

**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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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

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***Other Southern California**