

**Foothill – De Anza Community College District  
Surviving Spouse Rates 2025**

<b>PERS Platinum PPO</b>	<b>CalPERS Rates</b>	<b>Dental/Vision</b>	<b>Medical/Dental/Vision</b>
Single	\$1,476.10	\$73.95	\$1,550.05
2 Party	\$2,952.20	\$147.89	\$3,100.09
Family	\$3,837.86	\$207.06	\$4,044.92
<b>PERS Platinum Medicare Supplement</b>	<b>CalPERS Rates</b>	<b>Dental/Vision</b>	<b>Medical/Dental/Vision</b>
Single	\$584.70	\$73.95	\$658.65
2 Party	\$1,169.40	\$147.89	\$1,317.29
Family	\$1,754.10	\$207.06	\$1,961.16
<b>PERS Gold PPO</b>	<b>CalPERS Rates</b>	<b>Dental/Vision</b>	<b>Medical/Dental/Vision</b>
Single	\$1,013.70	\$73.95	\$1,087.65
2 Party	\$2,027.40	\$147.89	\$2,175.29
Family	\$2,635.62	\$207.06	\$2,842.68
<b>PERS Gold Medicare Supplement</b>	<b>CalPERS Rates</b>	<b>Dental/Vision</b>	<b>Medical/Dental/Vision</b>
Single	\$546.13	\$73.95	\$620.08
2 Party	\$1,092.26	\$147.89	\$1,240.15
Family	\$1,638.39	\$207.06	\$1,845.45
<b>Kaiser HMO</b>	<b>CalPERS Rates</b>	<b>Dental/Vision</b>	<b>Medical/Dental/Vision</b>
Single	\$1,112.90	\$73.95	\$1,186.85
2 Party	\$2,225.80	\$147.89	\$2,373.69
Family	\$2,893.54	\$207.06	\$3,100.60
<b>Kaiser Out of State HMO</b>	<b>CalPERS Rates</b>	<b>Dental/Vision</b>	<b>Medical/Dental/Vision</b>
Single	\$1,422.26	\$73.95	\$1,496.21
2 Party	\$2,844.52	\$147.89	\$2,992.41
Family	\$3,697.88	\$207.06	\$3,904.94
<b>Kaiser Senior Advantage HMO</b>	<b>CalPERS Rates</b>	<b>Dental/Vision</b>	<b>Medical/Dental/Vision</b>
Single	\$343.08	\$73.95	\$417.03
2 Party	\$686.16	\$147.89	\$834.05
Family	\$1,029.24	\$207.06	\$1,236.30

NOTE: Medical monthly premium is collected by CalPERS. Dental & Vision monthly premium are offset against your EFT account set up through Discovery Benefits on behalf of FHDA

**Foothill – De Anza Community College District  
Surviving Spouse Rates 2025**

<b>Kaiser Senior Advantage Out of State HMO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$336.72	\$73.95	\$410.67
2 Party	\$673.44	\$147.89	\$821.33
Family	\$1,010.16	\$207.06	\$1,217.22
<b>Kaiser Senior Advantage Summit HMO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$408.31	\$73.95	\$482.26
2 Party	\$816.62	\$147.89	\$964.51
Family	\$1,224.93	\$207.06	\$1,431.99
<b>Kaiser Senior Advantage Summit Out of State HMO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$401.97	\$73.95	\$475.92
2 Party	\$803.94	\$147.89	\$951.83
Family	\$1,205.91	\$207.06	\$1,412.97
<b>Anthem Select HMO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,256.65	\$73.95	\$1,330.60
2 Party	\$2,513.30	\$147.89	\$2,661.19
Family	\$3,267.29	\$207.06	\$3,474.35
<b>Anthem Traditional HMO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,500.40	\$73.95	\$1,574.35
2 Party	\$3,000.80	\$147.89	\$3,148.69
Family	\$3,901.04	\$207.06	\$4,108.10
<b>Anthem Medicare Preferred PPO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$487.56	\$73.95	\$561.51
2 Party	\$975.12	\$147.89	\$1,123.01
Family	\$1,462.68	\$207.06	\$1,669.74
<b>Blue Shield Access+ HMO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,170.17	\$73.95	\$1,244.12
2 Party	\$2,340.34	\$147.89	\$2,488.23
Family	\$3,042.44	\$207.06	\$3,249.50
<b>Blue Shield Trio HMO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,134.79	\$73.95	\$1,208.74
2 Party	\$2,269.58	\$147.89	\$2,417.47
Family	\$2,950.45	\$207.06	\$3,157.51

NOTE: Medical monthly premium is collected by CalPERS. Dental & Vision monthly premium are offset against your EFT account set up through Discovery Benefits on behalf of FHDA

**Foothill – De Anza Community College District  
Surviving Spouse Rates 2025**

<b>Blue Shield Medicare PPO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$448.28	\$73.95	\$522.23
2 Party	\$896.56	\$147.89	\$1,044.45
Family	\$1,344.84	\$207.06	\$1,551.90
<b>UnitedHealthCare Signature Alliance HMO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,184.58	\$73.95	\$1,258.53
2 Party	\$2,369.16	\$147.89	\$2,517.05
Family	\$3,079.91	\$207.06	\$3,286.97
<b>UnitedHealthCare Harmony HMO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,005.02	\$73.95	\$1,078.97
2 Party	\$2,010.04	\$147.89	\$2,157.93
Family	\$2,613.05	\$207.06	\$2,820.11
<b>UnitedHealthCare Group Medicare Advantage PPO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$442.25	\$73.95	\$516.20
2 Party	\$884.50	\$147.89	\$1,032.39
Family	\$1,326.75	\$207.06	\$1,533.81
<b>Western Health Advantage HMO</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$914.27	\$73.95	\$988.22
2 Party	\$1,828.54	\$147.89	\$1,976.43
Family	\$2,377.10	\$207.06	\$2,584.16
<b>PORAC</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$975.00	\$73.95	\$1,048.95
2 Party	\$2,218.00	\$147.89	\$2,365.89
Family	\$2,777.00	\$207.06	\$2,984.06
<b>PORAC Medicare</b>	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$507.00	\$73.95	\$580.95
2 Party	\$1,123.00	\$147.89	\$1,270.89
Family	\$1,521.00	\$207.06	\$1,728.06

NOTE: Medical monthly premium is collected by CalPERS. Dental & Vision monthly premium are offset against your EFT account set up through Discovery Benefits on behalf of FHDA