



# 2026

## Benefit Options & Enrollment Guide

### COBRA Edition

**Equity.**  
**Modernization.**  
**Sustainability.**

As part of its long-term strategy to provide equitable, sustainable benefits for the university, AU made benefit changes for 2026 that are informed by current trends and benchmark data.

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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.

# Enroll or change benefit coverage

## Open enrollment

COBRA participants can change their medical, dental, and vision insurance elections during open enrollment without a qualifying life event. Open enrollment typically happens in November or December, with changes taking effect on January 1 of the following year.

## Qualifying event

Outside of open enrollment, COBRA participants can only modify their benefits if they experience a qualifying event or an event covered by HIPAA special enrollment.

Qualifying events include:

- Marriage, divorce, or legal separation
- Death of a spouse or dependent
- Birth, adoption, or gaining legal custody of a new dependent
- A change in a dependent's eligibility status (e.g., exceeding lifetime limits under another employer's plan)
- A change in your or your spouse's employment status
- A change in residence

## HIPAA special enrollment notice

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

There are two types of special enrollment:

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 a benefits enrollment form within 30 days of the qualifying event. Contact Optum Financial at (877) 292-4040. Please note that the benefit change must be consistent with the event that occurred.

## Alternative health solutions

American University has partnered with LIG Solutions, a national health insurance advisory firm, to assist you in exploring more affordable alternatives to COBRA continuation coverage.

COBRA allows you to continue your current health insurance coverage, but it may not always be the most cost-effective option. LIG Solutions can provide you with valuable insights, helping you navigate available alternatives and potentially find a solution that better aligns with your budget without compromising on coverage.

LIG Solutions' team of licensed advisors provides personalized assistance, ensuring that you make informed decisions about your health coverage.

To get started, we encourage you to reach out to LIG Solutions at **(833) 218-8772** or visit them online at [Partner.LIGSolutions.com/American-University](https://Partner.LIGSolutions.com/American-University).

They will be ready to assist you, answer your questions, and guide you through the process of exploring more affordable health insurance options.

# Cost for coverage

The costs shown below are the COBRA rates for each plan and level of coverage.

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

Plans		2025 Rates
<b>CareFirst Premier &amp; Express Scripts Pharmacy</b>	Individual	\$1066.92
	Individual + child(ren)	\$1653.72
	Individual + spouse	\$2400.56
	Family	\$3090.54
<b>CareFirst Savings Bundle &amp; Express Scripts Pharmacy</b>	Individual	\$712.31
	Individual + child(ren)	\$1,104.08
	Individual + spouse	\$1,602.69
	Family	\$2,063.34
<b>Kaiser Permanente Health Maintenance Organization (HMO) &amp; Kaiser Pharmacy</b>	Individual	\$745.86
	Individual + child(ren)	\$1371.49
	Individual + spouse	\$1706.39
	Family	\$2170.47
<b>Delta Dental Basic</b>	Individual	\$31.66
	Individual + child(ren)	\$50.55
	Individual + spouse	\$73.37
	Family	\$91.79
<b>Delta Dental Comprehensive</b>	Individual	\$39.83
	Individual + child(ren)	\$63.59
	Individual + spouse	\$92.31
	Family	\$115.49
<b>CareFirst Vision Basic</b>	Individual	\$3.99
	Individual + child(ren)	\$8.28
	Individual + spouse	\$7.96
	Family	\$11.64
<b>CareFirst Vision Enhanced</b>	Individual	\$6.75
	Individual + child(ren)	\$14.20
	Individual + spouse	\$13.52
	Family	\$19.77
<b>Flexible Spending Account (FSA) administrative fee</b>		\$2.95

# Medical options

American University offers three medical options, all of which include prescription drug coverage.

## CareFirst Premier

### PROS

- Flexibility to see any provider.
- No referral required.
- Insurance starts paying after lower deductible than CareFirst Savings Bundle.

