

Cal NECA MONTHLY BILLING RATES
January 1, 2024 through December 31, 2024
Active Employees

MEDICAL AND \$10,000 LIFE/AD&D INSURANCE – NO DENTAL OR VISION

Medical Plan	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,500 Deductible	\$1,151.69	\$2,562.90	\$2,993.00
Blue Shield HMO Plan	\$1,325.48	\$2,383.69	\$3,971.01
Blue Shield - Hi Option PPO	\$2,001.13	\$4,459.21	\$5,198.63
Southern California Kaiser	\$954.24	\$1,905.79	\$2,695.57
Northern California Kaiser	\$1,064.11	\$2,125.52	\$3,006.49
Southern California Kaiser - \$1,500 Deductible	\$708.03	\$1,413.37	\$1,998.79
Northern California Kaiser - \$1,500 Deductible	\$810.85	\$1,619.01	\$2,289.78

MEDICAL, DENTAL AND \$10,000 LIFE/AD&D INSURANCE – NO VISION

Medical Plan with Delta Dental	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,500 Deductible	\$1,218.90	\$2,682.38	\$3,190.88
Blue Shield HMO Plan	\$1,392.70	\$2,503.17	\$4,168.89
Blue Shield - Hi Option PPO	\$2,068.34	\$4,578.69	\$5,396.51
Southern California Kaiser	\$1,021.46	\$2,025.27	\$2,893.45
Northern California Kaiser	\$1,131.32	\$2,245.00	\$3,204.37
Southern California Kaiser - \$1,500 Deductible	\$775.24	\$1,532.85	\$2,196.67
Northern California Kaiser - \$1,500 Deductible	\$878.06	\$1,738.49	\$2,487.66

MEDICAL, DENTAL, VISION AND \$10,000 LIFE/AD&D INSURANCE

Medical Plan with Delta Dental & Vision Service	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,500 Deductible	\$1,227.86	\$2,696.29	\$3,212.94
Blue Shield HMO Plan	\$1,401.65	\$2,517.08	\$4,190.96
Blue Shield - Hi Option PPO	\$2,077.30	\$4,592.60	\$5,418.57
Southern California Kaiser	\$1,030.41	\$2,039.18	\$2,915.51
Northern California Kaiser	\$1,140.28	\$2,258.91	\$3,226.44
Southern California Kaiser - \$1,500 Deductible	\$784.20	\$1,546.76	\$2,218.74
Northern California Kaiser - \$1,500 Deductible	\$887.02	\$1,752.40	\$2,509.73

Note: The Contractor has the flexibility and option to vary the amount that they contribute towards the \$1,500 deductible for their employees.