

2023
BENEFIT OPTIONS & ENROLLMENT GUIDE
BENEFITS EXTENSION PLAN



Medical & Prescription

Dental

Education

BENEFITS FOR AMERICAN UNIVERSITY RETIREES

Our success at American University depends on the contributions of our faculty and staff. Thank you for your work and commitment to the university. As an American University retiree, you may be eligible for the following benefits in retirement:

- participation in the Benefit Extension Plan for medical, prescription, and dental benefits for you and your qualified dependents
- tuition remission for you and your spouse or same-sex 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.

BENEFITS EXTENSION PLAN

ELIGIBILITY

To participate in American University's Benefit Extension Plan (BEP), you must have elected a university group medical plan prior to retirement and that election must have been in effect at the time of your retirement from active service. If you did not have a university health plan in effect when you retired, you cannot enroll in the BEP.

ENROLLMENT

As an American University retiree, you may:

- enroll in medical and prescription and/or dental benefits when you retire
- make changes to your plan when you have a qualifying life event

AU's Medicare partner

American University partnered with Mercer Marketplace 365+ Retiree, 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.

QUALIFYING LIFE EVENTS

You can change your medical and/or dental plans during the year, according to the IRS rules, only when you experience a qualifying life event such as:

- Marriage, divorce or legal separation
- Death of a spouse, domestic partner, or dependent
- Birth or adoption of a new dependent or gaining legal custody of a new dependent
- A change in a dependent's eligibility status
- A change in your employment status or that of your spouse or domestic partner
- A change of your residence

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

If you are age 65+, or when you turn age 65, Medicare Parts A and B become your primary insurance. At that time, AU group medical and dental insurance ends and Medicare Parts A and B become your primary insurance. You may enroll in Medicare Supplemental and Part D prescription insurance through Mercer Marketplace 365+ RetireeSM.

You are encouraged to call Mercer Marketplace 365+ Retiree at (855) 871-0436 and speak with a Mercer benefits counselor at least three months before your 65th birthday to ensure that you continue to have comprehensive health coverage when you turn age 65. Through Mercer Marketplace 365+ Retiree you may also enroll in dental and vision coverage.

Retirees under age 65

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. You may obtain a copy of the form online by visiting www.american.edu/hr/BEPenroll. 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 will need to remain with the current American University BEP medical, prescription, and/or dental plan, subject to the eligibility requirements of the plan until they reach age 65. This is separate from any insurance coverage that you may obtain through Mercer Marketplace 365+ Retiree.

Upon reaching age 65, your dependent must enroll in Medicare Parts A and B, and may enroll in health care, prescription, and/or dental options available through Mercer Marketplace 365+ Retiree.

ELIGIBILITY FOR HEALTH CARE SUBSIDY

If you were hired before January 1, 1993 and retire at age 55 or above, you may be eligible for a subsidy from the university towards the cost of your health coverage. The subsidy will be available to you via a Health Reimbursement Arrangement (HRA) account, if you are Medicare-eligible.

BEP subsidies are dependent on your years of service and age at retirement. Visit www.american.edu/hr/BEP for more information about the health care subsidy.

If you have an eligible dependent child who is under age 26, they can be covered under the American University medical, prescription, and/or dental plan for active employees, subject to the eligibility requirements of the plan, until they reach age 26. When your dependent child turns age 26, they will be covered through the end of the year they turn age 26 and will then become eligible to continue coverage through COBRA for up to 36 months.

COST FOR COVERAGE FOR RETIREES UNDER AGE 65

If you are not yet eligible for Medicare (under age 65), but you are eligible for a subsidy from the university towards the cost of your health coverage, your subsidy will reduce your out-of-pocket cost for the medical plan.

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

Plans		2023 Rates
CareFirst & Express Scripts	Individual	\$859.68
	Individual + 1	\$1,717.75
	Family	\$2,490.23
Kaiser Permanente	Individual	\$576.95
	Individual + 1	\$1,156.95
	Family	\$1,678.92
Delta Dental Comprehensive	Individual	\$33.15
	Individual + 1	\$66.31
	Family	\$96.11
Delta Dental Basic	Individual	\$26.35
	Individual + 1	\$52.69
	Family	\$76.38

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.

