

If you need assistance, email hrpayrollhelp@american.edu or call **202-885-3836**.

Spouse and Domestic Partner Surcharge

If you enroll your spouse or domestic partner in an American University medical plan while they have access to other employer-sponsored medical coverage through their own employer or a retiree health plan, an additional $125 monthly surcharge will apply.

The surcharge will not apply if your spouse or domestic partner:

- Is not employed and does not have access to employer-sponsored medical coverage
- Is employed but not eligible for medical coverage through their employer
- Is enrolled in or eligible for Medicare or Medicaid and is not offered retiree medical coverage through a former employer
- Is not enrolled in your American University medical coverage

Know Before You Enroll

Retirees Under Age 65

To enroll in the Benefits Extension Plan (BEP), you must have been enrolled in a university group medical plan with active coverage of the benefits you want to extend into retirement.

If you're not yet eligible for Medicare but qualify for a university subsidy, the subsidy will lower your out-of-pocket medical plan costs for your own coverage through the AU Benefits Extension Plan (BEP).

Retirees & Dependents Age 65+

If you are 65 or older, Medicare Parts A and B will become your primary insurance. At that point, AU group medical, dental, and vision coverage will end.

However, American University partnered with Aptia 365, a private health insurance solution, to provide Medicare-eligible retirees and their dependents with the flexibility to select from a variety of individual health insurance options with varying levels of coverage to best meet their needs and budget.

You can enroll in Medicare Supplemental, Medicare Part D prescription plans, or a Medicare Advantage plan through Aptia 365. You can also enroll in dental and vision coverage through Aptia 365.

Dependents Under Age 65

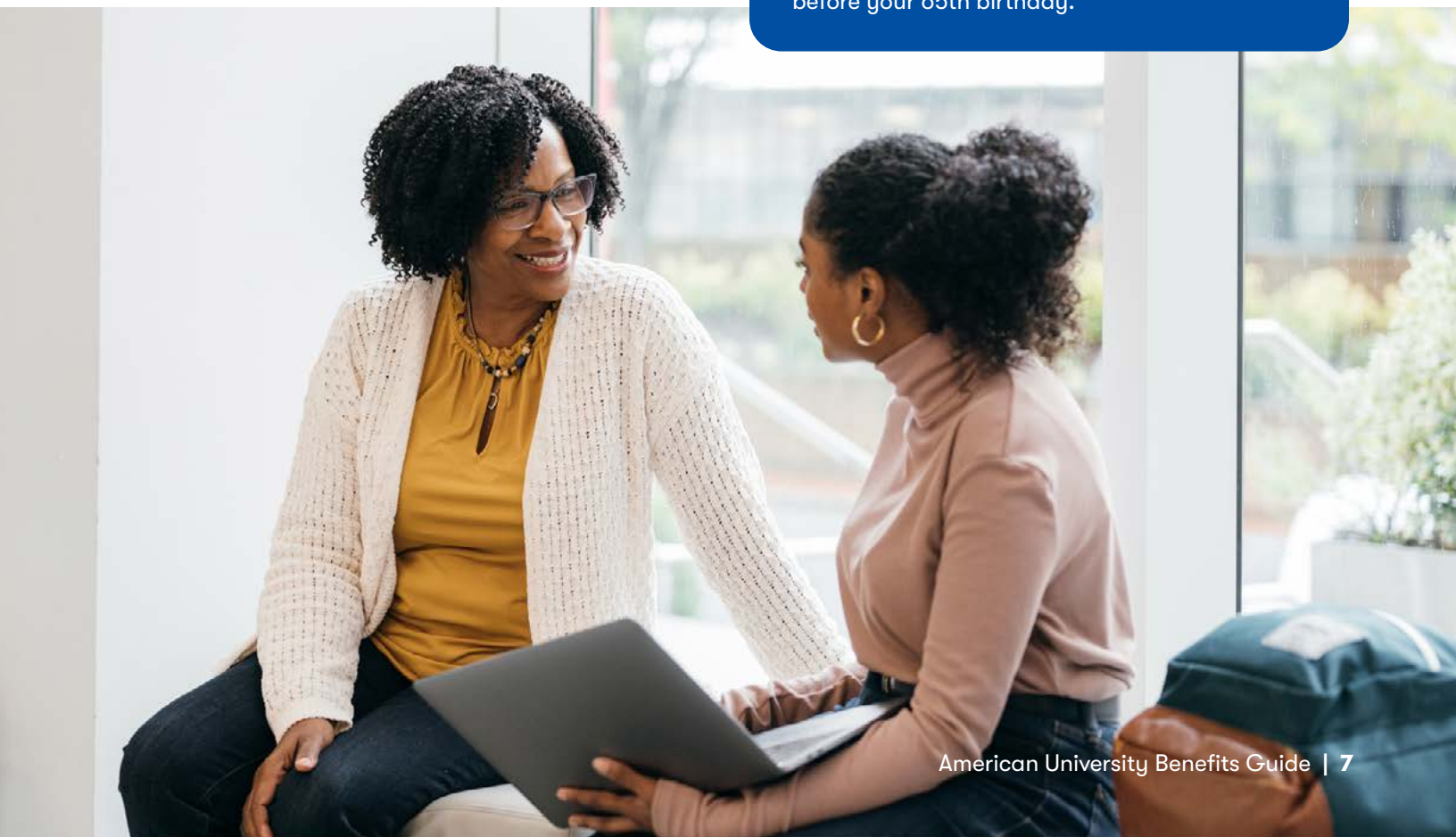
If you qualify for Medicare and have an eligible dependent who is under age 65, they may remain enrolled in the American University BEP medical & prescription, dental, and vision plans subject to the eligibility requirements of the plan until they reach age 65.

