Foothill-De Anza Community College District
COBRA Monthly Rates for the Period of July - December 2012

Medical Only Monthly Premium	Single	Two Party	Family
Kaiser HMO	$622.65	$1,245.30	$1,618.88
Blue Shield NetValue HMO	$623.82	$1,247.64	$1,621.93
Blue Shield Access+ HMO	$725.32	$1,450.64	$1,885.84
PERS Select	$497.14	$994.28	$1,292.55
PERS Choice	$585.63	$1,731.27	$1,522.65
PERS Care	$1,049.81	$2,099.63	$2,729.52
EAP/Dental/Vision Monthly Premium	**Single**	**Two Party**	**Family**
Dental	$72.51	$145.02	$203.02
Vision	$9.84	$19.67	$27.54
EAP	$3.25	$3.25	$3.25
Combined Medical/EAP/ Dental/Vision Monthly Premium	**Single**	**Two Party**	**Family**
Kaiser HMO	$708.25	$1,413.24	$1,852.69
Blue Shield NetValue HMO	$709.42	$1,415.58	$1,855.74
Blue Shield Access+ HMO	$810.92	$1,618.58	$2,119.65
PERS Select	$582.74	$1,162.22	$1,526.36
PERS Choice	$671.23	$1,899.21	$1,756.46
PERS Care	$1,135.41	$2,267.57	$2,963.33