

Cal NECA MONTHLY BILLING RATES
January 1, 2026 through December 31, 2026
Early Retirees

MEDICAL ONLY – NO DENTAL OR VISION

Medical Plan	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,700 Deductible	\$1,403.18	\$3,126.62	\$3,651.87
Blue Shield HMO Plan	\$1,615.44	\$2,907.76	\$4,846.26
Blue Shield - Hi Option PPO	\$2,440.55	\$5,442.45	\$6,345.46
Southern California Kaiser	\$1,056.51	\$2,113.02	\$2,989.93
Northern California Kaiser	\$1,216.60	\$2,433.20	\$3,442.99
Southern California Kaiser - \$1,500 Deductible	\$783.14	\$1,566.27	\$2,216.27
Northern California Kaiser - \$1,500 Deductible	\$926.31	\$1,852.63	\$2,621.47

MEDICAL AND DENTAL – NO VISION

Medical Plan with Delta Dental	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,700 Deductible	\$1,470.31	\$3,245.95	\$3,849.51
Blue Shield HMO Plan	\$1,682.57	\$3,027.09	\$5,043.90
Blue Shield - Hi Option PPO	\$2,507.68	\$5,561.79	\$6,543.10
Southern California Kaiser	\$1,123.64	\$2,232.36	\$3,187.57
Northern California Kaiser	\$1,283.73	\$2,552.54	\$3,640.63
Southern California Kaiser - \$1,500 Deductible	\$850.27	\$1,685.61	\$2,413.91
Northern California Kaiser - \$1,500 Deductible	\$993.44	\$1,971.97	\$2,819.11

MEDICAL, DENTAL, AND VISION

Medical Plan with Delta Dental & Vision Service	Employee Only	Employee +1	Employee + Family
Blue Shield - \$1,700 Deductible	\$1,479.24	\$3,259.83	\$3,871.52
Blue Shield HMO Plan	\$1,691.50	\$3,040.97	\$5,065.91
Blue Shield - Hi Option PPO	\$2,516.61	\$5,575.67	\$6,565.11
Southern California Kaiser	\$1,132.57	\$2,246.24	\$3,209.58
Northern California Kaiser	\$1,292.66	\$2,566.42	\$3,662.64
Southern California Kaiser - \$1,500 Deductible	\$859.19	\$1,699.49	\$2,435.92
Northern California Kaiser - \$1,500 Deductible	\$1,002.37	\$1,985.85	\$2,841.12