



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2023-24 BENEFIT RATE SHEET - CSEA

Full time (8 hour) Employee

| | | MONTHLY RATES | | | | MONTHLY COST | | |
|---------|-------------|---------------|----------|---------|--------|--------------------|-------------------------|-----------------------|
| Plan | Type | Medical | Dental* | Vision | Life | Benefit Total Cost | ER Contribution (CAP)** | EE Total Contribution |
| Bronze | EE | \$513 | \$49.09 | \$7.39 | \$5.20 | \$574.68 | \$544.00 | \$30.68 |
| | EE+1 | \$1,026 | \$88.91 | \$13.73 | \$5.20 | \$1,133.84 | \$1,082.00 | \$51.84 |
| | EE + Family | \$1,380 | \$127.81 | \$21.14 | \$5.20 | \$1,534.15 | \$1,480.00 | \$54.15 |
| HDHP-3 | EE | \$529 | \$49.09 | \$7.39 | \$5.20 | \$590.68 | \$544.00 | \$46.68 |
| | EE+1 | \$1,058 | \$88.91 | \$13.73 | \$5.20 | \$1,165.84 | \$1,082.00 | \$83.84 |
| | EE + Family | \$1,423 | \$127.81 | \$21.14 | \$5.20 | \$1,577.15 | \$1,480.00 | \$97.15 |
| PPO-10B | EE | \$641 | \$49.09 | \$7.39 | \$5.20 | \$702.68 | \$544.00 | \$158.68 |
| | EE+1 | \$1,282 | \$88.91 | \$13.73 | \$5.20 | \$1,389.84 | \$1,082.00 | \$307.84 |
| | EE + Family | \$1,725 | \$127.81 | \$21.14 | \$5.20 | \$1,879.15 | \$1,480.00 | \$399.15 |
| PPO-9B | EE | \$736 | \$49.09 | \$7.39 | \$5.20 | \$797.68 | \$544.00 | \$253.68 |
| | EE+1 | \$1,472 | \$88.91 | \$13.73 | \$5.20 | \$1,579.84 | \$1,082.00 | \$497.84 |
| | EE + Family | \$1,980 | \$127.81 | \$21.14 | \$5.20 | \$2,134.15 | \$1,480.00 | \$654.15 |
| PPO-8B | EE | \$822 | \$49.09 | \$7.39 | \$5.20 | \$883.68 | \$544.00 | \$339.68 |
| | EE+1 | \$1,644 | \$88.91 | \$13.73 | \$5.20 | \$1,751.84 | \$1,082.00 | \$669.84 |
| | EE + Family | \$2,212 | \$127.81 | \$21.14 | \$5.20 | \$2,366.15 | \$1,480.00 | \$886.15 |
| WELL-1C | EE | \$915 | \$49.09 | \$7.39 | \$5.20 | \$976.68 | \$544.00 | \$432.68 |
| | EE+1 | \$1,830 | \$88.91 | \$13.73 | \$5.20 | \$1,937.84 | \$1,082.00 | \$855.84 |
| | EE + Family | \$2,461 | \$127.81 | \$21.14 | \$5.20 | \$2,615.15 | \$1,480.00 | \$1,135.15 |
| PPO-4A | EE | \$987 | \$49.09 | \$7.39 | \$5.20 | \$1,048.68 | \$544.00 | \$504.68 |
| | EE+1 | \$1,974 | \$88.91 | \$13.73 | \$5.20 | \$2,081.84 | \$1,082.00 | \$999.84 |
| | EE + Family | \$2,655 | \$127.81 | \$21.14 | \$5.20 | \$2,809.15 | \$1,480.00 | \$1,329.15 |

TCDE definition: full-time employment is 8 hours per day, 260 days per year. Employees in positions less than full time will receive a prorated contribution. If you work less than full-time, please contact Payroll @ 530-528-7353 or pgarcia@tehamaschools.org to obtain information regarding actuals costs

*ER Contribution is based on full-time employment.