This is separate from any insurance coverage that you may obtain for yourself through Aptia 365.

Upon reaching age 65, your dependent must enroll in Medicare Parts A and B, and may enroll in health care, prescription, dental, and vision coverage available through Aptia 365.

If you have a dependent child under age 26, they can be covered under American University's medical & prescription, dental, and vision plans for active employees, as long as they meet eligibility requirements. Coverage lasts until the end of the year they turn 26, after which they can extend it through COBRA for up to 36 months.

Contact Aptia 365 at 8**55-871-0436** and speak with a benefits counselor at least three months before your 65th birthday.



Medical and Prescription Coverage

Pre-65 Coverage

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

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

As a BEP participant, there will be some restrictions to the Health Savings Account if you choose the CareFirst HDHP. Learn more on page 15.

Medical Plan Options

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

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

Prescription Plan Details (In-Network Coverage Only)

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

Infusion Care Services

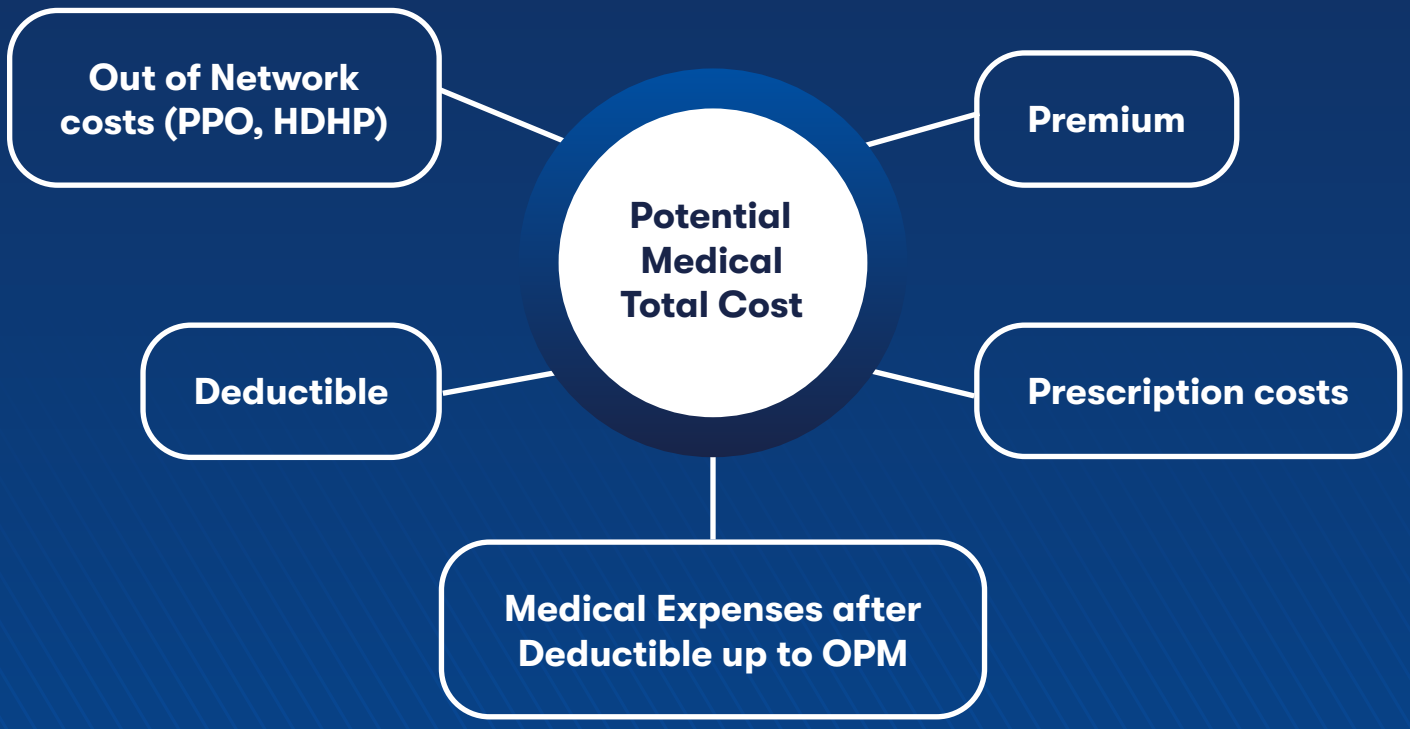
For CareFirst Medical Plans, infusion care services may require prior authorization. Infusion pharmacy services are managed by CareFirst through CVS Specialty, while the provider administers the medication. Your provider is responsible for ordering and coordinating the medication. These medications are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

How to Choose a Plan

Understanding Your Total Costs

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

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



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

