



Foothill-De Anza Community College District COBRA Rates

	Medical (Based on Bay Area, Unless Otherwise Noted)	Dental and Vision		EAP	Medical/Dental/Vision/EAP Combined
PERSCare PPO	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$734.44	\$76.86	\$10.13	\$3.25	\$824.68
2 Party	\$1,468.88	\$153.73	\$20.26	\$3.25	\$1,646.12
Family	\$1,909.54	\$215.22	\$28.37	\$3.25	\$2,156.38
PERS Choice PPO	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$704.59	\$76.86	\$10.13	\$3.25	\$794.83
2 Party	\$1,409.17	\$153.73	\$20.26	\$3.25	\$1,586.41
Family	\$1,831.92	\$215.22	\$28.37	\$3.25	\$2,078.76
PERS Select PPO	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$674.75	\$76.86	\$10.13	\$3.25	\$764.99
2 Party	\$1,349.50	\$153.73	\$20.26	\$3.25	\$1,526.74
Family	\$1,754.35	\$215.22	\$28.37	\$3.25	\$2,001.19
Blue Shield Access+ HMO	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$853.32	\$76.86	\$10.13	\$3.25	\$943.56
2 Party	\$1,706.64	\$153.73	\$20.26	\$3.25	\$1,883.88
Family	\$2,218.63	\$215.22	\$28.37	\$3.25	\$2,465.47
Blue Shield NetValue HMO	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$718.09	\$76.86	\$10.13	\$3.25	\$808.33
2 Party	\$1,436.18	\$153.73	\$20.26	\$3.25	\$1,613.42
Family	\$1,867.04	\$215.22	\$28.37	\$3.25	\$2,113.88
Kaiser HMO	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$757.57	\$76.86	\$10.13	\$3.25	\$847.81
2 Party	\$1,515.15	\$153.73	\$20.26	\$3.25	\$1,692.39
Family	\$1,969.69	\$215.22	\$28.37	\$3.25	\$2,216.53

**Note: Medical premiums will be invoiced and collected by the insurance carrier, not CalPERS or FHDA
Dental/Vision/EAP premiums will be invoiced and collected by FHDA**



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Anthem HMO Select	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$670.48	\$76.86	\$10.13	\$3.25	\$760.72
2 Party	\$1,340.95	\$153.73	\$20.26	\$3.25	\$1,518.19
Family	\$1,743.24	\$215.22	\$28.37	\$3.25	\$1,990.08
Anthem HMO Traditional	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$742.98	\$76.86	\$10.13	\$3.25	\$833.22
2 Party	\$1,485.96	\$153.73	\$20.26	\$3.25	\$1,663.20
Family	\$1,931.75	\$215.22	\$28.37	\$3.25	\$2,178.59
Health Net SmartCare HMO*	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$579.88	\$76.86	\$10.13	\$3.25	\$670.12
2 Party	\$1,159.76	\$153.73	\$20.26	\$3.25	\$1,337.00
Family	\$1,507.69	\$215.22	\$28.37	\$3.25	\$1,754.53
Health Net Salud HMO*	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$499.62	\$76.86	\$10.13	\$3.25	\$589.86
2 Party	\$999.23	\$153.73	\$20.26	\$3.25	\$1,176.47
Family	\$1,299.00	\$215.22	\$28.37	\$3.25	\$1,545.84
United Healthcare HMO	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$779.52	\$76.86	\$10.13	\$3.25	\$869.76
2 Party	\$1,559.05	\$153.73	\$20.26	\$3.25	\$1,736.29
Family	\$2,026.76	\$215.22	\$28.37	\$3.25	\$2,273.60
Sharp HMO**	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$549.36	\$76.86	\$10.13	\$3.25	\$639.60
2 Party	\$1,098.72	\$153.73	\$20.26	\$3.25	\$1,275.96
Family	\$1,428.34	\$215.22	\$28.37	\$3.25	\$1,675.18

***Health Net SmartCare & Health Net Salud available only in Southern California**

****Sharp HMO available only in the San Diego Area**