



AMERICAN UNIVERSITY
WASHINGTON, DC

2025 Benefit Options & Enrollment Guide

Benefits Extension Plan

Equity.
Modernization.
Sustainability.

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

Benefits Extension Plan (BEP) for American University retirees

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

- The Benefit Extension Plan 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.

If you have questions regarding your benefits as an AU retiree, call (202) 885-3836 or email hrpayrollhelp@american.edu.

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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

Eligibility

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

Continue coverage

You can continue medical and prescription, dental, and vision benefits if you are enrolled in medical and prescription group insurance.

Change your benefit coverage

Open enrollment

BEP 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, BEP participants can only modify their benefits if they experience a qualifying event or an event covered by HIPAA special enrollment, including:

- 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 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 found at the back of this guide within 30 days of the event. The benefit change must be consistent with the event.

Complete, sign and mail your enrollment form to:

ATTN: Office of Human Resources
American University
4400 Massachusetts Avenue, NW
Washington, DC 20016-8054

Or email your completed and signed form to hrpayrollhelp@american.edu.

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

Medical

AU's Medicare partner

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.

Medicare-eligible retirees & dependents (retired and at least 65 years of age)

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. You can enroll in Medicare Supplemental, Medicare Part D prescription plans, or a Medicare Advantage plan through Aptia 365.

To maintain comprehensive health coverage, contact Aptia 365 at (855) 871-0436 and speak with a benefits counselor at least three months before your 65th birthday. You can also enroll in dental and vision coverage through Aptia 365.

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.

If you are a BEP participant under age 65, please complete, sign and mail your enrollment form to:

ATTN: Office of Human Resources
American University
4400 Massachusetts Avenue, NW
Washington, DC 20016-8054

Or email your completed and signed form to hrpayrollhelp@american.edu.

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

Special note for dependents under age 65

If you 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.

Cost for coverage

Retirees under age 65

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

The rates below apply to retirees under age 65.

Plans		2025 Rates
CareFirst Preferred Provider Organization (PPO) & Express Scripts Pharmacy	Individual	\$931.12
	Individual + child(ren)	\$1,443.23
	Individual + spouse	\$2,095.02
	Family	\$2,697.18
CareFirst High Deductible Health Plan (HDHP) & Express Scripts + Health Savings Account (HSA)	Individual	\$698.34
	Individual + child(ren)	\$1,082.43
	Individual + spouse	\$1,571.26
	Family	\$2,022.88
Kaiser Permanente Health Maintenance Organization (HMO) & Kaiser Pharmacy	Individual	\$648.21
	Individual + child(ren) ¹	\$1,191.91
	Individual + spouse	\$1,482.96
	Family	\$1,886.28
Delta Dental Basic	Individual	\$28.98
	Individual + child(ren)	\$46.27
	Individual + spouse	\$67.16
	Family	\$84.02
Delta Dental Comprehensive	Individual	\$36.46
	Individual + child(ren)	\$58.21
	Individual + spouse	\$84.50
	Family	\$105.72
CareFirst Vision Basic	Individual	\$3.98
	Individual + child(ren)	\$8.36
	Individual + spouse	\$7.96
	Family	\$11.64
CareFirst Vision Enhanced	Individual	\$6.76
	Individual + child(ren)	\$14.21
	Individual + spouse	\$13.53
	Family	\$19.79

Medical options

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

CareFirst PPO

PROS

- Flexibility to see any provider.
- No referral required.
- Insurance starts paying after lower deductible than CareFirst HDHP.
- Lowest out-of-pocket maximum when using in-network providers.
- Express Scripts provides 30-day prescriptions at retail pharmacies and 90-day supplies using home delivery or CVS Smart90.

CONS

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

NEW

CareFirst HDHP

PROS

- Flexibility to see any provider.
- No referral required.
- Lower monthly premium than CareFirst PPO.

CONS

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

Kaiser HMO

PROS

- One-stop shop for all medical needs.
- Lower monthly premium than CareFirst PPO.
- Coordinated care within Kaiser network.
- No deductibles.
- No coinsurance.
- Lowest cost pharmacy option of all plans when filled in a Kaiser Center pharmacy (slightly higher price using an outside pharmacy for 30-day prescription).
- Over 30 locations in DC, Maryland, and Virginia.

CONS

- You must use providers in the Kaiser network; no coverage for out-of-network providers except in certain emergency situations.
- Must obtain a referral from primary care provider for some services.
- Higher out-of-pocket maximum than CareFirst PPO.

Compare medical options

The following chart provides an overview of the three medical options. Please note that “Individual +” applies to Individual + child(ren), + spouse/domestic partner, or family coverage.

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

¹Your choice of provider affects your out-of-pocket costs in the CareFirst plans. Out-of-network deductibles, maximums, and other costs are significantly higher than those in-network. Visit carefirst.com to find out if your provider is in-network.