**Dental - max \$1,500; Nitros Oxide



TEHAMA COUNTY DEPARTMENT OF EDUCATION 2023-24 BENEFIT RATE SHEET - CSEA *7 hour per day Employee*

| | | MONTHLY RATES | | | | MONTHLY COST | | |
|---------|-------------|---------------|----------|---------|--------|--------------------|-------------------------|-----------------------|
| Plan | Type | Medical | Dental* | Vision | Life | Benefit Total Cost | ER Contribution (CAP)** | EE Total Contribution |
| Bronze | EE | \$513 | \$49.09 | \$7.39 | \$5.20 | \$574.68 | \$476.00 | \$98.68 |
| | EE+1 | \$1,026 | \$88.91 | \$13.73 | \$5.20 | \$1,133.84 | \$946.75 | \$187.09 |
| | EE + Family | \$1,380 | \$127.81 | \$21.14 | \$5.20 | \$1,534.15 | \$1,295.00 | \$239.15 |
| HDHP-3 | EE | \$529 | \$49.09 | \$7.39 | \$5.20 | \$590.68 | \$476.00 | \$114.68 |
| | EE+1 | \$1,058 | \$88.91 | \$13.73 | \$5.20 | \$1,165.84 | \$946.75 | \$219.09 |
| | EE + Family | \$1,423 | \$127.81 | \$21.14 | \$5.20 | \$1,577.15 | \$1,295.00 | \$282.15 |
| PPO-10B | EE | \$641 | \$49.09 | \$7.39 | \$5.20 | \$702.68 | \$476.00 | \$226.68 |
| | EE+1 | \$1,282 | \$88.91 | \$13.73 | \$5.20 | \$1,389.84 | \$946.75 | \$443.09 |
| | EE + Family | \$1,725 | \$127.81 | \$21.14 | \$5.20 | \$1,879.15 | \$1,295.00 | \$584.15 |
| PPO-9B | EE | \$736 | \$49.09 | \$7.39 | \$5.20 | \$797.68 | \$476.00 | \$321.68 |
| | EE+1 | \$1,472 | \$88.91 | \$13.73 | \$5.20 | \$1,579.84 | \$946.75 | \$633.09 |
| | EE + Family | \$1,980 | \$127.81 | \$21.14 | \$5.20 | \$2,134.15 | \$1,295.00 | \$839.15 |
| PPO-8B | EE | \$822 | \$49.09 | \$7.39 | \$5.20 | \$883.68 | \$476.00 | \$407.68 |
| | EE+1 | \$1,644 | \$88.91 | \$13.73 | \$5.20 | \$1,751.84 | \$946.75 | \$805.09 |
| | EE + Family | \$2,212 | \$127.81 | \$21.14 | \$5.20 | \$2,366.15 | \$1,295.00 | \$1,071.15 |
| WELL-1C | EE | \$915 | \$49.09 | \$7.39 | \$5.20 | \$976.68 | \$476.00 | \$500.68 |
| | EE+1 | \$1,830 | \$88.91 | \$13.73 | \$5.20 | \$1,937.84 | \$946.75 | \$991.09 |
| | EE + Family | \$2,461 | \$127.81 | \$21.14 | \$5.20 | \$2,615.15 | \$1,295.00 | \$1,320.15 |
| PPO-4A | EE | \$987 | \$49.09 | \$7.39 | \$5.20 | \$1,048.68 | \$476.00 | \$572.68 |
| | EE+1 | \$1,974 | \$88.91 | \$13.73 | \$5.20 | \$2,081.84 | \$946.75 | \$1,135.09 |
| | EE + Family | \$2,655 | \$127.81 | \$21.14 | \$5.20 | \$2,809.15 | \$1,295.00 | \$1,514.15 |

TCDE definition: full-time employment is 8 hours per day, 260 days per year. Employees in positions less than full time will receive a prorated contribution. If you work less than full-time, please contact Payroll @ 530-528-7353 or pgarcia@tehamaschools.org to obtain information regarding actuals costs

*ER Contribution is based on full-time employment.

