

**Foothill – De Anza Community College District
COBRA Rates 2027**

PERS Platinum PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,814.19	\$71.86	\$7.62	\$3.29	\$1,896.97
2 Party	\$3,628.38	\$143.71	\$15.25	\$3.29	\$3,790.64
Family	\$4,716.90	\$201.20	\$21.34	\$3.29	\$4,942.74
PERS Gold PPO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,239.47	\$71.86	\$7.62	\$3.29	\$1,322.25
2 Party	\$2,478.95	\$143.71	\$15.25	\$3.29	\$2,641.20
Family	\$3,222.63	\$201.20	\$21.34	\$3.29	\$3,448.47
KAISER HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,211.38	\$71.86	\$7.62	\$3.29	\$1,294.16
2 Party	\$2,422.77	\$143.71	\$15.25	\$3.29	\$2,585.02
Family	\$3,149.60	\$201.20	\$21.34	\$3.29	\$3,375.43
Anthem Select HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,516.17	\$71.86	\$7.62	\$3.29	\$1,598.94
2 Party	\$3,032.34	\$143.71	\$15.25	\$3.29	\$3,194.59
Family	\$3,942.03	\$201.20	\$21.34	\$3.29	\$4,167.87
Anthem Traditional HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,767.17	\$71.86	\$7.62	\$3.29	\$1,849.94
2 Party	\$3,534.34	\$143.71	\$15.25	\$3.29	\$3,696.59
Family	\$4,594.64	\$201.20	\$21.34	\$3.29	\$4,820.48
Blue Shield Access+ HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,508.70	\$71.86	\$7.62	\$3.29	\$1,591.48
2 Party	\$3,017.40	\$143.71	\$15.25	\$3.29	\$3,179.66
Family	\$3,922.62	\$201.20	\$21.34	\$3.29	\$4,148.46
Blue Shield Trio HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,226.62	\$71.86	\$7.62	\$3.29	\$1,309.40
2 Party	\$2,453.24	\$143.71	\$15.25	\$3.29	\$2,615.50
Family	\$3,189.21	\$201.20	\$21.34	\$3.29	\$3,415.05
Western Health Advantage HMO	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,051.42	\$71.86	\$7.62	\$3.29	\$1,134.19
2 Party	\$2,102.83	\$143.71	\$15.25	\$3.29	\$2,265.09
Family	\$2,733.68	\$201.20	\$21.34	\$3.29	\$2,959.52

NOTE: Check plan availability for your geographic area.

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PORAC	CalPERS Rates	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$1,116.90	\$71.86	\$7.62	\$3.29	\$1,199.67
2 Party	\$2,442.90	\$143.71	\$15.25	\$3.29	\$2,605.15
Family	\$3,177.30	\$201.20	\$21.34	\$3.29	\$3,403.14

NOTE: Check plan availability for your geographic area.