

2024 Benefits Cost for Coverage



American University contributes to the total cost of your health care coverage. Your portion of the premium is a pre-tax contribution, meaning that it is deducted from your pay before taxes are withheld. For more information, visit [AU's benefits website](#).

- **Medical:** the university contributes 95% towards individual coverage and 80% for individual plus one and family coverage for those making under \$55,000. The university contributes 80% towards individual coverage and 65% for individual plus one and family coverage for those earning more than \$55,000.
- **Dental:** the university contributes 25% for individual coverage and 20% for individual plus one and family coverage.

	Plans	2024 Rates	2024 AU Monthly Share	2024 Monthly Employee Share	2024 Employee Change/Month	2024 AU Bi-Weekly Share	2024 Bi-Weekly* Employee Share
CareFirst & Express Scripts	Employees making \$55,000 or less/year						
	Individual coverage	\$874.29	\$830.59	\$43.70	\$0.73	\$415.30	\$21.85
	Individual +1 coverage	\$1,746.95	\$1,397.57	\$349.38	\$5.84	\$698.79	\$174.69
	Family coverage	\$2,532.56	\$2,026.06	\$506.50	\$8.46	\$1,013.03	\$253.25
	Employees making \$55,000+/year						
	Individual coverage	\$874.29	\$699.43	\$174.86	\$2.92	\$349.72	\$87.43
	Individual +1 coverage	\$1,746.95	\$1,135.53	\$611.42	\$10.22	\$567.77	\$305.71
	Family coverage	\$2,532.56	\$1,646.16	\$886.40	\$14.82	\$823.09	\$443.20
Kaiser Permanente	Employees making \$55,000 or less/year						
	Individual coverage	\$617.34	\$586.48	\$30.86	\$2.01	\$293.24	\$15.43
	Individual +1 coverage	\$1,237.95	\$990.37	\$247.58	\$16.20	\$495.19	\$123.79
	Family coverage	\$1,796.46	\$1,437.18	\$359.28	\$23.51	\$718.59	\$179.64
	Employees making \$55,000+/year						
	Individual coverage	\$617.34	\$493.88	\$123.46	\$8.08	\$246.94	\$61.73
	Individual +1 coverage	\$1,237.95	\$804.67	\$433.28	\$28.35	\$402.34	\$216.64
	Family coverage	\$1,796.46	\$1,167.70	\$628.76	\$41.14	\$583.85	\$314.38
Delta Dental Comprehensive	Individual	\$35.47	\$8.87	\$26.60	\$1.74	\$4.44	\$13.30
	Individual + 1	\$70.95	\$14.19	\$56.76	\$3.71	\$7.10	\$28.38
	Family	\$102.84	\$20.58	\$82.26	\$5.38	\$10.29	\$41.13
Delta Dental Basic	Individual	\$28.19	\$7.05	\$21.14	\$1.38	\$3.53	\$10.57
	Individual + 1	\$56.38	\$11.28	\$45.10	\$2.95	\$5.64	\$22.55
	Family	\$81.73	\$16.35	\$65.38	\$4.28	\$8.18	\$32.69
MetLife Legal Plans	Individual or Family	\$16.50	\$0.00	\$16.50	\$0.00	\$0.00	\$7.62
Flexible Spending Accounts	Fee	\$2.95	\$1.50	\$1.45	\$0.00	\$0.00	\$0.67
Optional Life Insurance	Optional Life	Varies					

*Beginning with the January 5, 2024 paycheck, bi-weekly employees will see certain deductions taken from 24 paychecks annually instead of the current 26, due to the Workday migration. Deductions won't be taken from the third paycheck in months with three pay periods.