

# COBRA 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 Preferred Provider Organization (PPO) &amp; Express Scripts Pharmacy</b>	Individual	\$949.74
	Individual + child(ren)	\$1,472.09
	Individual + spouse	\$2,136.92
	Family	\$2,751.12
<b>CareFirst High Deductible Health Plan (HDHP) &amp; Express Scripts</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	\$661.17
	Individual + child(ren)	\$1,215.75
	Individual + spouse	\$1,512.62
	Family	\$1,924.01
<b>Delta Dental Basic</b>	Individual	\$29.56
	Individual + child(ren)	\$47.20
	Individual + spouse	\$68.50
	Family	\$85.70
<b>Delta Dental Comprehensive</b>	Individual	\$37.19
	Individual + child(ren)	\$59.37
	Individual + spouse	\$86.19
	Family	\$107.83
<b>CareFirst Vision Basic</b>	Individual	\$4.06
	Individual + child(ren)	\$8.53
	Individual + spouse	\$8.12
	Family	\$11.87
<b>CareFirst Vision Enhanced</b>	Individual	\$6.90
	Individual + child(ren)	\$14.49
	Individual + spouse	\$13.80
	Family	\$20.19
<b>Flexible Spending Account (FSA) administrative fee</b>		\$2.95