MEDICAL COVERAGE FOR RETIREES UNDER AGE 65

American University offers a choice between two medical options:

- **CareFirst BlueChoice Advantage** offers the flexibility to choose from BlueChoice and BluePreferred PPO providers locally and BlueCard PPO providers nationwide for in-network benefits as well as out-of-network providers.
 - Your choice of provider affects your out-of-pocket costs in the CareFirst plan
 - Out-of-network deductibles, maximums, and other costs are significantly higher than those in-network.
 - Visit www.carefirst.com to find an in-network provider, but please call the provider's office directly to confirm that they still participate in the CareFirst network.
 - CareFirst participants use the Express Scripts pharmacy program
 - After the first three retail prescription fills for maintenance drugs, CareFirst participants pay an additional \$10 for each retail fill.
 - CVS Smart90 is an Express Script program that allows you to fill a maintenance medication at your local CVS store for a 90-day supply.
 - Excluded drugs do not apply towards out-of-pocket maximums.
- **Kaiser Permanente HMO** utilizes a local network of facilities and providers with over 30 locations in the DC, Maryland, and Virginia region.
 - You must select a Kaiser Primary Care Physician (PCP) to obtain care within the network.
 - As needed, your PCP will refer you to a specialist.
 - Except in emergency situations, coverage is not provided for care received outside of the network.
 - Prescriptions can be filled at a Kaiser facility or at a participating network or community pharmacy.
 - Visit www.kaiserpermanente.org to locate a medical provider and select DC, Maryland, or Virginia as your region.

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'll pay for covered medical services in a calendar year. Once you meet it, the plan will pay the full cost of additional expenses.

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

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

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

COMPARE MEDICAL PLANS FOR RETIREES UNDER AGE 65

	Choice of Physician	Annual Deductible	Copayment	Coinsurance	Maximum Out-of-Pocket	Prescription Drug Retail (30-Day Supply)	Prescription Drug Home Delivery (90-Day Supply)	Prescription Drug Out-of-Pocket Maximum
CareFirst BlueChoice Advantage								
In-network*	Use any provider in BlueChoice, BluePreferred PPO, or BlueCard PPO. No referral required.	\$400 individual \$800 individual + 1 \$800 family In-network deductible applies to non-preventive care services (preventive care such as annual physicals and mammograms are not subject to the deductible).	\$20 primary care \$40 specialty care No copayment for: • preventive care office visits • women's preventive health services	90% paid by health plan 10% paid by participant	\$2,750 individual \$5,500 individual + 1 \$5,500 family	Express Scripts** Generic drugs \$10 Brand name formulary 30% coinsurance to \$30 maximum Brand name non-formulary 50% coinsurance to \$50 maximum Excluded drugs‡ 100% patient responsibility	Express Scripts or CVS Smart 90† Generic drugs \$25 Brand name formulary 30% coinsurance to \$75 maximum Brand name non-formulary 50% coinsurance to \$125 maximum Excluded drugs‡ 100% patient responsibility	Express Scripts and CVS Smart90† \$3,850 individual \$7,700 family
Out-of-network	Choose any physician, no network limitations. No referral required.	\$1,000 individual \$2,000 individual + 1 \$2,000 family	None	65% paid by health plan 35% paid by participant	\$4,000 individual \$8,000 individual + 1 \$8,000 family			
Kaiser Permanente								
HMO	Must select a primary care physician at one of Kaiser Permanente's medical centers.	None	\$20 primary care \$40 specialty care Does not apply to outpatient mental health and prescription benefits. No copayment for: • adult and children over age 5 preventive care office visits • primary care physician office visits for children under age 5; specialist copayment applies for children under age 5 • women's preventive health services	None	\$3,500 individual \$9,400 family	Kaiser Center Pharmacy Generic drugs \$10 Brand name formulary \$20 Brand name non-formulary \$35 Excluded drugs not applicable Outside Pharmacy Generic drugs \$20 Brand name formulary \$40 Brand name non-formulary \$55 Excluded drugs not applicable	Kaiser Home Delivery Generic drugs \$20 Brand name formulary \$40 Brand name non-formulary \$70 Excluded drugs not applicable	Included with medical

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

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

†CVS Smart90 allows you to fill a maintenance medication at your local CVS store for a 90-day supply.

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

DENTAL COVERAGE FOR RETIREES UNDER AGE 65

American University offers a choice between two dental plans from Delta Dental:

- **Delta Dental Basic** covers screenings, cleanings, fillings, and periodontics, and is available for a lower monthly cost. For the Basic Plan you **must** choose a dentist who is in the Delta Dental PPO network. The Basic Plan does not provide coverage for services from a Premier or non-participating dental provider.
- **Delta Dental Comprehensive** helps you pay for most necessary dental services and supplies, including orthodontia, and offers the flexibility to choose from PPO, Premier, and out-of-network dentists. However, the dentist you choose determines the level you pay out-of-pocket.

