

**Foothill – De Anza Community College District
COBRA Rates 2022**

PERS Platinum PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,078.14	\$63.07	\$7.59	\$3.29	\$1,152.09
2 Party	\$2,156.28	\$126.13	\$15.18	\$3.29	\$2,300.88
Family	\$2,802.96	\$176.59	\$21.26	\$3.29	\$3,004.10
PERS Gold PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$715.02	\$63.07	\$7.59	\$3.29	\$788.97
2 Party	\$1,430.04	\$126.13	\$15.18	\$3.29	\$1,574.64
Family	\$1,859.46	\$176.59	\$21.26	\$3.29	\$2,060.60
KAISER HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$874.20	\$63.07	\$7.59	\$3.29	\$948.15
2 Party	\$1,748.40	\$126.13	\$15.18	\$3.29	\$1,893.00
Family	\$2,272.92	\$176.59	\$21.26	\$3.29	\$2,474.06
Anthem Select HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,036.13	\$63.07	\$7.59	\$3.29	\$1,110.08
2 Party	\$2,072.25	\$126.13	\$15.18	\$3.29	\$2,216.85
Family	\$2,693.93	\$176.59	\$21.26	\$3.29	\$2,895.07
Anthem Traditional HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,330.08	\$63.07	\$7.59	\$3.29	\$1,404.03
2 Party	\$2,660.16	\$126.13	\$15.18	\$3.29	\$2,804.76
Family	\$3,458.21	\$176.59	\$21.26	\$3.29	\$3,659.35
Blue Shield Access+ HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,138.33	\$63.07	\$7.59	\$3.29	\$1,212.28
2 Party	\$2,276.66	\$126.13	\$15.18	\$3.29	\$2,421.26
Family	\$2,959.66	\$176.59	\$21.26	\$3.29	\$3,160.80
Blue Shield Trio HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$916.51	\$63.07	\$7.59	\$3.29	\$990.46
2 Party	\$1,833.02	\$126.13	\$15.18	\$3.29	\$1,977.62
Family	\$2,382.93	\$176.59	\$21.26	\$3.29	\$2,584.07
Health Net SmartCare HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,176.06	\$63.07	\$7.59	\$3.29	\$1,250.01
2 Party	\$2,352.12	\$126.13	\$15.18	\$3.29	\$2,496.72
Family	\$3,057.76	\$176.59	\$21.26	\$3.29	\$3,258.90

NOTE: Check plan availability for your geographic area.

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UnitedHealthcare Signature Alliance HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,040.69	\$63.07	\$7.59	\$3.29	\$1,114.64
2 Party	\$2,081.37	\$126.13	\$15.18	\$3.29	\$2,225.97
Family	\$2,705.78	\$176.59	\$21.26	\$3.29	\$2,906.92
Western Health Advantage HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$756.09	\$63.07	\$7.59	\$3.29	\$830.04
2 Party	\$1,512.17	\$126.13	\$15.18	\$3.29	\$1,656.77
Family	\$1,965.82	\$176.59	\$21.26	\$3.29	\$2,166.96

NOTE: Check plan availability for your geographic area.