

Cal NECA MONTHLY BILLING RATES
January 1, 2026 through December 31, 2026
Cobra Participants

MEDICAL – NO DENTAL OR VISION

Medical Plan	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,700 Deductible	\$1,431.24	\$3,189.15	\$3,724.91
Blue Shield HMO Plan	\$1,647.75	\$2,965.91	\$4,943.18
Blue Shield - Hi Option PPO	\$2,489.36	\$5,551.30	\$6,472.37
Southern California Kaiser	\$1,077.64	\$2,155.28	\$3,049.73
Northern California Kaiser	\$1,240.93	\$2,481.87	\$3,511.85
Southern California Kaiser - \$1,500 Deductible	\$798.80	\$1,597.60	\$2,260.60
Northern California Kaiser - \$1,500 Deductible	\$944.84	\$1,889.68	\$2,673.90

MEDICAL AND DENTAL – NO VISION

Medical Plan with Delta Dental	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,700 Deductible	\$1,499.72	\$3,310.87	\$3,926.50
Blue Shield HMO Plan	\$1,716.22	\$3,087.63	\$5,144.78
Blue Shield - Hi Option PPO	\$2,557.84	\$5,673.03	\$6,673.97
Southern California Kaiser	\$1,146.11	\$2,277.01	\$3,251.32
Northern California Kaiser	\$1,309.41	\$2,603.59	\$3,713.44
Southern California Kaiser - \$1,500 Deductible	\$867.27	\$1,719.33	\$2,462.19
Northern California Kaiser - \$1,500 Deductible	\$1,013.31	\$2,011.41	\$2,875.49

MEDICAL, DENTAL, AND VISION

Medical Plan with Delta Dental & Vision Service	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,700 Deductible	\$1,508.82	\$3,325.03	\$3,948.95
Blue Shield HMO Plan	\$1,725.33	\$3,101.79	\$5,167.23
Blue Shield - Hi Option PPO	\$2,566.94	\$5,687.19	\$6,696.42
Southern California Kaiser	\$1,155.22	\$2,291.17	\$3,273.77
Northern California Kaiser	\$1,318.51	\$2,617.75	\$3,735.89
Southern California Kaiser - \$1,500 Deductible	\$876.38	\$1,733.48	\$2,484.64
Northern California Kaiser - \$1,500 Deductible	\$1,022.42	\$2,025.57	\$2,897.94