Cal NECA MONTHY BILLING RATES January 1, 2024 through December 31, 2024 Cobra Participants

MEDICAL - NO DENTAL OR VISION

Medical Plan	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,500 Deductible	\$1,171.97	\$2,611.40	\$3,050.11
Blue Shield HMO Plan	\$1,349.24	\$2,428.61	\$4,047.68
Blue Shield - Hi Option PPO	\$2,038.40	\$4,545.64	\$5,299.85
Southern California Kaiser	\$970.58	\$1,941.15	\$2,746.73
Northern California Kaiser	\$1,082.64	\$2,165.28	\$3,063.87
Southern California Kaiser - \$1,500 Deductible	\$719.44	\$1,438.88	\$2,036.01
Northern California Kaiser - \$1,500 Deductible	\$824.32	\$1,648.63	\$2,332.82

MEDICAL AND DENTAL - NO VISION

Medical Plan with Delta Dental	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,500 Deductible	\$1,240.52	\$2,733.27	\$3,251.94
Blue Shield HMO Plan	\$1,417.80	\$2,550.48	\$4,249.52
Blue Shield - Hi Option PPO	\$2,106.95	\$4,667.51	\$5,501.68
Southern California Kaiser	\$1,039.13	\$2,063.02	\$2,948.56
Northern California Kaiser	\$1,151.19	\$2,287.15	\$3,265.70
Southern California Kaiser - \$1,500 Deductible	\$787.99	\$1,560.75	\$2,237.85
Northern California Kaiser - \$1,500 Deductible	\$892.87	\$1,770.50	\$2,534.66

MEDICAL, DENTAL, AND VISION

Medical Plan with Delta Dental & Vision Service	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,500 Deductible	\$1,249.66	\$2,747.46	\$3,274.45
Blue Shield HMO Plan	\$1,426.93	\$2,564.66	\$4,272.02
Blue Shield - Hi Option PPO	\$2,116.09	\$4,681.69	\$5,524.19
Southern California Kaiser	\$1,048.27	\$2,077.21	\$2,971.07
Northern California Kaiser	\$1,160.33	\$2,301.33	\$3,288.21
Southern California Kaiser - \$1,500 Deductible	\$797.13	\$1,574.94	\$2,260.36
Northern California Kaiser - \$1,500 Deductible	\$902.01	\$1,784.69	\$2,557.17

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