

# TEHAMA COUNTY DEPARTMENT OF EDUCATION 2023-24 BENEFIT RATE SHEET - CSEA Full time (8 hour) Employee

	MONTHLY RATES				MONTHLY COST			
Туре	Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contribution (CAP)**	EE Total Contribution	
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	
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	
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	
						1	\$253.68	
EE+1	\$1,472	\$88.91	\$13.73	\$5.20	. ,	\$1,082.00	\$497.84	
EE + Family	\$1,980	\$127.81	\$21.14	\$5.20	\$2,134.15	\$1,480.00	\$654.15	
						,	\$339.68	
			· ·				\$669.84	
EE + Family	\$2,212	\$127.81	\$21.14	\$5.20	\$2,366.15	\$1,480.00	\$886.15	
	<b>*•</b> • • <b>=</b>	<b>*</b> ( <b>* * *</b>	AT 00	<u> </u>	<b>*</b> • <b>--</b> ••	<b>A-</b> ( ( <b>AA</b>	<b>*</b> (00.00	
						,	\$432.68	
			· ·				\$855.84	
EE + Family	\$2,461	\$127.81	\$21.14	\$5.20	\$2,615.15	\$1,480.00	\$1,135.15	
FF	\$987	\$49.00	\$7 30	\$5.20	\$1 048 68	\$544.00	\$504.68	
					. ,	,	\$999.84	
	. ,					. ,	\$1,329.15	
	EE EE+1 EE + Family EE EE + Family EE EE+1 EE + Family EE EE + Family	TypeMedicalEE $$513$ EE+1 $$1,026$ EE + Family $$1,380$ EE $$529$ EE+1 $$1,058$ EE + Family $$1,423$ EE $$641$ EE+1 $$1,282$ EE + Family $$1,725$ EE $$736$ EE+1 $$1,472$ EE + Family $$1,980$ EE $$822$ EE+1 $$1,644$ EE + Family $$2,212$ EE $$915$ EE+1 $$1,830$ EE + Family $$2,461$ EE $$987$ EE $$987$ EE+1 $$1,974$	TypeMedicalDental*EE\$513\$49.09EE+1\$1,026\$88.91EE + Family\$1,380\$127.81EE\$529\$49.09EE+1\$1,058\$88.91EE + Family\$1,423\$127.81EE\$641\$49.09EE+1\$1,282\$88.91EE + Family\$1,725\$127.81EE\$736\$49.09EE+1\$1,472\$88.91EE + Family\$1,725\$127.81EE\$736\$49.09EE+1\$1,644\$88.91EE + Family\$1,644\$88.91EE + Family\$2,212\$127.81EE\$915\$49.09EE+1\$1,830\$88.91EE + Family\$2,461\$127.81EE\$915\$49.09EE+1\$1,830\$88.91EE + Family\$2,461\$127.81EE\$987\$49.09EE+1\$1,974\$88.91	TypeMedicalDental*VisionEE\$513\$49.09\$7.39EE+1\$1,026\$88.91\$13.73EE + Family\$1,380\$127.81\$21.14EE\$529\$49.09\$7.39EE+1\$1,058\$88.91\$13.73EE + Family\$1,423\$127.81\$21.14EE\$641\$49.09\$7.39EE+1\$1,282\$88.91\$13.73EE + Family\$1,725\$127.81\$21.14EE\$736\$49.09\$7.39EE+1\$1,472\$88.91\$13.73EE + Family\$1,980\$127.81\$21.14EE\$822\$49.09\$7.39EE+1\$1,644\$88.91\$13.73EE + Family\$2,212\$127.81\$21.14EE\$822\$49.09\$7.39EE+1\$1,644\$88.91\$13.73EE + Family\$2,212\$127.81\$21.14EE\$915\$49.09\$7.39EE+1\$1,830\$88.91\$13.73EE + Family\$2,461\$127.81\$21.14EE\$987\$49.09\$7.39EE+1\$1,974\$88.91\$13.73	TypeMedicalDental*VisionLifeEE\$513\$49.09\$7.39\$5.20EE+1\$1,026\$88.91\$13.73\$5.20EE + Family\$1,380\$127.81\$21.14\$5.20EE\$529\$49.09\$7.39\$5.20EE+1\$1,058\$88.91\$13.73\$5.20EE + Family\$1,423\$127.81\$21.14\$5.20EE + Family\$1,423\$127.81\$21.14\$5.20EE\$641\$49.09\$7.39\$5.20EE + Family\$1,725\$127.81\$21.14\$5.20EE + Family\$1,725\$127.81\$21.14\$5.20EE\$736\$49.09\$7.39\$5.20EE + Family\$1,725\$127.81\$21.14\$5.20EE + Family\$1,472\$88.91\$13.73\$5.20EE + Family\$1,472\$88.91\$13.73\$5.20EE + Family\$1,644\$88.91\$13.73\$5.20EE + Family\$2,212\$127.81\$21.14\$5.20EE + Family\$2,212\$127.81\$21.14\$5.20EE + Family\$2,212\$127.81\$21.14\$5.20EE + Family\$2,212\$127.81\$21.14\$5.20EE + Family\$2,461\$13.73\$5.20EE + Family\$2,461\$127.81\$21.14\$5.20EE + Family\$2,461\$127.81\$21.14\$5.20EE + Family\$2,461\$127.81\$21.14\$5.20<	Type Medical Dental* Vision Life Benefit Total Cost   EE \$513 \$49.09 \$7.39 \$5.20 \$574.68   EE+1 \$1,026 \$88.91 \$13.73 \$5.20 \$1,133.84   EE + Family \$1,380 \$127.81 \$21.14 \$5.20 \$1,534.15   EE \$529 \$49.09 \$7.39 \$5.20 \$1,658.4   EE + Family \$1,423 \$127.81 \$21.14 \$5.20 \$1,165.84   EE + Family \$1,423 \$127.81 \$21.14 \$5.20 \$1,577.15   EE \$641 \$49.09 \$7.39 \$5.20 \$1,879.15   EE \$641 \$49.09 \$7.39 \$5.20 \$1,579.84   EE + Family \$1,980 \$127.81	Type Medical Dental* Vision Life Benefit Total Cost <i>ER</i> <i>Contribution</i> ( <i>CAP</i> )**   EE \$513 \$49.09 \$7.39 \$5.20 \$574.68 \$544.00   EE+1 \$1,026 \$88.91 \$13.73 \$5.20 \$1,133.84 \$1,082.00   EE + Family \$1,380 \$127.81 \$21.14 \$5.20 \$1,534.15 \$1,480.00   EE \$529 \$49.09 \$7.39 \$5.20 \$1,534.15 \$1,480.00   EE \$529 \$49.09 \$7.39 \$5.20 \$1,165.84 \$1,082.00   EE + Family \$1,423 \$127.81 \$21.14 \$5.20 \$1,577.15 \$1,480.00   EE \$641 \$49.09 \$7.39 \$5.20 \$702.68 \$544.00   EE+1 \$1,282 \$88.91 \$13.73 \$5.20 \$1,389.84 \$1,082.00   EE + Family \$1,725 \$127.81 \$21.14 \$5.20 \$1,879.15 \$1,480.00   EE + Family \$1,725 \$127.81 \$21.14	