Reimbursements are based on PPO contracted fees for Delta Dental PPO dentists, PPO contracted fees for Delta Dental Premier dentists, and PPO contracted fees for non-Delta Dental dentists.

- 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; and
- You pay the most out-of-pocket for seeing a dentist who is not affiliated with Delta Dental.

TERMS TO KNOW

Allowed benefit is the maximum amount the plan will pay for a covered service. This is also known as the “eligible expense,” “payment allowance,” or “negotiated rate.” If you use a Premier or non-affiliated dentist, and the charges are more than the plan’s allowed benefit amount, you may have to pay the difference (also called balance billing).

FINDING A DENTIST/ CONFIRMING YOUR DENTIST’S PARTICIPATION

The **Basic Plan** requires that you choose a Delta Dental PPO network dentist.

The **Comprehensive Plan** lets you select any licensed dentist. 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, and you pay the most out-of-pocket for seeing a dentist who is not affiliated with Delta Dental. Contact your dentist’s office to confirm if they participate in a Delta Dental network.

PREDETERMINATION OF DENTAL BENEFITS

If your dental care will be extensive, ask your dentist to complete and submit a claim form to Delta Dental for a predetermination of benefits. Delta Dental will advise you exactly which procedures are covered, the amount that will be paid towards the treatment, and your financial responsibility.

COMPARE DENTAL PLANS FOR RETIREES UNDER AGE 65

	Delta Dental Basic		Delta Dental Comprehensive	
	PPO Dentists	Delta Dental Premier® and Non-PPO Dentists	PPO Dentists	Delta Dental Premier® and Non-PPO Dentists
Deductible Waived for diagnostic, preventive, & orthodontics	\$50 individual \$150 family	Not applicable	\$50 individual \$150 family	\$50 individual \$150 family
Plan maximum	\$1,000 per person calendar maximum	Not applicable	\$1,500 per person calendar maximum \$1,000 per person orthodontic lifetime maximum	\$1,500 per person calendar maximum \$1,000 per person orthodontic lifetime maximum
Diagnostic and preventive services† Oral exams, cleanings, x-rays, and sealants	100% of allowed benefit no deductible	Not covered	100% of allowed benefit no deductible	100% of allowed benefit no deductible
Basic services Fillings and posterior composites	50% of allowed benefit after deductible	Not covered	90% of allowed benefit after deductible	80% of allowed benefit after deductible
Endodontics Root canals	50% of allowed benefit after deductible	Not covered	90% of allowed benefit after deductible	80% of allowed benefit after deductible
Periodontics Gum treatment	50% of allowed benefit after deductible	Not covered	60% of allowed benefit after deductible	50% of allowed benefit after deductible
Oral surgery Incisions, excisions and surgical removal of tooth	Not covered	Not covered	90% of allowed benefit after deductible	80% of allowed benefit after deductible
Prostodontics Bridges, dentures, and implants	Not covered	Not covered	60% of allowed benefit after deductible	50% of allowed benefit after deductible
Orthodontic services Adults and children	Not covered	Not covered	50% of allowed benefit no deductible	50% of allowed benefit no deductible

*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.

**Comprehensive Plan: Reimbursement is 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.

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

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

EDUCATION BENEFITS FOR RETIREES

Eligible faculty and staff 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 same-sex 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 same-sex domestic partner at American University or the Wesley Theological Seminary.

