

MCFFA - PEMHCA Rates - Monthly
01/01/2026 through 12/31/2026
Region 2

(Examples: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura)

(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 | PERS Platinum | PERS Gold |
|------------------------------------|------------------------------|-----------------------------------|------------------------------------|-----------------------------|-------------------|--------------------------|----------------------|
| <u>Employee Only</u> | | | | | | | |
| Base | 1,016.32 | 1,158.26 | 1,052.89 | 936.58 | 987.69 | 1,426.24 | 956.28 |
| Admin Fee | 0.81 | 0.93 | 0.84 | 0.75 | 0.79 | 1.14 | 0.77 |
| 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 | \$1,066.89 | \$1,208.95 | \$1,103.49 | \$987.09 | \$1,038.24 | \$1,477.14 | \$1,006.81 |
| <u>Empl & 1 Dep.</u> | | | | | | | |
| Base | 2032.64 | 2316.52 | 2105.78 | 1873.16 | 1975.38 | 2852.48 | 1912.56 |
| Admin Fee | 1.63 | 1.85 | 1.68 | 1.50 | 1.58 | 2.28 | 1.53 |
| 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 | \$2,133.76 | \$2,417.86 | \$2,206.95 | \$1,974.15 | \$2,076.45 | \$2,954.25 | \$2,013.58 |
| <u>Empl. & 2+ Deps.</u> | | | | | | | |
| Base | 2642.43 | 3011.48 | 2737.51 | 2435.11 | 2567.99 | 3708.22 | 2486.33 |
| Admin Fee | 2.11 | 2.41 | 2.19 | 1.95 | 2.05 | 2.97 | 1.99 |
| 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 | \$2,779.67 | \$3,149.02 | \$2,874.83 | \$2,572.19 | \$2,705.17 | \$3,846.32 | \$2,623.45 |

Monthly Cafeteria Allowance:

- *\$2,085 for employees with 2 or more dependents (health, dental and vision)
- *\$1,600 for employees with 1 dependent (health, dental and vision)
- *\$800 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