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| **Foothill – De Anza Community College District****COBRA Rates 2018** |
| **PERSCare PPO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $900.10 | $67.58 | $8.17 | $3.25 | $979.10 |
| 2 Party | $1,800.20 | $135.16 | $16.33 | $3.25 | $1,954.94 |
| Family | $2,340.26 | $189.23 | $22.86 | $3.25 | $2,555.60 |
| **PERS Choice PPO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $816.28 | $67.58 | $8.17 | $3.25 | $895.28 |
| 2 Party | $1,632.55 | $135.16 | $16.33 | $3.25 | $1,787.29 |
| Family | $2,122.31 | $189.23 | $22.86 | $3.25 | $2,337.65 |
| **PERS Select PPO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $731.85 | $67.58 | $8.17 | $3.25 | $810.85 |
| 2 Party | $1,463.70 | $135.16 | $16.33 | $3.25 | $1,618.44 |
| Family | $1,902.81 | $189.23 | $22.86 | $3.25 | $2,118.15 |
| **Anthem Select HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $873.54 | $67.58 | $8.17 | $3.25 | $952.54 |
| 2 Party | $1,747.08 | $135.16 | $16.33 | $3.25 | $1,901.82 |
| Family | $2,271.20 | $189.23 | $22.86 | $3.25 | $2,486.54 |
| **Anthem Traditional HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $943.98 | $67.58 | $8.17 | $3.25 | $1,022.98 |
| 2 Party | $1,887.96 | $135.16 | $16.33 | $3.25 | $2,042.70 |
| Family | $2,454.34 | $189.23 | $22.86 | $3.25 | $2,669.68 |
| **Blue Shield Access+ HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $906.80 | $67.58 | $8.17 | $3.25 | $985.80 |
| 2 Party | $1,813.60 | $135.16 | $16.33 | $3.25 | $1,968.34 |
| Family | $2,357.68 | $189.23 | $22.86 | $3.25 | $2,573.02 |
| **HealthNet SmartCare HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $880.75 | $67.58 | $8.17 | $3.25 | $959.75 |
| 2 Party | $1,761.50 | $135.16 | $16.33 | $3.25 | $1,916.24 |
| Family | $2,289.95 | $189.23 | $22.86 | $3.25 | $2,505.29 |
| **For PY 2018 (January – December 31 2018)****NOTE: Check plan availability for your geographic area.****\*Other Southern California** |
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| **Foothill – De Anza Community College District****COBRA Rates 2018** |
| **KAISER HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $795.46 | $67.58 | $8.17 | $3.25 | $874.46 |
| 2 Party | $1,590.91 | $135.16 | $16.33 | $3.25 | $1,745.65 |
| Family | $2,068.19 | $189.23 | $22.86 | $3.25 | $2,283.53 |
| **UnitedHealthCare HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $1,399.28 | $67.58 | $8.17 | $3.25 | $1,478.28 |
| 2 Party | $2,798.55 | $135.16 | $16.33 | $3.25 | $2,953.29 |
| Family | $3,638.12 | $189.23 | $22.86 | $3.25 | $3,853.46 |
| **Western Health Advantage HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $808.41 | $67.58 | $8.17 | $3.25 | $887.41 |
| 2 Party | $1,616.82 | $135.16 | $16.33 | $3.25 | $1,771.56 |
| Family | $2,101.87 | $189.23 | $22.86 | $3.25 | $2,317.21 |
| **\*HealthNet Salud HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $470.79 | $67.58 | $8.17 | $3.25 | $549.79 |
| 2 Party | $941.58 | $135.16 | $16.33 | $3.25 | $1,096.32 |
| Family | $1,224.06 | $189.23 | $22.86 | $3.25 | $1,439.40 |
| **\*HealthNet SmartCare HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $619.83 | $67.58 | $8.17 | $3.25 | $698.83 |
| 2 Party | $1,239.67 | $135.16 | $16.33 | $3.25 | $1,394.41 |
| Family | $1,611.57 | $189.23 | $22.86 | $3.25 | $1,826.91 |
| **\*Sharp HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $630.50 | $67.58 | $8.17 | $3.25 | $709.50 |
| 2 Party | $1,261.01 | $135.16 | $16.33 | $3.25 | $1,415.75 |
| Family | $1,639.30 | $189.23 | $22.86 | $3.25 | $1,854.64 |
| **\*UnitedHealthCare HMO** | CalPERS Rates | Dental | Vision | EAP | Medical/Dental/Vision/EAP |
| Single | $628.99 | $67.58 | $8.17 | $3.25 | $707.99 |
| 2 Party | $1,257.99 | $135.16 | $16.33 | $3.25 | $1,412.73 |
| Family | $1,635.39 | $189.23 | $22.86 | $3.25 | $1,850.73 |
| **For PY 2018 (January – December 31 2018)****NOTE: Check plan availability for your geographic area.****\*Other Southern California** |