

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