**Dental - max \$1,500; Nitros Oxide



TEHAMA COUNTY DEPARTMENT OF EDUCATION 2023-24 BENEFIT RATE SHEET - CSEA 6 hour per day Employee

| Plan | Type | MONTHLY RATES | | | | MONTHLY COST | | |
|---------|-------------|---------------|----------|---------|--------|--------------------|-------------------------|-----------------------|
| | | Medical | Dental* | Vision | Life | Benefit Total Cost | ER Contribution (CAP)** | EE Total Contribution |
| Bronze | EE | \$513 | \$49.09 | \$7.39 | \$5.20 | \$574.68 | \$408.00 | \$166.68 |
| | EE+1 | \$1,026 | \$88.91 | \$13.73 | \$5.20 | \$1,133.84 | \$811.50 | \$322.34 |
| | EE + Family | \$1,380 | \$127.81 | \$21.14 | \$5.20 | \$1,534.15 | \$1,110.00 | \$424.15 |
| HDHP-3 | EE | \$529 | \$49.09 | \$7.39 | \$5.20 | \$590.68 | \$408.00 | \$182.68 |
| | EE+1 | \$1,058 | \$88.91 | \$13.73 | \$5.20 | \$1,165.84 | \$811.50 | \$354.34 |
| | EE + Family | \$1,423 | \$127.81 | \$21.14 | \$5.20 | \$1,577.15 | \$1,110.00 | \$467.15 |
| PPO-10B | EE | \$641 | \$49.09 | \$7.39 | \$5.20 | \$702.68 | \$408.00 | \$294.68 |
| | EE+1 | \$1,282 | \$88.91 | \$13.73 | \$5.20 | \$1,389.84 | \$811.50 | \$578.34 |
| | EE + Family | \$1,725 | \$127.81 | \$21.14 | \$5.20 | \$1,879.15 | \$1,110.00 | \$769.15 |
| PPO-9B | EE | \$736 | \$49.09 | \$7.39 | \$5.20 | \$797.68 | \$408.00 | \$389.68 |
| | EE+1 | \$1,472 | \$88.91 | \$13.73 | \$5.20 | \$1,579.84 | \$811.50 | \$768.34 |
| | EE + Family | \$1,980 | \$127.81 | \$21.14 | \$5.20 | \$2,134.15 | \$1,110.00 | \$1,024.15 |
| PPO-8B | EE | \$822 | \$49.09 | \$7.39 | \$5.20 | \$883.68 | \$408.00 | \$475.68 |
| | EE+1 | \$1,644 | \$88.91 | \$13.73 | \$5.20 | \$1,751.84 | \$811.50 | \$940.34 |
| | EE + Family | \$2,212 | \$127.81 | \$21.14 | \$5.20 | \$2,366.15 | \$1,110.00 | \$1,256.15 |
| WELL-1C | EE | \$915 | \$49.09 | \$7.39 | \$5.20 | \$976.68 | \$408.00 | \$568.68 |
| | EE+1 | \$1,830 | \$88.91 | \$13.73 | \$5.20 | \$1,937.84 | \$811.50 | \$1,126.34 |
| | EE + Family | \$2,461 | \$127.81 | \$21.14 | \$5.20 | \$2,615.15 | \$1,110.00 | \$1,505.15 |
| PPO-4A | EE | \$987 | \$49.09 | \$7.39 | \$5.20 | \$1,048.68 | \$408.00 | \$640.68 |
| | EE+1 | \$1,974 | \$88.91 | \$13.73 | \$5.20 | \$2,081.84 | \$811.50 | \$1,270.34 |
| | EE + Family | \$2,655 | \$127.81 | \$21.14 | \$5.20 | \$2,809.15 | \$1,110.00 | \$1,699.15 |

TCDE definition: full-time employment is 8 hours per day, 260 days per year. Employees in positions less than full time will receive a prorated contribution. If you work less than full-time, please contact Payroll @ 530-528-7353 or pgarcia@tehamaschools.org to obtain information regarding actuals costs

*ER Contribution is based on full-time employment.

