

**MCFFA - PEMHCA Rates - Monthly**  
**01/01/2026 through 12/31/2026**  
**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.)

	<b>Anthem HMO Select</b>	<b>Anthem HMO Traditional</b>	<b>Blue Shield Access +HMO</b>	<b>Kaiser</b>	<b>UHC HMO</b>	<b>PERS Platinum</b>	<b>PERS Gold</b>
<b><u>Employee Only</u></b>							
Base	962.68	1,128.53	917.91	969.05	870.76	1,431.81	960.03
Admin Fee	0.77	0.90	0.73	0.78	0.70	1.15	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>
<b>Total</b>	<b>\$1,013.21</b>	<b>\$1,179.19</b>	<b>\$968.40</b>	<b>\$1,019.59</b>	<b>\$921.22</b>	<b>\$1,482.72</b>	<b>\$1,010.56</b>
<b><u>Empl &amp; 1 Dep.</u></b>							
Base	1925.36	2257.06	1835.82	1938.10	1741.52	2863.62	1920.06
Admin Fee	1.54	1.81	1.47	1.55	1.39	2.29	1.54
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>
<b>Total</b>	<b>\$2,026.39</b>	<b>\$2,358.36</b>	<b>\$1,936.78</b>	<b>\$2,039.14</b>	<b>\$1,842.40</b>	<b>\$2,965.40</b>	<b>\$2,021.09</b>
<b><u>Empl. &amp; 2+ Deps.</u></b>							
Base	2502.97	2934.18	2386.57	2519.53	2263.98	3722.71	2496.08
Admin Fee	2.00	2.35	1.91	2.02	1.81	2.98	2.00
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>
<b>Total</b>	<b>\$2,640.10</b>	<b>\$3,071.66</b>	<b>\$2,523.61</b>	<b>\$2,656.68</b>	<b>\$2,400.92</b>	<b>\$3,860.82</b>	<b>\$2,633.21</b>

**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

\*Included within this amount is the designated minimum health contribution of \$162.00.