

**Foothill – De Anza Community College District
COBRA Rates**

PERSCare PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$951.04	\$84.38	\$10.13	\$3.25	\$1,048.80
2 Party	\$1,902.08	\$168.77	\$20.26	\$3.25	\$2,094.36
Family	\$2,472.69	\$236.27	\$28.37	\$3.25	\$2,740.58
PERS Choice PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$846.91	\$84.38	\$10.13	\$3.25	\$944.67
2 Party	\$1,693.81	\$168.77	\$20.26	\$3.25	\$1,886.09
Family	\$2,201.96	\$236.27	\$28.37	\$3.25	\$2,469.85
PERS Select PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$751.00	\$84.38	\$10.13	\$3.25	\$848.76
2 Party	\$1,501.99	\$168.77	\$20.26	\$3.25	\$1,694.27
Family	\$1,952.59	\$236.27	\$28.37	\$3.25	\$2,220.48
Anthem Select HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$799.13	\$84.38	\$10.13	\$3.25	\$896.89
2 Party	\$1,598.26	\$168.77	\$20.26	\$3.25	\$1,790.54
Family	\$2,077.74	\$236.27	\$28.37	\$3.25	\$2,345.63
Anthem Traditional HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,009.85	\$84.38	\$10.13	\$3.25	\$1,107.61
2 Party	\$2,019.70	\$168.77	\$20.26	\$3.25	\$2,211.98
Family	\$2,625.61	\$236.27	\$28.37	\$3.25	\$2,893.50
Blue Shield Access+ HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,045.35	\$84.38	\$10.13	\$3.25	\$1,143.11
2 Party	\$2,090.69	\$168.77	\$20.26	\$3.25	\$2,282.97
Family	\$2,717.90	\$236.27	\$28.37	\$3.25	\$2,985.79
HealthNet SmartCare HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$747.96	\$84.38	\$10.13	\$3.25	\$845.72
2 Party	\$1,495.91	\$168.77	\$20.26	\$3.25	\$1,688.19
Family	\$1,944.68	\$236.27	\$28.37	\$3.25	\$2,212.57

For PY 2017 (January – December 31 2017)

NOTE: Check plan availability for your geographic area.

***Other Southern California**

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KAISER HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$748.06	\$84.38	\$10.13	\$3.25	\$845.82
2 Party	\$1,496.12	\$168.77	\$20.26	\$3.25	\$1,688.40
Family	\$1,944.95	\$236.27	\$28.37	\$3.25	\$2,212.84
UnitedHealthCare HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,083.51	\$84.38	\$10.13	\$3.25	\$1,181.27
2 Party	\$2,167.01	\$168.77	\$20.26	\$3.25	\$2,359.29
Family	\$2,817.12	\$236.27	\$28.37	\$3.25	\$3,085.01
*HealthNet Salud HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$482.93	\$84.38	\$10.13	\$3.25	\$580.69
2 Party	\$965.86	\$168.77	\$20.26	\$3.25	\$1,158.14
Family	\$1,255.62	\$236.27	\$28.37	\$3.25	\$1,523.51
*HealthNet SmartCare HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$547.94	\$84.38	\$10.13	\$3.25	\$645.70
2 Party	\$1,095.89	\$168.77	\$20.26	\$3.25	\$1,288.17
Family	\$1,424.65	\$236.27	\$28.37	\$3.25	\$1,692.54
*Sharp HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$626.75	\$84.38	\$10.13	\$3.25	\$724.51
2 Party	\$1,253.50	\$168.77	\$20.26	\$3.25	\$1,445.78
Family	\$1,629.55	\$236.27	\$28.37	\$3.25	\$1,897.44
*UnitedHealthCare HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$560.76	\$84.38	\$10.13	\$3.25	\$658.52
2 Party	\$1,121.51	\$168.77	\$20.26	\$3.25	\$1,313.79
Family	\$1,457.97	\$236.27	\$28.37	\$3.25	\$1,725.86

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