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| **Foothill – De Anza Community College District** **Full-Pay Retiree and Surviving Spouse Rates 2018** |
| **PERSCare PPO** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $882.45 | $74.26 | $956.71 |
| 2 Party | $1,764.90 | $148.52 | $1,913.42 |
| Family | $2,294.37 | $207.93 | $2,502.30 |
| **PERSCare PPO (Medicare)** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $382.30 | $74.26 | $456.56 |
| 2 Party | $764.60 | $148.52 | $913.12 |
| Family | $1,146.90 | $207.93 | $1,354.83 |
| **PERS Choice PPO** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $800.27 | $74.26 | $874.53 |
| 2 Party | $1,600.54 | $148.52 | $1,749.06 |
| Family | $2,080.70 | $207.93 | $2,288.63 |
| **PERS Choice PPO (Medicare)** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $345.97 | $74.26 | $420.23 |
| 2 Party | $691.94 | $148.52 | $840.46 |
| Family | $1,037.91 | $207.93 | $1,245.84 |
| **PERS Select PPO** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $717.50 | $74.26 | $791.76 |
| 2 Party | $1,435.00 | $148.52 | $1,583.52 |
| Family | $1,865.50 | $207.93 | $2,073.43 |
| **PERS Select PPO (Medicare)** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $345.97 | $74.26 | $420.23 |
| 2 Party | $691.94 | $148.52 | $840.46 |
| Family | $1,037.91 | $207.93 | $1,245.84 |
| **UnitedHealthCare Group Medicare Advantage PPO Plan****(Available in all 50 States)** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $330.76 | $74.26 | $405.02 |
| 2 Party | $661.52 | $148.52 | $810.04 |
| Family | $992.28 | $207.93 | $1,200.21 |
| NOTE: Medical monthly premium is collected by CalPERS. Dental & Vision quarterly premium are offset against your EFT account set up through SECOVA on behalf of FHDA\*\* Other Southern California |
| **Foothill – De Anza Community College District** **Full-Pay Retiree and Surviving Spouse Rates 2018** |
| **Anthem Select HMO** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $856.41 | $74.26 | $930.67 |
| 2 Party | $1,712.82 | $148.52 | $1,861.34 |
| Family | $2,226.67 | $207.93 | $2,434.60 |
| **Anthem Traditional HMO** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $925.47 | $74.26 | $999.73 |
| 2 Party | $1,850.94 | $148.52 | $1,999.46 |
| Family | $2,406.22 | $207.93 | $2,614.15 |
| **Anthem Medicare Preferred PPO (Available in all 50 States)** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $370.34 | $74.26 | $444.60 |
| 2 Party | $740.68 | $148.52 | $889.20 |
| Family | $1,,111.02 | $207.93 | $1,318.95 |
| **Blue Shield Access+ HMO** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $889.02 | $74.26 | $963.28 |
| 2 Party | $1,778.04 | $148.52 | $1,926.56 |
| Family | $2,311.45 | $207.93 | $2,519.38 |
| **HealthNet SmartCare HMO** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $863.48 | $74.26 | $937.74 |
| 2 Party | $1,726.96 | $148.52 | $1,875.48 |
| Family | $2,245.05 | $207.93 | $2,452.98 |
| **KAISER HMO** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $779.86 | $74.26 | $854.12 |
| 2 Party | $1,559.72 | $148.52 | $1,708.24 |
| Family | $2,027.64 | $207.93 | $2,235.57 |
| **KAISER Sr. Advantage HMO** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $316.34 | $74.26 | $390.60 |
| 2 Party | $632.68 | $148.52 | $781.20 |
| Family | $949.02 | $207.93 | $1,156.95 |
| **UnitedHealthCare HMO (Bay Area)** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $1,371.84 | $74.26 | $1,446.10 |
| 2 Party | $2,743.68 | $148.52 | $2,892.20 |
| Family | $3,566.78 | $207.93 | $3,774.71 |
| NOTE: Medical monthly premium is collected by CalPERS. Dental & Vision quarterly premium are offset against your EFT account set up through SECOVA on behalf of FHDA\*\* Other Southern California |
| **Foothill – De Anza Community College District** **Full-Pay Retiree and Surviving Spouse Rates 2018** |
| **\*\*HealthNet Salud HMO**  | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $461.56 | $74.26 | $535.82 |
| 2 Party | $923.12 | $148.52 | $1,071.64 |
| Family | $1,200.06 | $207.93 | $1,407.99 |
| **\*\*HealthNet SmartCare HMO**  | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $607.68 | $74.26 | $681.94 |
| 2 Party | $1,215.36 | $148.52 | $1,363.88 |
| Family | $1,579.97 | $207.93 | $1,787.90 |
| **\*\*Sharp HMO**  | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $618.14 | $74.26 | $692.40 |
| 2 Party | $1,236.28 | $148.52 | $1,384.80 |
| Family | $1,607.16 | $207.93 | $1,815.09 |
| **\*\*UnitedHealthCare HMO**  | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $616.66 | $74.26 | $690.92 |
| 2 Party | $1,233.32 | $148.52 | $1,381.84 |
| Family | $1,603.32 | $207.93 | $1,811.25 |
| **Western Health Advantage HMO** | CalPERS Rates | Dental/Vision | Medical/Dental/Vision |
| Single | $792.56 | $74.26 | $866.82 |
| 2 Party | $1,585.12 | $148.52 | $1,733.64 |
| Family | $2,060.66 | $207.93 | $2,268.59 |
| NOTE: Medical monthly premium is collected by CalPERS. Dental & Vision quarterly premium are offset against your EFT account set up through SECOVA on behalf of FHDA\*\* Other Southern California |