Foothill-De Anza Community College District
COBRA Rates - 2013

Medical and EAP/Dental/Vision

Medical Only —CalPERS Monthly Premium

	Single	Two Party	Family
Kaiser HMO	682.00	1,364.01	1,773.21
Blue Shield NetValue HMO	683.61	1,367.23	1,777.40
Blue Shield Access+ HMO	800.32	1,600.65	2,080.84
PERS Select PPO	496.94	993.89	1,292.05
PERS Choice PPO	680.37	1,360.74	1,768.97
PERSCare PPO	1,104.77	2,209.54	2,872.41

*EAP/Dental/Vision — Monthly Premium

	Single	Two Party	Family
EAP	3.25	3.25	3.25
Dental & Vision	87.00	173.99	243.59

Combined Medical/EAP/Dental/Vision — Monthly Premium

	Single	Two Party	Family
Kaiser HMO	772.25	1,541.25	2,020.05
Blue Shield NetValue HMO	773.86	1,544.47	2,024.24
Blue Shield Access+ HMO	890.57	1,777.89	2,327.68
PERS Select PPO	587.19	1,171.13	1,538.89
PERS Choice PPO	770.62	1,537.99	2,015.81
PERSCare PPO	1,195.02	2,386.79	3,119.25

Note: EAP/Dental/Vision care are not available to PT Faculty COBRA enrollees