

**Foothill – De Anza Community College District
Surviving Spouse Rates 2027**

PERS Platinum PPO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,778.62	\$77.92	\$1,856.54
2 Party	\$3,557.24	\$155.84	\$3,713.08
Family	\$4,624.41	\$218.18	\$4,842.59
PERS Platinum Medicare Supplement	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$665.50	\$77.92	\$743.42
2 Party	\$1,331.00	\$155.84	\$1,486.84
Family	\$1,996.50	\$218.18	\$2,214.68
PERS Gold PPO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,215.17	\$77.92	\$1,293.09
2 Party	\$2,430.34	\$155.84	\$2,586.18
Family	\$3,159.44	\$218.18	\$3,377.62
PERS Gold Medicare Supplement	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$597.57	\$77.92	\$675.49
2 Party	\$1,195.14	\$155.84	\$1,350.98
Family	\$1,792.71	\$218.18	\$2,010.89
Kaiser HMO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,187.63	\$77.92	\$1,265.55
2 Party	\$2,375.26	\$155.84	\$2,531.10
Family	\$3,087.84	\$218.18	\$3,306.02
Kaiser Senior Advantage HMO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$333.93	\$77.92	\$411.85
2 Party	\$667.86	\$155.84	\$823.70
Family	\$1,001.79	\$218.18	\$1,219.97
Kaiser Senior Advantage Summit HMO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$391.74	\$77.92	\$469.66
2 Party	\$783.48	\$155.84	\$939.32
Family	\$1,175.22	\$218.18	\$1,393.40

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

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Anthem Select HMO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,486.44	\$77.92	\$1,564.36
2 Party	\$2,972.88	\$155.84	\$3,128.72
Family	\$3,864.74	\$218.18	\$4,082.92
Anthem Traditional HMO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,732.52	\$77.92	\$1,810.44
2 Party	\$3,465.04	\$155.84	\$3,620.88
Family	\$4,504.55	\$218.18	\$4,722.73
Anthem Medicare Preferred PPO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$619.25	\$77.92	\$697.17
2 Party	\$1,238.50	\$155.84	\$1,394.34
Family	\$1,857.75	\$218.18	\$2,075.93
Blue Shield Access+ HMO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,479.12	\$77.92	\$1,557.04
2 Party	\$2,958.24	\$155.84	\$3,114.08
Family	\$3,845.71	\$218.18	\$4,063.89
Blue Shield Trio HMO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,202.57	\$77.92	\$1,280.49
2 Party	\$2,405.14	\$155.84	\$2,560.98
Family	\$3,126.68	\$218.18	\$3,344.86
Blue Shield Medicare PPO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$619.36	\$77.92	\$697.28
2 Party	\$1,238.72	\$155.84	\$1,394.56
Family	\$1,858.08	\$218.18	\$2,076.26
UnitedHealthCare Group Medicare Advantage PPO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$534.00	\$77.92	\$611.92
2 Party	\$1,068.00	\$155.84	\$1,223.84
Family	\$1,602.00	\$218.18	\$1,820.18

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Western Health Advantage HMO	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,030.80	\$77.92	\$1,108.72
2 Party	\$2,061.60	\$155.84	\$2,217.44
Family	\$2,680.08	\$218.18	\$2,898.26
PORAC	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$1,095.00	\$77.92	\$1,172.92
2 Party	\$2,395.00	\$155.84	\$2,550.84
Family	\$3,115.00	\$218.18	\$3,333.18
PORAC Medicare	CalPERS Rates	Dental/Vision	Medical/Dental/Vision
Single	\$640.00	\$77.92	\$717.92
2 Party	\$1,410.00	\$155.84	\$1,565.84
Family	\$1,925.00	\$218.18	\$2,143.18

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