

**Foothill – De Anza Community College District  
COBRA Rates 2021**

<b>PERSCare PPO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,320.58	\$70.51	\$7.71	\$3.23	\$1,402.04
2 Party	\$2,641.17	\$141.04	\$15.42	\$3.23	\$2,800.86
Family	\$3,433.52	\$197.44	\$21.58	\$3.23	\$3,655.77
<b>PERS Choice PPO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$954.56	\$70.51	\$7.71	\$3.23	\$1,036.01
2 Party	\$1,909.11	\$141.04	\$15.42	\$3.23	\$2,068.80
Family	\$2,481.85	\$197.44	\$21.58	\$3.23	\$2,704.10
<b>PERS Select PPO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$578.00	\$70.51	\$7.71	\$3.23	\$659.46
2 Party	\$1,156.01	\$141.04	\$15.42	\$3.23	\$1,315.69
Family	\$1,502.81	\$197.44	\$21.58	\$3.23	\$1,725.06
<b>Anthem Select HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$944.11	\$70.51	\$7.71	\$3.23	\$1,025.57
2 Party	\$1,888.22	\$141.04	\$15.42	\$3.23	\$2,047.91
Family	\$2,454.69	\$197.44	\$21.58	\$3.23	\$2,676.95
<b>Anthem Traditional HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,334.02	\$70.51	\$7.71	\$3.23	\$1,415.47
2 Party	\$2,668.03	\$141.04	\$15.42	\$3.23	\$2,827.72
Family	\$3,468.44	\$197.44	\$21.58	\$3.23	\$3,690.70
<b>Health Net SmartCare HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,142.61	\$70.51	\$7.71	\$3.23	\$1,224.07
2 Party	\$2,285.23	\$141.04	\$15.42	\$3.23	\$2,444.92
Family	\$2,970.80	\$197.44	\$21.58	\$3.23	\$3,193.05
<b>KAISER HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$829.91	\$70.51	\$7.71	\$3.23	\$911.37
2 Party	\$1,659.83	\$141.04	\$15.42	\$3.23	\$1,819.51
Family	\$2,157.77	\$197.44	\$21.58	\$3.23	\$2,380.03
<b>Western Health Advantage HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$772.16	\$70.51	\$7.71	\$3.23	\$853.61
2 Party	\$1,544.32	\$141.04	\$15.42	\$3.23	\$1,704.01
Family	\$2,007.62	\$197.44	\$21.58	\$3.23	\$2,229.87

**NOTE: Check plan availability for your geographic area.**

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<b>Blue Shield Access+ HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,193.48	\$70.51	\$7.71	\$3.23	\$1,274.94
2 Party	\$2,386.96	\$141.04	\$15.42	\$3.23	\$2,546.65
Family	\$3,103.05	\$197.44	\$21.58	\$3.23	\$3,325.31
<b>Blue Shield Trio HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$898.11	\$70.51	\$7.71	\$3.23	\$979.56
2 Party	\$1,796.22	\$141.04	\$15.42	\$3.23	\$1,955.91
Family	\$2,335.09	\$197.44	\$21.58	\$3.23	\$2,557.34
<b>UnitedHealthcare Signature Alliance HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$959.99	\$70.51	\$7.71	\$3.23	\$1,041.45
2 Party	\$1,919.99	\$141.04	\$15.42	\$3.23	\$2,079.67
Family	\$2,495.98	\$197.44	\$21.58	\$3.23	\$2,718.24
<b>PORAC PPO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$814.98	\$70.51	\$7.71	\$3.23	\$896.43
2 Party	\$1,759.50	\$141.04	\$15.42	\$3.23	\$1,919.19
Family	\$2,242.98	\$197.44	\$21.58	\$3.23	\$2,465.23

**NOTE: Check plan availability for your geographic area.**