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.



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

		MONTHLY RATES				MONTHLY COST			
Plan	Туре	Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contribution (CAP)**	EE Total Contribution	
	EE	\$513	\$49.09	\$7.39	\$5.20	\$574.68	\$476.00	\$98.68	
Bronze	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	
	-								
	EE	\$529	\$49.09	\$7.39	\$5.20	\$590.68	\$476.00	\$114.68	
HDHP-3	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	
	T								
	EE	\$641	\$49.09	\$7.39	\$5.20	\$702.68	\$476.00	\$226.68	
PPO-10B	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	
r	lee	<b>*</b> 700	<b>*</b> 40.00	<b>A7</b> 00	<b>*</b> = 00	<b>*70700</b>	<b>A</b> ( <b>TA A A</b>	<b>*</b> ***	
	EE	\$736	\$49.09	\$7.39	\$5.20	\$797.68	\$476.00	\$321.68	
PPO-9B	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	
<b></b>	IEE	\$822	\$49.09	\$7.39	\$5.20	\$883.68	\$476.00	\$407.68	
PPO-8B	EE+1	\$1,644	\$88.91	\$13.73	\$5.20	\$1,751.84	\$946.75	\$805.09	
11000	EE + Family	\$2,212	\$127.81	\$21.14	\$5.20	\$2,366.15	\$1,295.00	\$1,071.15	
		$\psi L, L T L$	ψ127.01	Ψ21.14	ψ0.20	φ <u>2</u> ,000.10	φ1,200.00	φ1,071.10	
	EE	\$915	\$49.09	\$7.39	\$5.20	\$976.68	\$476.00	\$500.68	
WELL-1C	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	
	<u> </u>				•				
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.



