



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2024-25 BENEFIT RATE SHEET - CSEA

Full time (8 hour) Employee

Attachment B

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contribution (CAP)**	EE Total Contribution
Bronze	EE	\$540	\$49.09	\$7.39	\$5.20	\$601.68	\$579.00	\$22.68
	EE+1	\$1,081	\$88.91	\$13.73	\$5.20	\$1,188.84	\$1,158.00	\$30.84
	EE + Family	\$1,454	\$127.81	\$21.14	\$5.20	\$1,608.15	\$1,564.00	\$44.15
HDHP-3	EE	\$498	\$49.09	\$7.39	\$5.20	\$559.68	\$579.00	\$0.00
	EE+1	\$996	\$88.91	\$13.73	\$5.20	\$1,103.84	\$1,158.00	\$0.00
	EE + Family	\$1,341	\$127.81	\$21.14	\$5.20	\$1,495.15	\$1,564.00	\$0.00
PPO-10B	EE	\$686	\$49.09	\$7.39	\$5.20	\$747.68	\$579.00	\$168.68
	EE+1	\$1,372	\$88.91	\$13.73	\$5.20	\$1,479.84	\$1,158.00	\$321.84
	EE + Family	\$1,845	\$127.81	\$21.14	\$5.20	\$1,999.15	\$1,564.00	\$435.15
PPO-9B	EE	\$788	\$49.09	\$7.39	\$5.20	\$849.68	\$579.00	\$270.68
	EE+1	\$1,576	\$88.91	\$13.73	\$5.20	\$1,683.84	\$1,158.00	\$525.84
	EE + Family	\$2,121	\$127.81	\$21.14	\$5.20	\$2,275.15	\$1,564.00	\$711.15
PPO-8B	EE	\$880	\$49.09	\$7.39	\$5.20	\$941.68	\$579.00	\$362.68
	EE+1	\$1,760	\$88.91	\$13.73	\$5.20	\$1,867.84	\$1,158.00	\$709.84
	EE + Family	\$2,368	\$127.81	\$21.14	\$5.20	\$2,522.15	\$1,564.00	\$958.15
WELL-1C	EE	\$979	\$49.09	\$7.39	\$5.20	\$1,040.68	\$579.00	\$461.68
	EE+1	\$1,958	\$88.91	\$13.73	\$5.20	\$2,065.84	\$1,158.00	\$907.84
	EE + Family	\$2,633	\$127.81	\$21.14	\$5.20	\$2,787.15	\$1,564.00	\$1,223.15
PPO-4A	EE	\$1,056	\$49.09	\$7.39	\$5.20	\$1,117.68	\$579.00	\$538.68
	EE+1	\$2,113	\$88.91	\$13.73	\$5.20	\$2,220.84	\$1,158.00	\$1,062.84
	EE + Family	\$2,842	\$127.81	\$21.14	\$5.20	\$2,996.15	\$1,564.00	\$1,432.15

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

2024-25 BENEFIT RATE SHEET - CSEA

7 hour per day Employee

Attachment B

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contribution (CAP)**	EE Total Contribution
Bronze	EE	\$540	\$49.09	\$7.39	\$5.20	\$601.68	\$506.63	\$95.06
	EE+1	\$1,081	\$88.91	\$13.73	\$5.20	\$1,188.84	\$1,013.25	\$175.59
	EE + Family	\$1,454	\$127.81	\$21.14	\$5.20	\$1,608.15	\$1,368.50	\$239.65
HDHP-3	EE	\$498	\$49.09	\$7.39	\$5.20	\$559.68	\$506.63	\$53.06
	EE+1	\$996	\$88.91	\$13.73	\$5.20	\$1,103.84	\$1,013.25	\$90.59
	EE + Family	\$1,341	\$127.81	\$21.14	\$5.20	\$1,495.15	\$1,368.50	\$126.65
PPO-10B	EE	\$686	\$49.09	\$7.39	\$5.20	\$747.68	\$506.63	\$241.06
	EE+1	\$1,372	\$88.91	\$13.73	\$5.20	\$1,479.84	\$1,013.25	\$466.59
	EE + Family	\$1,845	\$127.81	\$21.14	\$5.20	\$1,999.15	\$1,368.50	\$630.65
PPO-9B	EE	\$788	\$49.09	\$7.39	\$5.20	\$849.68	\$506.63	\$343.06
	EE+1	\$1,576	\$88.91	\$13.73	\$5.20	\$1,683.84	\$1,013.25	\$670.59
	EE + Family	\$2,121	\$127.81	\$21.14	\$5.20	\$2,275.15	\$1,368.50	\$906.65
PPO-8B	EE	\$880	\$49.09	\$7.39	\$5.20	\$941.68	\$506.63	\$435.06
	EE+1	\$1,760	\$88.91	\$13.73	\$5.20	\$1,867.84	\$1,013.25	\$854.59
	EE + Family	\$2,368	\$127.81	\$21.14	\$5.20	\$2,522.15	\$1,368.50	\$1,153.65
WELL-1C	EE	\$979	\$49.09	\$7.39	\$5.20	\$1,040.68	\$506.63	\$534.06
	EE+1	\$1,958	\$88.91	\$13.73	\$5.20	\$2,065.84	\$1,013.25	\$1,052.59
	EE + Family	\$2,633	\$127.81	\$21.14	\$5.20	\$2,787.15	\$1,368.50	\$1,418.65
PPO-4A	EE	\$1,056	\$49.09	\$7.39	\$5.20	\$1,117.68	\$506.63	\$611.06
	EE+1	\$2,113	\$88.91	\$13.73	\$5.20	\$2,220.84	\$1,013.25	\$1,207.59
	EE + Family	\$2,842	\$127.81	\$21.14	\$5.20	\$2,996.15	\$1,368.50	\$1,627.65

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*ER Contribution is based on full-time employment.

