

Cal NECA MONTHLY BILLING RATES
January 1, 2026 through December 31, 2026
Active Employees

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

Medical Plan	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,700 Deductible	\$1,406.78	\$3,130.22	\$3,655.47
Blue Shield HMO Plan	\$1,619.04	\$2,911.36	\$4,849.86
Blue Shield - Hi Option PPO	\$2,444.15	\$5,446.05	\$6,349.06
Southern California Kaiser	\$1,060.11	\$2,116.62	\$2,993.53
Northern California Kaiser	\$1,220.20	\$2,436.80	\$3,446.59
Southern California Kaiser - \$1,500 Deductible	\$786.74	\$1,569.87	\$2,219.87
Northern California Kaiser - \$1,500 Deductible	\$929.91	\$1,856.23	\$2,625.07

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

Medical Plan with Delta Dental	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,700 Deductible	\$1,473.91	\$3,249.55	\$3,853.11
Blue Shield HMO Plan	\$1,686.17	\$3,030.69	\$5,047.50
Blue Shield - Hi Option PPO	\$2,511.28	\$5,565.39	\$6,546.70
Southern California Kaiser	\$1,127.24	\$2,235.96	\$3,191.17
Northern California Kaiser	\$1,287.33	\$2,556.14	\$3,644.23
Southern California Kaiser - \$1,500 Deductible	\$853.87	\$1,689.21	\$2,417.51
Northern California Kaiser - \$1,500 Deductible	\$997.04	\$1,975.57	\$2,822.71

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 - \$1,700 Deductible	\$1,482.84	\$3,263.43	\$3,875.12
Blue Shield HMO Plan	\$1,695.10	\$3,044.57	\$5,069.51
Blue Shield - Hi Option PPO	\$2,520.21	\$5,579.27	\$6,568.71
Southern California Kaiser	\$1,136.17	\$2,249.84	\$3,213.18
Northern California Kaiser	\$1,296.26	\$2,570.02	\$3,666.24
Southern California Kaiser - \$1,500 Deductible	\$862.79	\$1,703.09	\$2,439.52
Northern California Kaiser - \$1,500 Deductible	\$1,005.97	\$1,989.45	\$2,844.72