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

		MONTHLY RATES				MONTHLY COST			
Plan	Туре	Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contribution (CAP)**	EE Total Contribution	
	EE	\$513	\$49.09	\$7.39	\$5.20	\$574.68	\$408.00	\$166.68	
Bronze	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	
	-								
	EE	\$529	\$49.09	\$7.39	\$5.20	\$590.68	\$408.00	\$182.68	
HDHP-3	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	
	EE	\$641	\$49.09	\$7.39	\$5.20	\$702.68	\$408.00	\$294.68	
PPO-10B	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	
	EE	\$736	\$49.09	\$7.39	\$5.20	\$797.68	\$408.00	\$389.68	
PPO-9B	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	
		<b>*</b> ****	<b>*</b> ( <b>* * *</b>	<b>AT</b> 00	<b>*=</b> 00	<u> </u>		<b>A</b> ( <b>FF A A</b>	
	EE	\$822	\$49.09	\$7.39	\$5.20	\$883.68	\$408.00	\$475.68	
PPO-8B	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	
		<b>\$045</b>	<b>#</b> 40.00	<b>\$7.00</b>	<u>фг оо</u>	¢070.00	¢ 400.00	<b>*</b> 500.00	
	EE	\$915	\$49.09	\$7.39	\$5.20	\$976.68	\$408.00	\$568.68	
WELL-1C	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	
	EE	\$987	\$49.09	\$7.39	\$5.20	\$1,048.68	\$408.00	\$640.68	
PPO-4A	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.



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

		MONTHLY RATES				MONTHLY COST			
Plan	Туре	Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contribution (CAP)**	EE Total Contribution	
	EE	\$513	\$49.09	\$7.39	\$5.20	\$574.68	\$340.00	\$234.68	
Bronze	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	
	EE	\$529	\$49.09	\$7.39	\$5.20	\$590.68	\$340.00	\$250.68	
HDHP-3	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	
	EE	\$641	\$49.09	\$7.39	\$5.20	\$702.68	\$340.00	\$362.68	
PPO-10B	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	
	EE	\$736	\$49.09	\$7.39	\$5.20	\$797.68	\$340.00	\$457.68	
PPO-9B	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	
		<b></b>	<b>.</b> 40.00	<b>A7</b> 00	<b>\$5.00</b>	<b>*</b> 000.00	<b>\$</b> 0.40.00	<b><b></b></b>	
	EE	\$822	\$49.09	\$7.39	\$5.20	\$883.68	\$340.00	\$543.68	
PPO-8B	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	
	IEE	\$915	\$49.09	\$7.39	\$5.20	\$976.68	\$340.00	\$636.68	
WELL-1C	EE+1	\$1,830	\$49.09	\$13.73	\$5.20 \$5.20	\$1,937.84	\$676.25	\$1,261.59	
	EE + Family	\$1,830	\$127.81	\$13.73	\$5.20 \$5.20	\$1,937.84 \$2,615.15	\$925.00	\$1,690.15	
		ψ <b>∠</b> , <del>4</del> 01	ψι <i>Ζι</i> .υΙ	ψ21.14	ψυ.Ζυ	ψ2,013.15	φ320.00	φ1,030.13	
	EE	\$987	\$49.09	\$7.39	\$5.20	\$1,048.68	\$340.00	\$708.68	
PPO-4A	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	

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.



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

		MONTHLY RATES				MONTHLY COST			
Plan	Туре	Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contributio n (CAP)**	EE Total Contribution	
	EE	\$513	\$49.09	\$7.39	\$5.20	\$574.68	\$272.00	\$302.68	
Bronze	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	
	EE	\$529	\$49.09	\$7.39	\$5.20	\$590.68	\$272.00	\$318.68	
HDHP-3	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	
	•								
	EE	\$641	\$49.09	\$7.39	\$5.20	\$702.68	\$272.00	\$430.68	
PPO-10B	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	
	EE	\$736	\$49.09	\$7.39	\$5.20	\$797.68	\$272.00	\$525.68	
PPO-9B	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	
	IEE	\$822	\$49.09	\$7.39	\$5.20	\$883.68	\$272.00	\$611.68	
PPO-8B	EE+1	\$022 \$1,644	\$49.09 \$88.91	\$13.73	\$5.20 \$5.20	\$003.00 \$1,751.84	\$272.00 \$541.00	\$1,210.84	
PPU-0D	EE + Family	\$1,044	\$00.91 \$127.81	\$13.73	\$5.20	\$2,366.15	\$541.00 \$740.00	\$1,626.15	
	EE + Family	ΦΖ,ΖΙΖ	φ127.01	φ <b>21.1</b> 4	φ <u></u> 0.20	φ2,300.15	φ140.00	φ1,020.15	
	EE	\$915	\$49.09	\$7.39	\$5.20	\$976.68	\$272.00	\$704.68	
WELL-1C	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	
<u> </u>	: anny	<i>\_</i> ,	<i></i>	<i>~</i> 1	¥0.20	<i>+_,</i>	<i></i>	÷ 1,01 0110	
	EE	\$987	\$49.09	\$7.39	\$5.20	\$1,048.68	\$272.00	\$776.68	
PPO-4A	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	

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.