Understanding Embedded Deductibles & OPMs

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

How it Works with Your Plans

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

HDHP Plan Example

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

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

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

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

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

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

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

See it in Action

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

Priya's Story

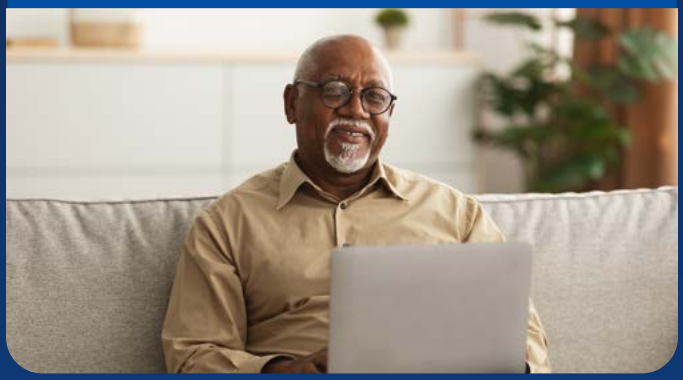
Last year, Priya was diagnosed with a chronic condition that requires regular specialist visits and medications. She also expects at least one hospital stay in the next year. Even with the higher premiums, Priya may spend less by enrolling in the **CareFirst PPO** plan due to the lower out-of-pocket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

However, Priya's husband enrolls himself in the HMO plan offered by his own employer. This way he can save on premiums.



Devon's Story

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



Sam's Story

62-year-old Sam has a tight budget and doesn't want to risk putting a high deductible on her credit card, so she chooses the **Kaiser HMO** plan.

She knows she will have to choose a primary care provider who is in the Kaiser network and that limited choice is worth the predictable copays and lower out-of-pocket max that the HMO plan provides. Without the anxiety of large unexpected medical bills, Sam feels more comfortable with her finances.



Dental Coverage

American University offers a choice between two dental plans from Delta Dental. Both plans cover diagnostic and preventive care, like routine cleanings and X-rays, at 100%. Compare plan premiums on page 19.

