

**Cal NECA MONTHLY BILLING RATES
January 1, 2024 through December 31, 2024
Early Retirees**

MEDICAL ONLY – NO DENTAL OR VISION

Medical Plan	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,500 Deductible	\$1,148.99	\$2,560.20	\$2,990.30
Blue Shield HMO Plan	\$1,322.78	\$2,380.99	\$3,968.31
Blue Shield - Hi Option PPO	\$1,998.43	\$4,456.51	\$5,195.93
Southern California Kaiser	\$951.54	\$1,903.09	\$2,692.87
Northern California Kaiser	\$1,061.41	\$2,122.82	\$3,003.79
Southern California Kaiser - \$1,500 Deductible	\$705.33	\$1,410.67	\$1,996.09
Northern California Kaiser - \$1,500 Deductible	\$808.15	\$1,616.31	\$2,287.08

MEDICAL AND DENTAL – NO VISION

Medical Plan with Delta Dental	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,500 Deductible	\$1,216.20	\$2,679.68	\$3,188.18
Blue Shield HMO Plan	\$1,390.00	\$2,500.47	\$4,166.19
Blue Shield - Hi Option PPO	\$2,065.64	\$4,575.99	\$5,393.81
Southern California Kaiser	\$1,018.76	\$2,022.57	\$2,890.75
Northern California Kaiser	\$1,128.62	\$2,242.30	\$3,201.67
Southern California Kaiser - \$1,500 Deductible	\$772.54	\$1,530.15	\$2,193.97
Northern California Kaiser - \$1,500 Deductible	\$875.36	\$1,735.79	\$2,484.96

MEDICAL, DENTAL, AND VISION

Medical Plan with Delta Dental & Vision Service	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,500 Deductible	\$1,225.16	\$2,693.59	\$3,210.24
Blue Shield HMO Plan	\$1,398.95	\$2,514.38	\$4,188.26
Blue Shield - Hi Option PPO	\$2,074.60	\$4,589.90	\$5,415.87
Southern California Kaiser	\$1,027.71	\$2,036.48	\$2,912.81
Northern California Kaiser	\$1,137.58	\$2,256.21	\$3,223.74
Southern California Kaiser - \$1,500 Deductible	\$781.50	\$1,544.06	\$2,216.04
Northern California Kaiser - \$1,500 Deductible	\$884.32	\$1,749.70	\$2,507.03

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