

Cal NECA MONTHLY BILLING RATES
January 1, 2025 through December 31, 2025
Cobra Participants

MEDICAL – NO DENTAL OR VISION

Medical Plan	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,650 Deductible	\$1,276.85	\$2,845.12	\$3,323.09
Blue Shield HMO Plan	\$1,470.00	\$2,645.97	\$4,409.95
Blue Shield - Hi Option PPO	\$2,220.83	\$4,952.47	\$5,774.18
Southern California Kaiser	\$1,020.32	\$2,040.64	\$2,887.50
Northern California Kaiser	\$1,192.16	\$2,384.32	\$3,373.81
Southern California Kaiser - \$1,500 Deductible	\$756.31	\$1,512.62	\$2,140.35
Northern California Kaiser - \$1,500 Deductible	\$907.71	\$1,815.42	\$2,568.81

MEDICAL AND DENTAL – NO VISION

Medical Plan with Delta Dental	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,650 Deductible	\$1,345.41	\$2,966.99	\$3,524.92
Blue Shield HMO Plan	\$1,538.55	\$2,767.84	\$4,611.79
Blue Shield - Hi Option PPO	\$2,289.39	\$5,074.34	\$5,976.02
Southern California Kaiser	\$1,088.87	\$2,162.51	\$3,089.34
Northern California Kaiser	\$1,260.72	\$2,506.20	\$3,575.65
Southern California Kaiser - \$1,500 Deductible	\$824.86	\$1,634.49	\$2,342.19
Northern California Kaiser - \$1,500 Deductible	\$976.26	\$1,937.29	\$2,770.65

MEDICAL, DENTAL, AND VISION

Medical Plan with Delta Dental & Vision Service	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,650 Deductible	\$1,354.55	\$2,981.18	\$3,547.43
Blue Shield HMO Plan	\$1,547.69	\$2,782.03	\$4,634.29
Blue Shield - Hi Option PPO	\$2,298.53	\$5,088.52	\$5,998.52
Southern California Kaiser	\$1,098.01	\$2,176.70	\$3,111.85
Northern California Kaiser	\$1,269.85	\$2,520.38	\$3,598.16
Southern California Kaiser - \$1,500 Deductible	\$834.00	\$1,648.67	\$2,364.70
Northern California Kaiser - \$1,500 Deductible	\$985.40	\$1,951.47	\$2,793.16

Note: The Contractor has the flexibility and option to vary the amount that they contribute towards the \$1,650 deductible for their employees.