**Dental - max \$1,500; Nitros Oxide



TEHAMA COUNTY DEPARTMENT OF EDUCATION 2023-24 BENEFIT RATE SHEET - CSEA *5 hour per day Employee*

| Plan | Type | MONTHLY RATES | | | | MONTHLY COST | | |
|---------|-------------|---------------|----------|---------|--------|--------------------|-------------------------|-----------------------|
| | | Medical | Dental* | Vision | Life | Benefit Total Cost | ER Contribution (CAP)** | EE Total Contribution |
| Bronze | EE | \$513 | \$49.09 | \$7.39 | \$5.20 | \$574.68 | \$340.00 | \$234.68 |
| | EE+1 | \$1,026 | \$88.91 | \$13.73 | \$5.20 | \$1,133.84 | \$676.25 | \$457.59 |
| | EE + Family | \$1,380 | \$127.81 | \$21.14 | \$5.20 | \$1,534.15 | \$925.00 | \$609.15 |
| HDHP-3 | EE | \$529 | \$49.09 | \$7.39 | \$5.20 | \$590.68 | \$340.00 | \$250.68 |
| | EE+1 | \$1,058 | \$88.91 | \$13.73 | \$5.20 | \$1,165.84 | \$676.25 | \$489.59 |
| | EE + Family | \$1,423 | \$127.81 | \$21.14 | \$5.20 | \$1,577.15 | \$925.00 | \$652.15 |
| PPO-10B | EE | \$641 | \$49.09 | \$7.39 | \$5.20 | \$702.68 | \$340.00 | \$362.68 |
| | EE+1 | \$1,282 | \$88.91 | \$13.73 | \$5.20 | \$1,389.84 | \$676.25 | \$713.59 |
| | EE + Family | \$1,725 | \$127.81 | \$21.14 | \$5.20 | \$1,879.15 | \$925.00 | \$954.15 |
| PPO-9B | EE | \$736 | \$49.09 | \$7.39 | \$5.20 | \$797.68 | \$340.00 | \$457.68 |
| | EE+1 | \$1,472 | \$88.91 | \$13.73 | \$5.20 | \$1,579.84 | \$676.25 | \$903.59 |
| | EE + Family | \$1,980 | \$127.81 | \$21.14 | \$5.20 | \$2,134.15 | \$925.00 | \$1,209.15 |
| PPO-8B | EE | \$822 | \$49.09 | \$7.39 | \$5.20 | \$883.68 | \$340.00 | \$543.68 |
| | EE+1 | \$1,644 | \$88.91 | \$13.73 | \$5.20 | \$1,751.84 | \$676.25 | \$1,075.59 |
| | EE + Family | \$2,212 | \$127.81 | \$21.14 | \$5.20 | \$2,366.15 | \$925.00 | \$1,441.15 |
| WELL-1C | EE | \$915 | \$49.09 | \$7.39 | \$5.20 | \$976.68 | \$340.00 | \$636.68 |
| | EE+1 | \$1,830 | \$88.91 | \$13.73 | \$5.20 | \$1,937.84 | \$676.25 | \$1,261.59 |
| | EE + Family | \$2,461 | \$127.81 | \$21.14 | \$5.20 | \$2,615.15 | \$925.00 | \$1,690.15 |
| PPO-4A | EE | \$987 | \$49.09 | \$7.39 | \$5.20 | \$1,048.68 | \$340.00 | \$708.68 |
| | EE+1 | \$1,974 | \$88.91 | \$13.73 | \$5.20 | \$2,081.84 | \$676.25 | \$1,405.59 |
| | EE + Family | \$2,655 | \$127.81 | \$21.14 | \$5.20 | \$2,809.15 | \$925.00 | \$1,884.15 |

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*ER Contribution is based on full-time employment.