Terms to know

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

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

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

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

Compare prescription plans

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

	CareFirst PPO	CareFirst HDHP ¹	Kaiser HMO	
	Express Scripts	Express Scripts	Kaiser Center Pharmacy	Outside Pharmacy
Rx Deductible	None	Included with medical	None	None
Rx Calendar year out-of-pocket maximum	\$3,850 individual/ \$7,700 family	Included with medical	Included with medical	Included with medical
Generic (30 days)	\$10 ²	Same as PPO after medical deductible is met	\$10	\$20
Brand name preferred (30 days)	30% ² min \$25 – max \$70	Same as PPO after medical deductible is met	\$20	\$40
Brand name non-preferred (30 days)	50% ² min \$70 – max \$150	Same as PPO after medical deductible is met	\$35	\$70
Generic home delivery (90 days)	\$25 ³	Same as PPO after medical deductible is met	\$20	Not applicable
Brand name preferred home delivery (90 days)	30% ³ min \$65 – max \$175	Same as PPO after medical deductible is met	\$40	Not applicable
Brand name non-preferred home delivery (90 days)	50% ³ min \$175 – max \$375	Same as PPO after medical deductible is met	\$55	Not applicable
Specialty drugs (30 days)	Same as retail generic, preferred and non-preferred copays/coinsurance	Same as PPO after medical deductible is met	Applicable generic, preferred, and non-brand preferred copayments apply for specialty drugs	
Excluded drugs⁴	No coverage	No coverage	Not applicable	Not applicable

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

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

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

4 Excluded drugs do not apply towards out-of-pocket maximums.

Terms to know

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

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

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

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 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 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 services³⁴ 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.

NEW

Vision plans

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

	CareFirst Vision Basic	CareFirst Vision Enhanced
Comprehensive eye exam	\$10 copay	\$10 copay
Examination	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	12 months
Contact lens examination	15% discount ¹	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

¹ \$51 Member copay assuming \$60 contact lens exam cost.

Education benefits for retirees

Eligible staff and faculty who retire from active employment with the university, have a minimum of 20 years of service, and whose age plus service is equal to or greater than 80, may continue to use the education benefits.

Please note that all graduate-level tuition remission and education benefits for dependent children are 100% taxable. In addition, tuition remission for spouse or domestic partners are also subject to taxation.

Tuition remission

American University provides tuition remission benefits for eligible courses taken by an eligible retiree or a retiree's spouse or domestic partner at American University or the Wesley Theological Seminary.

Benefits for eligible dependent children

American University offers eligible dependent children of eligible retirees three education benefits to provide financial assistance for higher education tuition including:

- **AU Dependent Tuition Scholarship** – Tuition remission for full-time regular or provisional enrollment in a degree program at American University or the Wesley Theological Seminary.
- **Tuition Exchange** – Tuition remission scholarship at another institution participating in the [Tuition Exchange, Inc. program](#).
- **Cash Grants** – Grants of \$725 per semester, \$1,450 per academic year (fall and spring semesters only). Some restrictions apply.

2025 BEP Enrollment Form

Complete, sign and mail both pages of this enrollment form to:

ATTN: Office of Human Resources
 American University
 4400 Massachusetts Avenue, NW
 Washington, DC 20016-8054

Or email your completed and signed form to hrpayrollhelp@american.edu.

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

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

Retiree Information						
First Name		Middle Initial		Last Name		Suffix
Street Address				City	State	Zip Code
Marital Status				Sex		
Single	Married	Widowed	Domestic Partnership	Male	Female	
Email		Phone		Retirement Date	BEP Coverage Date	

Medical Plan						
1. Action						
Not Eligible	Continue Coverage	Change Coverage	Drop Coverage	Add Dependent(s)	Drop Dependent(s)	
2. Medical Plan						
CareFirst PPO	CareFirst High Deductible Health Plan (HDHP)			Kaiser Permanente HMO		
3. Level of Coverage						
Individual	Individual + Child(ren)	Individual + Spouse/Domestic Partner			Family	

4. Indicate all persons covered under the medical plan (attach another sheet, if necessary).						
	First Name	Last Name	SSN	Date of Birth	Sex	
					M	F
Retiree						
Spouse						
Domestic Partner						
Child						
Child						

5. Are you covered by Medicare Part B?
Yes No
6. Is your spouse covered by Medicare Part B?
Yes No

Complete Page 2 of the Benefits Extension Plan Form.

2025 BEP Enrollment Form

Dental Plan						
1. Action						
Not Eligible	Continue Coverage	Change Coverage	Drop Coverage	Add Dependent(s)	Drop Dependent(s)	
2. Dental Plan						
Delta Dental Basic		Delta Dental Comprehensive				
3. Level of Coverage						
Individual	Individual + Child(ren)	Individual + Spouse/Domestic Partner	Family			
4. Indicate all persons covered under the dental plan (attach another sheet, if necessary).						
	First Name	Last Name	SSN	Date of Birth	Sex	
					M	F
Retiree						
Spouse						
Domestic Partner						
Child						
Child						

Vision Plan						
1. Action						
Not Eligible	Continue Coverage	Change Coverage	Drop Coverage	Add Dependent(s)	Drop Dependent(s)	
2. Vision Plan						
CareFirst Vision Basic		CareFirst Vision Enhanced				
3. Level of Coverage						
Individual	Individual + Child(ren)	Individual + Spouse/Domestic Partner	Family			
4. Indicate all persons covered under the vision plan (attach another sheet, if necessary).						
	First Name	Last Name	SSN	Date of Birth	Sex	
					M	F
Retiree						
Spouse						
Domestic Partner						
Child						
Child						

Authorization and Signature	
<p>I hereby submit the above information to American University's Office of Human Resources Benefits Team for my benefit coverage(s). I understand that, under the provisions of the BEP, if I am currently not enrolled in health coverage, then I am unable to enroll in medical, dental, or vision coverage at this time.</p>	
_____ Signature	_____ Date

Contact information

Dental

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

Medical

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

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

Medicare exchange

Aptia 365
(855) 871-0436

Prescription drugs

Express Scripts (CareFirst participants)
(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

Vision

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

American University

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

AU Closed December 23, 2024- January 1, 2025

American University's offices, including the Office of Human Resources, will be closed for the winter break Monday, December 23, 2024 through Wednesday, January 1, 2025.

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.