

CHARLES DREW UNIVERSITY

2025 COBRA MONTHLY PREMIUMS

MEDICAL MONTHLY PREMIUMS		
	KAISER / HMO	AETNA / HMO
PARTICIPANT ONLY	\$ 794.13	\$ 823.86
PARTICIPANT + SPOUSE	\$ 1747.09	\$ 1812.48
PARTICIPANT + CHILD	\$ 1429.44	\$ 1482.91
PARTICIPANT + CHILDREN	\$ 1429.44	\$ 1482.91
FAMILY	\$ 2461.81	\$ 2554.07

MEDICAL MONTHLY PREMIUMS		
	AETNA / OAMC	
PARTICIPANT ONLY	\$ 1299.80	
PARTICIPANT + SPOUSE	\$ 2859.54	
PARTICIPANT + CHILD	\$ 2339.60	
PARTICIPANT + CHILDREN	\$ 2339.60	
FAMILY	\$ 4029.59	

DENTAL MONTHLY PREMIUMS		
	DELTA DENTAL / HMO	DELTA DENTAL / PPO
PARTICIPANT ONLY	\$ 15.64	\$ 47.95
PARTICIPANT + SPOUSE	\$ 26.93	\$ 95.32
PARTICIPANT + CHILD	\$ 28.46	\$ 100.76
FAMILY	\$ 43.84	\$ 155.21

VISION MONTHLY PREMIUMS		
	VSP / VISION	
PARTICIPANT ONLY	\$ 7.66	
PARTICIPANT + SPOUSE	\$ 15.34	
PARTICIPANT + CHILD	\$ 14.56	
FAMILY	\$ 22.99	

QUESTIONS? Call BCC's Customer Service Call Center at 800-685-6100