

**Foothill – De Anza Community College District
COBRA Rates 2026**

PERS Platinum PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,703.54	\$69.42	\$7.02	\$3.29	\$1,783.28
2 Party	\$3,407.09	\$138.84	\$14.03	\$3.29	\$3,563.25
Family	\$4,429.21	\$194.38	\$19.64	\$3.29	\$4,646.52
PERS Gold PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,142.99	\$69.42	\$7.02	\$3.29	\$1,222.73
2 Party	\$2,285.98	\$138.84	\$14.03	\$3.29	\$2,442.15
Family	\$2,971.78	\$194.38	\$19.64	\$3.29	\$3,189.09
KAISER HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,192.24	\$69.42	\$7.02	\$3.29	\$1,271.97
2 Party	\$2,384.47	\$138.84	\$14.03	\$3.29	\$2,540.64
Family	\$3,099.82	\$194.38	\$19.64	\$3.29	\$3,317.13
Anthem Select HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,363.02	\$69.42	\$7.02	\$3.29	\$1,442.75
2 Party	\$2,726.03	\$138.84	\$14.03	\$3.29	\$2,882.19
Family	\$3,543.84	\$194.38	\$19.64	\$3.29	\$3,761.15
Anthem Traditional HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,644.32	\$69.42	\$7.02	\$3.29	\$1,724.06
2 Party	\$3,288.64	\$138.84	\$14.03	\$3.29	\$3,444.81
Family	\$4,275.24	\$194.38	\$19.64	\$3.29	\$4,492.55
Blue Shield Access+ HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,327.99	\$69.42	\$7.02	\$3.29	\$1,407.72
2 Party	\$2,655.98	\$138.84	\$14.03	\$3.29	\$2,812.14
Family	\$3,452.77	\$194.38	\$19.64	\$3.29	\$3,670.08
Blue Shield Trio HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,189.91	\$69.42	\$7.02	\$3.29	\$1,269.65
2 Party	\$2,379.82	\$138.84	\$14.03	\$3.29	\$2,535.99
Family	\$3,093.77	\$194.38	\$19.64	\$3.29	\$3,311.08
UnitedHealthCare Signature Alliance HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,315.86	\$69.42	\$7.02	\$3.29	\$1,395.59
2 Party	\$2,631.72	\$138.84	\$14.03	\$3.29	\$2,787.88
Family	\$3,421.24	\$194.38	\$19.64	\$3.29	\$3,638.55

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	\$1,155.75	\$69.42	\$7.02	\$3.29	\$1,235.49
2 Party	\$2,311.50	\$138.84	\$14.03	\$3.29	\$2,467.67
Family	\$3,004.95	\$194.38	\$19.64	\$3.29	\$3,222.26
Western Health Advantage HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$988.97	\$69.42	\$7.02	\$3.29	\$1,068.71
2 Party	\$1,977.94	\$138.84	\$14.03	\$3.29	\$2,134.11
Family	\$2,571.33	\$194.38	\$19.64	\$3.29	\$2,788.64
PORAC	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,084.26	\$69.42	\$7.02	\$3.29	\$1,163.99
2 Party	\$2,466.36	\$138.84	\$14.03	\$3.29	\$2,622.52
Family	\$3,087.54	\$194.38	\$19.64	\$3.29	\$3,304.85

NOTE: Check plan availability for your geographic area.