**Dental - max \$1,500; Nitros Oxide



TEHAMA COUNTY DEPARTMENT OF EDUCATION 2023-24 BENEFIT RATE SHEET - CSEA 4 hour per day Employee

| Plan | Type | MONTHLY RATES | | | | MONTHLY COST | | |
|---------|-------------|---------------|----------|---------|--------|--------------------|-------------------------|-----------------------|
| | | Medical | Dental* | Vision | Life | Benefit Total Cost | ER Contribution (CAP)** | EE Total Contribution |
| Bronze | EE | \$513 | \$49.09 | \$7.39 | \$5.20 | \$574.68 | \$272.00 | \$302.68 |
| | EE+1 | \$1,026 | \$88.91 | \$13.73 | \$5.20 | \$1,133.84 | \$541.00 | \$592.84 |
| | EE + Family | \$1,380 | \$127.81 | \$21.14 | \$5.20 | \$1,534.15 | \$740.00 | \$794.15 |
| HDHP-3 | EE | \$529 | \$49.09 | \$7.39 | \$5.20 | \$590.68 | \$272.00 | \$318.68 |
| | EE+1 | \$1,058 | \$88.91 | \$13.73 | \$5.20 | \$1,165.84 | \$541.00 | \$624.84 |
| | EE + Family | \$1,423 | \$127.81 | \$21.14 | \$5.20 | \$1,577.15 | \$740.00 | \$837.15 |
| PPO-10B | EE | \$641 | \$49.09 | \$7.39 | \$5.20 | \$702.68 | \$272.00 | \$430.68 |
| | EE+1 | \$1,282 | \$88.91 | \$13.73 | \$5.20 | \$1,389.84 | \$541.00 | \$848.84 |
| | EE + Family | \$1,725 | \$127.81 | \$21.14 | \$5.20 | \$1,879.15 | \$740.00 | \$1,139.15 |
| PPO-9B | EE | \$736 | \$49.09 | \$7.39 | \$5.20 | \$797.68 | \$272.00 | \$525.68 |
| | EE+1 | \$1,472 | \$88.91 | \$13.73 | \$5.20 | \$1,579.84 | \$541.00 | \$1,038.84 |
| | EE + Family | \$1,980 | \$127.81 | \$21.14 | \$5.20 | \$2,134.15 | \$740.00 | \$1,394.15 |
| PPO-8B | EE | \$822 | \$49.09 | \$7.39 | \$5.20 | \$883.68 | \$272.00 | \$611.68 |
| | EE+1 | \$1,644 | \$88.91 | \$13.73 | \$5.20 | \$1,751.84 | \$541.00 | \$1,210.84 |
| | EE + Family | \$2,212 | \$127.81 | \$21.14 | \$5.20 | \$2,366.15 | \$740.00 | \$1,626.15 |
| WELL-1C | EE | \$915 | \$49.09 | \$7.39 | \$5.20 | \$976.68 | \$272.00 | \$704.68 |
| | EE+1 | \$1,830 | \$88.91 | \$13.73 | \$5.20 | \$1,937.84 | \$541.00 | \$1,396.84 |
| | EE + Family | \$2,461 | \$127.81 | \$21.14 | \$5.20 | \$2,615.15 | \$740.00 | \$1,875.15 |
| PPO-4A | EE | \$987 | \$49.09 | \$7.39 | \$5.20 | \$1,048.68 | \$272.00 | \$776.68 |
| | EE+1 | \$1,974 | \$88.91 | \$13.73 | \$5.20 | \$2,081.84 | \$541.00 | \$1,540.84 |
| | EE + Family | \$2,655 | \$127.81 | \$21.14 | \$5.20 | \$2,809.15 | \$740.00 | \$2,069.15 |

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**Dental - max \$1,500; Nitros Oxide