### 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 moderate deductible to reach before the plan starts to pay.
- After you reach the deductible, you are responsible for a percentage of the charge (coinsurance).
- Separate out-of-pocket maximum for prescriptions.

## CareFirst Savings Bundle

### PROS

- Flexibility to see any provider.
- No referral required.
- Lower monthly premium than CareFirst Premier.
- Prescriptions count towards medical plan out of pocket max.

### 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 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.

## Kaiser HMO

### PROS

- One-stop shop for all medical needs.
- Lower monthly premium than CareFirst Premier.
- Coordinated care within Kaiser network.
- No deductibles.
- No coinsurance.
- Over 30 locations in DC, Maryland, and Virginia.

### CONS

- You must use providers in the Kaiser network; no coverage for out-of-network providers.
- Must obtain a referral from primary care provider for some services.

# AU Medical Options Key Terms and Definitions

2026 Plan Terms	Definitions
<b>Annual Deductible</b>	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.
<b>Out-of-Pocket Maximum (OPM) (CareFirst)</b>	The maximum amount the Member will have to pay for his/her share of benefits in any Benefit Period.
<b>Out-of-Pocket Maximum (OPM) (Kaiser)</b>	The limits to the total amount of Copayments, Coinsurance and Deductibles you have to pay during the contract year.
<b>Copayment (copay) (CareFirst)</b>	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
<b>Copayment (copay) (Kaiser)</b>	A specific dollar amount that you must pay when you receive a covered Service as listed under "Copayments and Coinsurance" in Kaiser plan documents.
<b>Coinsurance (CareFirst)</b>	The percentage of the Allowed Benefit allocated between CareFirst and the Member whereby CareFirst and the Member share in the payment for Covered Services
<b>Coinsurance (Kaiser)</b>	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.
<b>Individual</b>	Individual coverage covers the Subscriber only
<b>Family (employee + child, +spouse/ domestic partner, +family coverage)</b>	Family Coverage, under which a Subscriber may also enroll their Dependents
<b>In-Network</b>	A Health Care Provider that has contracted with CareFirst BlueChoice to render Covered Services to Members. Visit <a href="http://carefirst.com">carefirst.com</a> to find out if your provider is In-Network.
<b>Out-of-Network</b>	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.

Note: Choosing the CareFirst Savings Bundle as a COBRA participant has some restrictions:

- If you choose the CareFirst Savings Bundle, you can only contribute to the HSA on a post-tax basis. Contributions to the HSA can be made through the Further platform.
- Use the Online Member Service Center at [hellofurther.com](http://hellofurther.com) (you will need to register an account) 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 toll free at 800-859-2144.
- AU cannot make contributions to your HSA since you are not an active employee.
- The Voya Hospital Indemnity Plan is not available to COBRA participants.

Plan Element	CareFirst Premier		CareFirst Savings Bundle		Kaiser HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	Out of Network
<b>Deductible (individual coverage)</b>	\$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.
<b>Deductible (employee + child, +spouse/domestic partner, +family coverage)</b>	\$2,000	\$4,000	\$6,000	\$12,000	N/A	
<b>Out-of-Pocket Max (individual coverage)</b>	\$4,000	\$6,000	\$7,000	\$12,000	\$3,500	
<b>Out-of - Pocket Max (employee + child, +spouse/domestic partner, +family coverage)</b>	\$8,000	\$12,000	\$14,000	\$24,000	\$9,400	
<b>Preventative Care &amp; Immunization Visit</b>	\$0	Deductible, then 35% of Allowed Benefit	\$0	Deductible, then 40% of Allowed Benefit	No charge	Not covered
<b>Primary care visit</b>	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
<b>Specialist</b>	Deductible, then \$50 copay per visit. Hospital Facility: Deductible, then 20% of Allowed Benefit	Provider and Hospital: Deductible, then 35% of Allowed Benefit	N/A	Deductible, then 40% of Allowed Benefits	\$40	Not covered

