

**Foothill – De Anza Community College District
COBRA Rates 2024**

PERS Platinum PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,340.56	\$68.96	\$6.99	\$3.29	\$1,419.79
2 Party	\$2,681.11	\$137.93	\$13.97	\$3.29	\$2,836.31
Family	\$3,485.44	\$193.11	\$19.56	\$3.29	\$3,701.40
PERS Gold PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$933.12	\$68.96	\$6.99	\$3.29	\$1,012.36
2 Party	\$1,866.23	\$137.93	\$13.97	\$3.29	\$2,021.43
Family	\$2,426.10	\$193.11	\$19.56	\$3.29	\$2,642.06
KAISER HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,041.84	\$68.96	\$6.99	\$3.29	\$1,121.08
2 Party	\$2,083.68	\$137.93	\$13.97	\$3.29	\$2,238.88
Family	\$2,708.78	\$193.11	\$19.56	\$3.29	\$2,924.74
Anthem Select HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,161.64	\$68.96	\$6.99	\$3.29	\$1,240.88
2 Party	\$2,323.27	\$137.93	\$13.97	\$3.29	\$2,478.47
Family	\$3,020.26	\$193.11	\$19.56	\$3.29	\$3,236.22
Anthem Traditional HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,366.49	\$68.96	\$6.99	\$3.29	\$1,445.73
2 Party	\$2,732.99	\$137.93	\$13.97	\$3.29	\$2,888.19
Family	\$3,552.88	\$193.11	\$19.56	\$3.29	\$3,768.84
Anthem EPO Del Norte	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,340.56	\$68.96	\$6.99	\$3.29	\$1,419.79
2 Party	\$2,681.11	\$137.93	\$13.97	\$3.29	\$2,836.31
Family	\$3,485.44	\$193.11	\$19.56	\$3.29	\$3,701.40
Blue Shield Access+ HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,098.38	\$68.96	\$6.99	\$3.29	\$1,177.62
2 Party	\$2,196.75	\$137.93	\$13.97	\$3.29	\$2,351.95
Family	\$2,855.78	\$193.11	\$19.56	\$3.29	\$3,071.74
Blue Shield Trio HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$965.78	\$68.96	\$6.99	\$3.29	\$1,045.02
2 Party	\$1,931.55	\$137.93	\$13.97	\$3.29	\$2,086.75
Family	\$2,511.02	\$193.11	\$19.56	\$3.29	\$2,726.98

NOTE: Check plan availability for your geographic area.

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UnitedHealthCare Harmony HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$956.14	\$68.96	\$6.99	\$3.29	\$1,035.38
2 Party	\$1,912.28	\$137.93	\$13.97	\$3.29	\$2,067.47
Family	\$2,485.95	\$193.11	\$19.56	\$3.29	\$2,701.91
UnitedHealthCare Signature Alliance HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,112.95	\$68.96	\$6.99	\$3.29	\$1,192.19
2 Party	\$2,225.91	\$137.93	\$13.97	\$3.29	\$2,381.10
Family	\$2,893.68	\$193.11	\$19.56	\$3.29	\$3,109.64
Western Health Advantage HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$823.37	\$68.96	\$6.99	\$3.29	\$902.61
2 Party	\$1,646.75	\$137.93	\$13.97	\$3.29	\$1,801.95
Family	\$2,140.78	\$193.11	\$19.56	\$3.29	\$2,356.74
PORAC	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$949.62	\$68.96	\$6.99	\$3.29	\$1,028.86
2 Party	\$2,159.34	\$137.93	\$13.97	\$3.29	\$2,314.54
Family	\$2,704.02	\$193.11	\$19.56	\$3.29	\$2,919.98

NOTE: Check plan availability for your geographic area.