

**MCFFA - PEMHCA Rates - Monthly**  
**01/01/2025 through 12/31/2025**  
**Out of State Region**

**PERS  
Platinum**

**Employee Only**

Base	<b>1,244.55</b>
Admin Fee	<b>2.99</b>
Vision	<b>0.00</b>
Dental	<b><u>49.76</u></b>
<b>Total</b>	<b>\$1,297.30</b>

**Empl & 1 Dep.**

Base	<b>2489.10</b>
Admin Fee	<b>5.97</b>
Vision	<b>0.00</b>
Dental	<b><u>99.49</u></b>
<b>Total</b>	<b>\$2,594.56</b>

**Empl. & 2+ Deps.**

Base	<b>3235.85</b>
Admin Fee	<b>7.77</b>
Vision	<b>0.00</b>
Dental	<b><u>135.13</u></b>
<b>Total</b>	<b>\$3,378.75</b>

**Monthly Cafeteria Allowance:**

- \*\$2,004 for employees with 2 or more dependents (health, dental and vision)
- \*\$1,539 for employees with 1 dependent (health, dental and vision)
- \*\$769 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 \$158.00.