Plan Element	CareFirst Premier		CareFirst Savings Bundle		Kaiser HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	Out of Network
<b>Retail Health Clinic (BCBS)</b>	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
<b>Kaiser Permanente Urgent Care Clinics (In Network)</b>	N/A	N/A	N/A	N/A	\$40	Not covered
<b>Urgent Care Clinic Outside Kaiser Permanente (Out of network)</b>	N/A	N/A	N/A	N/A	\$40	Not covered
<b>Coinsurance</b>	Deductible, then 20% of Allowed Benefit	Deductible, then 35% of Allowed Benefit	Deductible, then 20% of Allowed Benefit	Deductible, then 40% of Allowed Benefit	N/A	Not covered
<b>Referral Needed for Primary Care Visit</b>	No	No	No	No	No	Not covered
<b>Referral Needed for Specialist (CareFirst plans)</b>	No	No	No	No	N/A	Not covered
<b>(Kaiser) Referral Needed for Specialist (OBGYN, Eye Care, Mental Health)</b>	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

Plan Element	CareFirst Premier		CareFirst Savings Bundle		Kaiser HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	Out of Network
<b>Hospital (Facility Fee)</b>	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
<b>Hospital (Physician/ Surgeon fee)</b>	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
<b>Emergency Room Visit</b>	\$200 co-pay (waived if admitted)	Paid as if In-Network	Deductible, then 20% of Allowed Benefits	Paid as if In-Network	\$75	\$75
<b>Urgent Care</b>	\$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
<b>Health Savings Account (HSA)</b>	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 on a post-tax basis.	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 on a post-tax basis.	Not eligible	Not eligible

# 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 CFSB) 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

Plan Element	CareFirst Premier		CareFirst Savings Bundle		Kaiser HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	Out of Network
<b>Rx Deductible</b>	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
<b>RX Out of Pocket Max (Individual)</b>	\$ 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
<b>RX Out of Pocket Max (employee + child, +spouse/ domestic partner, +family coverage)</b>	\$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
<b>Generic Drugs</b>	\$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

Plan Element	CareFirst Premier		CareFirst Savings Bundle		Kaiser HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	Out of Network
<b>Preferred Brand Drugs</b>	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
<b>Non-Preferred Brand Drugs</b>	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
<b>Preferred Specialty Drugs</b>	\$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
<b>Non-Preferred Specialty Drugs</b>	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
<b>(Kaiser) Prescription Drugs (most generic/most preferred brand/non-preferred brand)</b>	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

<b>Excluded Drugs</b>	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
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*\* 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.*

# Dental coverage

American University offers a choice between two dental plans from Delta Dental. To find a dentist, visit [www.deltadentalins.com](http://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 toward your treatment. This is especially important for extensive dental care. Ask your dentist to submit a claim form to Delta Dental for a predetermination.

# Compare dental plans

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

	Delta Dental Basic <sup>1</sup>	Delta Dental Comprehensive <sup>2</sup>	
	PPO Dentists	PPO Dentists	Delta Dental Premier® and Non-PPO Dentists
<b>Deductible</b> Waived for diagnostic, preventive, and orthodontics	\$50 individual \$150 family	\$50 individual \$150 family	\$50 individual \$150 family
<b>Plan maximum</b>	\$1,000 per person calendar 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
<b>Diagnostic and preventive services<sup>3,4</sup></b> 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
<b>Basic services</b> Fillings and posterior composites	50% of allowed benefit after deductible	80% of allowed benefit after deductible	70% of allowed benefit after deductible
<b>Endodontics</b> Root canals	50% of allowed benefit after deductible	80% of allowed benefit after deductible	70% of allowed benefit after deductible
<b>Periodontics</b> Gum treatment	50% of allowed benefit after deductible	50% of allowed benefit after deductible	40% of allowed benefit after deductible
<b>Oral surgery</b> Incisions, excisions, and surgical removal of tooth	Not covered	80% of allowed benefit after deductible	70% of allowed benefit after deductible
<b>Prosthodontics</b> Bridges, dentures, and implants	Not covered	50% of allowed benefit after deductible	40% of allowed benefit after deductible
<b>Orthodontic services</b> 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

American University offers two vision plans through CareFirst. The vision plans are available to all COBRA participants, including those who elect Kaiser medical or no medical option. The following chart provides an overview of the two vision plans.

