

**MCFFA - PEMHCA Rates - Monthly
01/01/2024 through 12/31/2024
Out of State Region**

**PERS
Platinum**

Employee Only

Base	1,003.90
Admin Fee	3.31
Vision	0.00
Dental	<u>44.00</u>
Total	\$1,051.21

Empl & 1 Dep.

Base	2624.90
Admin Fee	8.66
Vision	0.00
Dental	<u>87.96</u>
Total	\$2,721.52

Empl. & 2+ Deps.

Base	3412.37
Admin Fee	11.26
Vision	0.00
Dental	<u>119.35</u>
Total	\$3,542.98

Monthly Cafeteria Allowance: *\$1,706 for employees with 2 or more dependents (health, dental and vision)
 *\$1,355 for employees with 1 dependent (health, dental and vision)
 *\$907 for employees with employee only health, dental and vision
 \$550.00 for employees:
 (A) who waive health, dental and vision, or (B) who waive health, but keep dental & vision

*Included within this amount is the designated minimum health contribution of \$157.00.