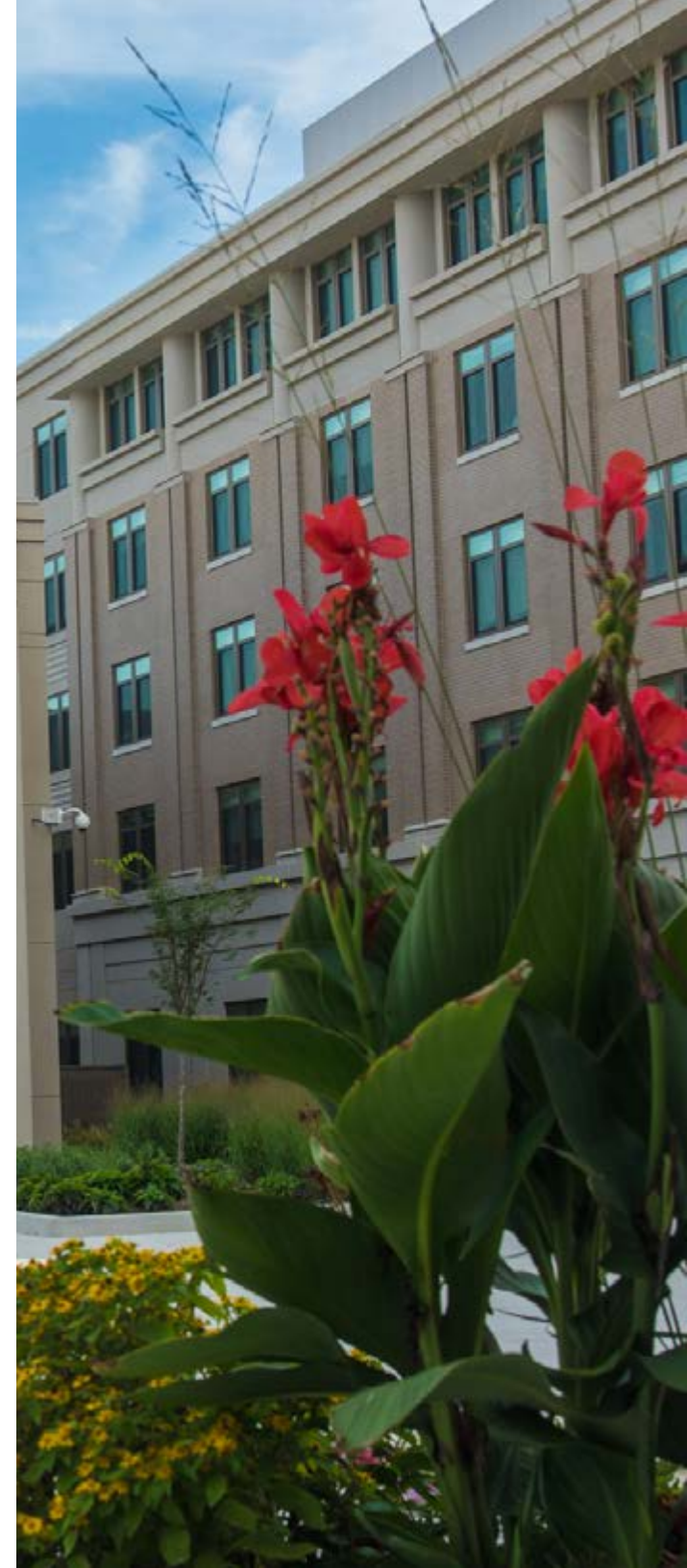
BENEFITS FOR ELIGIBLE DEPENDENT CHILDREN

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

1. 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.
2. Tuition Exchange – Tuition remission scholarship at another institution participating in the Tuition Exchange, Inc. program.
3. Cash Grants – Grants of \$725 per semester, \$1,450 per academic year (fall and spring semesters only). Some restrictions apply.

EP FEDERAL CREDIT UNION (EPFCU)

Learn about products and services offered by EPFCU that include checking, savings, CDs, IRAs and low rate mortgage, home equity, car and personal loans. For information about EPFCU visit www.epfcu.org or call (202) 318-1991.



CONTACT INFORMATION

BENEFIT BILLING/PAYMENTS

Optum Financial
(855) 687-2021

<https://secure.optumfinancial.com/portal/CC>

CREDIT UNION

EP Federal Credit Union (EPFCU)
(202) 318-1991

www.epfcu.org

DENTAL

Delta Dental
(800) 932-0783

www.deltadentalins.com

MEDICAL

CareFirst
(800) 628-8549

www.carefirst.com

Kaiser Permanente HMO
(301) 468-6000

www.kaiserpermanente.org

MEDICARE EXCHANGE

Mercer Marketplace 365+ Retiree
(855) 871-0436

PRESCRIPTION DRUG

Express Scripts
(CareFirst participants)
(877) 486-5984

www.express-scripts.com

Kaiser Permanente
(301) 468-6000

www.kaiserpermanente.org

RETIREMENT BENEFITS

Fidelity
(800) 343-0860

www.netbenefits.com/au

TIAA
(800) 842-2252

www.tiaa.org/american



American University
Office of Human Resources
(202) 885-3836
hrpayrollhelp@american.edu

Mailing Address

4400 Massachusetts Avenue, NW
Washington, DC 20016-8054

Office Location

3201 New Mexico Avenue, NW, Suite 350
Washington, DC 20016-8054