Delta Dental Basic[1]

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

Delta Dental Comprehensive[2]

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

Find a Provider

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

Make sure you know what's covered

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

Plan Details

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

Reimbursements are based on Delta Dental's maximum contract allowances, not necessarily each dentist's submitted fees. Limitations or waiting periods may apply for some benefits, and some services may be excluded from your plan.

[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. Fluoride treatment is covered only for children up to age 19.

Vision Coverage

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

Compare plan rates on page 19. Visit carefirst.com to find a provider.

Considering the Kaiser HMO medical plan?

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

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

Plan Details (In-Network)

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





Health Savings Account Restrictions

Health Savings Accounts (HSAs) have some restrictions for BEP participants.

Contributions

Contributions to the HSA can be made through the Online Member Service Center at hellofurther.com.

- You can only contribute to the HSA on a post-tax basis.
- AU cannot make contributions to your HSA since you are not an active employee.

Get Started

Register an account with Further at hellofurther.com to view your balance, make one-time or recurring contributions, submit claims, pay providers and more.

Questions about your HSA can be directed to Further customer service at **800-859-2144**.

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

AU Tuition Remission

American University offers tuition to benefits eligible retirees and/or your spouse or domestic partner. For more information, reach out to hrpayrollhelp@american.edu or call **202-885-3836**.

Benefit Details

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

Eligibility

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

- You retire from active employment with the university
- You have a minimum of 20 years of service at the university
- Your age plus number of years of service is equal to or greater than 80

What's Covered

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

What's Not Covered

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

Tax Impacts

When you receive a taxable tuition benefit for yourself, spouse, domestic partner, or dependent, you must pay income taxes on the value of that benefit. **Because there are many factors that may affect your individual situation, you may want to consult a tax advisor.**

Education Benefits for Dependent Children

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

Eligibility

For all three programs:

- Your child must be classified as a dependent under the IRS regulations
- Your child must be enrolled full-time as a student in a program leading to a generally recognized degree at an accredited college or university within the United States
- Your child must maintain a satisfactory academic record
- Your child's studies must begin before their 21st birthday

AU Tuition Scholarship

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

This benefit covers tuition expenses for four years only. You or your child are responsible for all other non-tuition expenses and fees, including a $50 application fee each semester. All graduate level courses are 100% taxable. See page 16.



Cash Grant Program

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

Tuition Exchange Scholarship Program

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

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

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

Contact Information

Benefit	Vendor	Phone	Website/Email
Medical	CareFirst	833-798-1635	carefirst.com
	Kaiser Permanente	301-468-6000	kp.org
Prescription Drug	Express Scripts	877-486-5984	express-scripts.com
	Kaiser Permanente	301-468-6000	kp.org
Medicare Support	Aptia 365	855-871-0436	—
Dental	Delta Dental	800-932-0783	deltadentalins.com
Vision	CareFirst	800-783-5602	carefirst.com
Health Savings Account	Further	800-859-2144	hellofurther.com
Education Benefits	AU Human Resources Benefits Team	202-885-3836	hrpayrollhelp@american.edu



Costs of Coverage

Use these premiums to compare what you'll pay for each coverage option based on the plans and coverage tiers you choose. The rates below apply to retirees under age 65.

For more information about the benefits in this guide, visit the American University Benefits website. Rates for active employees will vary from the rates presented here, but plan benefits and design are the same.

Medical Coverage Monthly Rates

	Kaiser HMO	CareFirst PPO	CareFirst HDHP
Individual only	$785.29	$1,184.07	$790.52
Individual + spouse	$1,796.59	$2,664.15	$1,778.67
Individual + child(ren)	$1,443.99	$1,835.30	$1,225.31
Family	$2,285.19	$3,429.89	$2,289.90

Dental Coverage Monthly Rates

	Delta Dental Basic	Delta Dental Comprehensive
Individual only	$33.80	$42.53
Individual + spouse	$78.33	$98.55
Individual + child(ren)	$53.97	$67.89
Family	$98.00	$123.31

Vision Coverage Monthly Rates

	CareFirst Vision Basic	CareFirst Vision Enhanced
Individual only	$3.90	$6.62
Individual + spouse	$7.80	$13.25
Individual + child(ren)	$8.19	$13.92
Family	$11.41	$19.38



BG_AU_MM_08476: This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department