

MCFFA - PEMHCA Rates - Monthly
01/01/2019 to 12/31/2019
Northern California Region

(Examples: Alpine, Butte, Calaveras, Del Norte, Glenn, Humboldt, Mariposa, Medndocino, Merced, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Tuolumne)
 (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	Western Health Advantage	PERS Care	PERS Choice	PERS Select
<u>Employee Only</u>								
Base	592.23	1,334.38	976.81	783.13	696.68	1,085.83	866.95	511.34
Admin Fee	1.36	3.07	2.25	1.80	1.60	2.50	1.99	1.18
Vision	7.61	7.61	7.61	7.61	7.61	7.61	7.61	7.61
Dental	<u>58.96</u>	<u>58.96</u>	<u>58.96</u>	<u>58.96</u>	<u>58.96</u>	<u>58.96</u>	<u>58.96</u>	<u>58.96</u>
Total	\$660.16	\$1,404.02	\$1,045.63	\$851.50	\$764.85	\$1,154.90	\$935.51	\$579.09
<u>Empl & 1 Dep.</u>								
Base	1184.46	2668.76	1953.62	1566.26	1393.36	2171.66	1733.90	1022.68
Admin Fee	2.72	6.14	4.49	3.60	3.20	4.99	3.99	2.35
Vision	15.21	15.21	15.21	15.21	15.21	15.21	15.21	15.21
Dental	<u>117.88</u>	<u>117.88</u>	<u>117.88</u>	<u>117.88</u>	<u>117.88</u>	<u>117.88</u>	<u>117.88</u>	<u>117.88</u>
Total	\$1,320.27	\$2,807.99	\$2,091.20	\$1,702.95	\$1,529.65	\$2,309.74	\$1,870.98	\$1,158.12
<u>Empl. & 2+ Deps.</u>								
Base	1539.80	3469.39	2539.71	2036.14	1811.37	2823.16	2254.07	1329.48
Admin Fee	3.54	7.98	5.84	4.68	4.17	6.49	5.18	3.06
Vision	21.30	21.30	21.30	21.30	21.30	21.30	21.30	21.30
Dental	<u>165.05</u>	<u>165.05</u>	<u>165.05</u>	<u>165.05</u>	<u>165.05</u>	<u>165.05</u>	<u>165.05</u>	<u>165.05</u>
Total	\$1,729.69	\$3,663.72	\$2,731.90	\$2,227.17	\$2,001.89	\$3,016.00	\$2,445.60	\$1,518.89

Monthly Cafeteria Allowance:

- *\$1,459 for employees with 2 or more dependents (health, dental and vision)
- *\$1,158 for employees with 1 dependent (health, dental and vision)
- *\$776 for employees with employee only health, dental and vision
- \$525.00 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 \$136.00.