

**MCAFFA - PEMHCA Rates - Monthly**  
**01/01/2025 through 12/31/2025**  
**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.)

	<b>Anthem HMO Select</b>	<b>Anthem HMO Traditional</b>	<b>Blue Shield Access +HMO</b>	<b>Blue Shield Trio</b>	<b>Kaiser</b>	<b>Western Health Advantage</b>	<b>PERS Platinum</b>	<b>PERS Gold</b>
<b><u>Employee Only</u></b>								
Base	1,256.65	1,500.40	1,170.17	1,134.79	1,112.90	914.27	1,476.10	1,013.70
Admin Fee	3.02	3.60	2.81	2.72	2.67	2.19	3.54	2.43
Vision	0.00	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>	<u>49.76</u>
<b>Total</b>	<b>\$1,309.43</b>	<b>\$1,553.76</b>	<b>\$1,222.74</b>	<b>\$1,187.27</b>	<b>\$1,165.33</b>	<b>\$966.22</b>	<b>\$1,529.40</b>	<b>\$1,065.89</b>
<b><u>Empl &amp; 1 Dep.</u></b>								
Base	2513.30	3000.80	2340.34	2269.58	2225.80	1828.54	2952.20	2027.40
Admin Fee	6.03	7.20	5.62	5.45	5.34	4.39	7.09	4.87
Vision	0.00	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>	<u>99.49</u>
<b>Total</b>	<b>\$2,618.82</b>	<b>\$3,107.49</b>	<b>\$2,445.45</b>	<b>\$2,374.52</b>	<b>\$2,330.63</b>	<b>\$1,932.42</b>	<b>\$3,058.78</b>	<b>\$2,131.76</b>
<b><u>Empl. &amp; 2+ Deps.</u></b>								
Base	3267.29	3901.04	3042.44	2950.45	2893.54	2377.10	3837.89	2635.62
Admin Fee	7.84	9.36	7.30	7.08	6.94	5.71	9.21	6.33
Vision	0.00	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>	<u>135.13</u>
<b>Total</b>	<b>\$3,410.26</b>	<b>\$4,045.53</b>	<b>\$3,184.87</b>	<b>\$3,092.66</b>	<b>\$3,035.61</b>	<b>\$2,517.94</b>	<b>\$3,982.23</b>	<b>\$2,777.08</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.