

**Foothill – De Anza Community College District  
COBRA Rates 2025**

<b>PERS Platinum PPO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,505.62	\$68.34	\$7.09	\$3.29	\$1,584.35
2 Party	\$3,011.24	\$136.68	\$14.17	\$3.29	\$3,165.39
Family	\$3,914.62	\$191.36	\$19.84	\$3.29	\$4,129.11
<b>PERS Gold PPO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,033.97	\$68.34	\$7.09	\$3.29	\$1,112.70
2 Party	\$2,067.95	\$136.68	\$14.17	\$3.29	\$2,222.09
Family	\$2,688.33	\$191.36	\$19.84	\$3.29	\$2,902.83
<b>KAISER HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,135.16	\$68.34	\$7.09	\$3.29	\$1,213.88
2 Party	\$2,270.32	\$136.68	\$14.17	\$3.29	\$2,424.46
Family	\$2,951.41	\$191.36	\$19.84	\$3.29	\$3,165.91
<b>Anthem Select HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,281.78	\$68.34	\$7.09	\$3.29	\$1,360.51
2 Party	\$2,563.57	\$136.68	\$14.17	\$3.29	\$2,717.71
Family	\$3,332.64	\$191.36	\$19.84	\$3.29	\$3,547.13
<b>Anthem Traditional HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,530.41	\$68.34	\$7.09	\$3.29	\$1,609.13
2 Party	\$3,060.82	\$136.68	\$14.17	\$3.29	\$3,214.96
Family	\$3,979.06	\$191.36	\$19.84	\$3.29	\$4,193.56
<b>Blue Shield Access+ HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,193.57	\$68.34	\$7.09	\$3.29	\$1,272.30
2 Party	\$2,387.15	\$136.68	\$14.17	\$3.29	\$2,541.29
Family	\$3,103.29	\$191.36	\$19.84	\$3.29	\$3,317.79
<b>Blue Shield Trio HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,157.49	\$68.34	\$7.09	\$3.29	\$1,236.21
2 Party	\$2,314.97	\$136.68	\$14.17	\$3.29	\$2,469.11
Family	\$3,009.46	\$191.36	\$19.84	\$3.29	\$3,223.96
<b>UnitedHealthCare Signature Alliance HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,208.27	\$68.34	\$7.09	\$3.29	\$1,287.00
2 Party	\$2,416.54	\$136.68	\$14.17	\$3.29	\$2,570.69
Family	\$3,141.51	\$191.36	\$19.84	\$3.29	\$3,356.00

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

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<b>UnitedHealthCare Harmony HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,025.12	\$68.34	\$7.09	\$3.29	\$1,103.84
2 Party	\$2,050.24	\$136.68	\$14.17	\$3.29	\$2,204.38
Family	\$2,665.31	\$191.36	\$19.84	\$3.29	\$2,879.81
<b>Western Health Advantage HMO</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$932.56	\$68.34	\$7.09	\$3.29	\$1,011.28
2 Party	\$1,865.11	\$136.68	\$14.17	\$3.29	\$2,019.25
Family	\$2,424.64	\$191.36	\$19.84	\$3.29	\$2,639.14
<b>PORAC</b>	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$994.50	\$68.34	\$7.09	\$3.29	\$1,073.22
2 Party	\$2,262.36	\$136.68	\$14.17	\$3.29	\$2,416.50
Family	\$2,832.54	\$191.36	\$19.84	\$3.29	\$3,047.04

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