

MCFFA - PEMHCA Rates - Monthly
01/01/2024 through 12/31/2024
Region 1

(Examples: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba)

(Zip Codes are used to determine the health plans in which you are eligible to enroll. You may use the online Health Plan Search by ZIP Code Web site tool to find out which health plans are available to you.)

	Anthem HMO Select	Anthem HMO Traditional	Blue Shield Access +HMO	Blue Shield Trio	Kaiser	Western Health Advantage	PERS Platinum	PERS Gold
<u>Employee Only</u>								
Base	1,138.86	1,339.70	1,076.84	946.84	1,021.41	807.23	1,314.27	914.82
Admin Fee	3.64	4.29	3.45	3.03	3.27	2.58	4.21	2.93
Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental	<u>44.00</u>	<u>44.00</u>	<u>44.00</u>	<u>44.00</u>	<u>44.00</u>	<u>44.00</u>	<u>44.00</u>	<u>44.00</u>
Total	\$1,186.50	\$1,387.99	\$1,124.29	\$993.87	\$1,068.68	\$853.81	\$1,362.48	\$961.75
<u>Empl & 1 Dep.</u>								
Base	2277.72	2679.40	2153.68	1893.68	2042.82	1614.46	2628.54	1829.64
Admin Fee	7.29	8.57	6.89	6.06	6.54	5.17	8.41	5.85
Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental	<u>87.96</u>	<u>87.96</u>	<u>87.96</u>	<u>87.96</u>	<u>87.96</u>	<u>87.96</u>	<u>87.96</u>	<u>87.96</u>
Total	\$2,372.97	\$2,775.93	\$2,248.53	\$1,987.70	\$2,137.32	\$1,707.59	\$2,724.91	\$1,923.45
<u>Empl. & 2+ Deps.</u>								
Base	2961.04	3483.22	2799.78	2461.78	2655.67	2098.80	3417.10	2378.53
Admin Fee	9.48	11.15	8.96	7.88	8.50	6.72	10.93	7.61
Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental	<u>119.35</u>	<u>119.35</u>	<u>119.35</u>	<u>119.35</u>	<u>119.35</u>	<u>119.35</u>	<u>119.35</u>	<u>119.35</u>
Total	\$3,089.87	\$3,613.72	\$2,928.09	\$2,589.01	\$2,783.52	\$2,224.87	\$3,547.38	\$2,505.49

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.