

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 | | 2026 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 |