	CareFirst Vision Basic	CareFirst Vision Enhanced
<b>Comprehensive eye exam</b>	\$10 copay	\$10 copay
<b>Examination</b>	12 months	12 months
<b>Lenses</b>	12 months	12 months
<b>Frames</b>	24 months	12 months
<b>Contact lens examination</b>	15% discount <sup>1</sup>	Up to \$60 allowance +15% off balance
<b>Single vision lens</b>	\$20 copay	\$25 copay
<b>Bifocal lens</b>	\$20 copay	\$25 copay
<b>Trifocal lens</b>	\$20 copay	\$25 copay
<b>Lenticular lens</b>	\$20 copay	\$25 copay
<b>Standard progressive lenses</b>	\$50 copay	Covered in full
<b>Frames</b>	Up to \$100 or up to \$150 at Visionworks + 20% off balance	Up to \$180 or up to \$230 at Visionworks + 20% off balance
<b>Elective contact lenses</b>	\$97 allowance for single vision \$127 for multifocal + 15% off remaining balance	Up to \$180 + 15% off remaining balance
<b>Necessary contact lenses</b>	Covered in full	Covered in full
<b>Diabetic eyecare plus program</b>	Additional exam at no cost	Additional exam at no cost

first

# Contact information

## COBRA alternatives

**LIG Solutions**  
(833)-218-8772  
[Partner.LIGSolutions.com/American\\_University](https://Partner.LIGSolutions.com/American_University)

## COBRA benefit billing & payments

**Optum Financial**  
(877) 292-4040  
[www.optumfinancial.com](https://www.optumfinancial.com)

## Dental

**Delta Dental**  
(800) 932-0783  
[www.deltadentalins.com](https://www.deltadentalins.com)

## Medical

**CareFirstPremer Plan & Carefirst Savings Bundle plan**  
(800) 628-8549  
[www.carefirst.com](https://www.carefirst.com)

**Kaiser Permanente HMO**  
(301) 468-6000  
[www.kp.org](https://www.kp.org)

## Prescription drugs

**Express Scripts (CareFirst participants)**  
(877) 486-5984  
[www.express-scripts.com](https://www.express-scripts.com)

**Kaiser Permanente**  
(301) 468-6000  
[www.kp.org](https://www.kp.org)

## Retirement benefits

**Fidelity**  
(800) 343-0860  
[www.netbenefits.com/au](https://www.netbenefits.com/au)

**TIAA**  
(800) 842-2252  
[www.tiaa.org/american](https://www.tiaa.org/american)

## Vision

**CareFirst**  
(800) 783-5602  
[www.carefirst.com](https://www.carefirst.com)

## American University

**Office of Human Resources**  
4400 Massachusetts Avenue, NW  
Washington, DC 20016-8054  
(202) 885-3836  
[hrpayrollhelp@american.edu](mailto:hrpayrollhelp@american.edu)  
[www.american.edu/hr](https://www.american.edu/hr)

### AU Closed December 20, 2025- January 2, 2026

American University's offices, including the Office of Human Resources, will be closed for the winter break December 20, 2025 through January 2, 2026.

Please contact your benefit provider. If you need to request a loan, transfer/rollover, or withdrawal from your AU retirement plan, please call your retirement plan provider, TIAA or Fidelity.

If your call is urgent and cannot be resolved by the benefit provider, send an email to [hrpayrollhelp@american.edu](mailto:hrpayrollhelp@american.edu).