

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	\$790.58	\$76.86	\$10.13	\$3.25	\$880.82
2 Party	\$1,581.16	\$153.73	\$20.26	\$3.25	\$1,758.40
Family	\$2,055.51	\$215.22	\$28.37	\$3.25	\$2,302.35
PERS Choice PPO	Basic Rates @102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$714.86	\$76.86	\$10.13	\$3.25	\$805.10
2 Party	\$1,429.71	\$153.73	\$20.26	\$3.25	\$1,606.95
Family	\$1,858.62	\$215.22	\$28.37	\$3.25	\$2,105.46
PERS Select PPO	Basic Rates @102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$704.24	\$76.86	\$10.13	\$3.25	\$794.48
2 Party	\$1,408.48	\$153.73	\$20.26	\$3.25	\$1,585.72
Family	\$1,831.02	\$215.22	\$28.37	\$3.25	\$2,077.86
Blue Shield Access+ HMO	Basic Rates @102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$947.45	\$76.86	\$10.13	\$3.25	\$1,037.69
2 Party	\$1,894.89	\$153.73	\$20.26	\$3.25	\$2,072.13
Family	\$2,463.36	\$215.22	\$28.37	\$3.25	\$2,710.20
Blue Shield NetValue HMO	Basic Rates @102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$888.01	\$76.86	\$10.13	\$3.25	\$978.25
2 Party	\$1,776.02	\$153.73	\$20.26	\$3.25	\$1,953.26
Family	\$2,308.83	\$215.22	\$28.37	\$3.25	\$2,555.67
Kaiser HMO	Basic Rates @102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$728.74	\$76.86	\$10.13	\$3.25	\$818.98
2 Party	\$1,457.48	\$153.73	\$20.26	\$3.25	\$1,634.72
Family	\$1,894.72	\$215.22	\$28.37	\$3.25	\$2,141.56

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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	Medical (Based on Bay Area, Unless Otherwise Noted)	Dental and Vision		EAP	Medical/Dental/Vision/EAP Combined
Anthem HMO Select	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$675.66	\$76.86	\$10.13	\$3.25	\$765.90
2 Party	\$1,351.32	\$153.73	\$20.26	\$3.25	\$1,528.56
Family	\$1,756.72	\$215.22	\$28.37	\$3.25	\$2,003.56
Anthem HMO Traditional	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$844.12	\$76.86	\$10.13	\$3.25	\$934.36
2 Party	\$1,688.24	\$153.73	\$20.26	\$3.25	\$1,865.48
Family	\$2,194.71	\$215.22	\$28.37	\$3.25	\$2,441.55
Health Net SmartCare HMO*	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$591.48	\$76.86	\$10.13	\$3.25	\$681.72
2 Party	\$1,182.96	\$153.73	\$20.26	\$3.25	\$1,360.20
Family	\$1,537.84	\$215.22	\$28.37	\$3.25	\$1,784.68
Health Net Salud HMO*	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$531.00	\$76.86	\$10.13	\$3.25	\$621.24
2 Party	\$1,062.00	\$153.73	\$20.26	\$3.25	\$1,239.24
Family	\$1,380.60	\$215.22	\$28.37	\$3.25	\$1,627.44
United Healthcare HMO	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$867.68	\$76.86	\$10.13	\$3.25	\$957.92
2 Party	\$1,735.37	\$153.73	\$20.26	\$3.25	\$1,912.61
Family	\$2,255.97	\$215.22	\$28.37	\$3.25	\$2,502.81
Sharp HMO**	Basic Rates @ 102%	Dental	Vision	EAP	Medical/Dental/Vision/EAP
Single	\$575.86	\$76.86	\$10.13	\$3.25	\$666.10
2 Party	\$1,151.72	\$153.73	\$20.26	\$3.25	\$1,328.96
Family	\$1,497.24	\$215.22	\$28.37	\$3.25	\$1,744.08

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

**Sharp HMO available only in the San Diego Area