

MCFFA - PEMHCA Rates - Monthly
01/01/2025 through 12/31/2025
Region 3

(Examples: Los Angeles, Riverside, and San Bernardino)

(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	Kaiser	UHC HMO	PERS Platinum	PERS Gold
<u>Employee Only</u>							
Base	916.88	1,065.46	828.48	926.52	866.40	1,263.73	868.15
Admin Fee	2.20	2.56	1.99	2.22	2.08	3.03	2.08
Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental	<u>49.76</u>	<u>49.76</u>	<u>49.76</u>	<u>49.76</u>	<u>49.76</u>	<u>49.76</u>	<u>49.76</u>
Total	\$968.84	\$1,117.78	\$880.23	\$978.50	\$918.24	\$1,316.52	\$919.99
<u>Empl & 1 Dep.</u>							
Base	1833.76	2130.92	1656.96	1853.04	1732.80	2527.46	1736.30
Admin Fee	4.40	5.11	3.98	4.45	4.16	6.07	4.17
Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental	<u>99.49</u>	<u>99.49</u>	<u>99.49</u>	<u>99.49</u>	<u>99.49</u>	<u>99.49</u>	<u>99.49</u>
Total	\$1,937.65	\$2,235.52	\$1,760.43	\$1,956.98	\$1,836.45	\$2,633.02	\$1,839.96
<u>Empl. & 2+ Deps.</u>							
Base	2383.89	2770.20	2154.05	2408.95	2252.64	3285.70	2257.19
Admin Fee	5.72	6.65	5.17	5.78	5.41	7.89	5.42
Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental	<u>135.13</u>	<u>135.13</u>	<u>135.13</u>	<u>135.13</u>	<u>135.13</u>	<u>135.13</u>	<u>135.13</u>
Total	\$2,524.74	\$2,911.98	\$2,294.35	\$2,549.86	\$2,393.18	\$3,428.72	\$2,397.74

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

Updated: 09/10/2024

*Included within this amount is the designated minimum health contribution of \$158.00.