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



TEHAMA COUNTY DEPARTMENT OF EDUCATION 2024-25 BENEFIT RATE SHEET - CSEA 6 hour per day Employee

Attachment B

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contribution (CAP)**	EE Total Contribution
Bronze	EE	\$540	\$49.09	\$7.39	\$5.20	\$601.68	\$434.25	\$167.43
	EE+1	\$1,081	\$88.91	\$13.73	\$5.20	\$1,188.84	\$868.50	\$320.34
	EE + Family	\$1,454	\$127.81	\$21.14	\$5.20	\$1,608.15	\$1,173.00	\$435.15
HDHP-3	EE	\$498	\$49.09	\$7.39	\$5.20	\$559.68	\$434.25	\$125.43
	EE+1	\$996	\$88.91	\$13.73	\$5.20	\$1,103.84	\$868.50	\$235.34
	EE + Family	\$1,341	\$127.81	\$21.14	\$5.20	\$1,495.15	\$1,173.00	\$322.15
PPO-10B	EE	\$686	\$49.09	\$7.39	\$5.20	\$747.68	\$434.25	\$313.43
	EE+1	\$1,372	\$88.91	\$13.73	\$5.20	\$1,479.84	\$868.50	\$611.34
	EE + Family	\$1,845	\$127.81	\$21.14	\$5.20	\$1,999.15	\$1,173.00	\$826.15
PPO-9B	EE	\$788	\$49.09	\$7.39	\$5.20	\$849.68	\$434.25	\$415.43
	EE+1	\$1,576	\$88.91	\$13.73	\$5.20	\$1,683.84	\$868.50	\$815.34
	EE + Family	\$2,121	\$127.81	\$21.14	\$5.20	\$2,275.15	\$1,173.00	\$1,102.15
PPO-8B	EE	\$880	\$49.09	\$7.39	\$5.20	\$941.68	\$434.25	\$507.43
	EE+1	\$1,760	\$88.91	\$13.73	\$5.20	\$1,867.84	\$868.50	\$999.34
	EE + Family	\$2,368	\$127.81	\$21.14	\$5.20	\$2,522.15	\$1,173.00	\$1,349.15
WELL-1C	EE	\$979	\$49.09	\$7.39	\$5.20	\$1,040.68	\$434.25	\$606.43
	EE+1	\$1,958	\$88.91	\$13.73	\$5.20	\$2,065.84	\$868.50	\$1,197.34
	EE + Family	\$2,633	\$127.81	\$21.14	\$5.20	\$2,787.15	\$1,173.00	\$1,614.15
PPO-4A	EE	\$1,056	\$49.09	\$7.39	\$5.20	\$1,117.68	\$434.25	\$683.43
	EE+1	\$2,113	\$88.91	\$13.73	\$5.20	\$2,220.84	\$868.50	\$1,352.34
	EE + Family	\$2,842	\$127.81	\$21.14	\$5.20	\$2,996.15	\$1,173.00	\$1,823.15

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*ER Contribution is based on full-time employment.

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



TEHAMA COUNTY DEPARTMENT OF EDUCATION 2024-25 BENEFIT RATE SHEET - CSEA 5 hour per day Employee

Attachment B

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contribution (CAP)**	EE Total Contribution
Bronze	EE	\$540	\$49.09	\$7.39	\$5.20	\$601.68	\$361.88	\$239.81
	EE+1	\$1,081	\$88.91	\$13.73	\$5.20	\$1,188.84	\$723.75	\$465.09
	EE + Family	\$1,454	\$127.81	\$21.14	\$5.20	\$1,608.15	\$977.50	\$630.65
HDHP-3	EE	\$498	\$49.09	\$7.39	\$5.20	\$559.68	\$361.88	\$197.81
	EE+1	\$996	\$88.91	\$13.73	\$5.20	\$1,103.84	\$723.75	\$380.09
	EE + Family	\$1,341	\$127.81	\$21.14	\$5.20	\$1,495.15	\$977.50	\$517.65
PPO-10B	EE	\$686	\$49.09	\$7.39	\$5.20	\$747.68	\$361.88	\$385.81
	EE+1	\$1,372	\$88.91	\$13.73	\$5.20	\$1,479.84	\$723.75	\$756.09
	EE + Family	\$1,845	\$127.81	\$21.14	\$5.20	\$1,999.15	\$977.50	\$1,021.65
PPO-9B	EE	\$788	\$49.09	\$7.39	\$5.20	\$849.68	\$361.88	\$487.81
	EE+1	\$1,576	\$88.91	\$13.73	\$5.20	\$1,683.84	\$723.75	\$960.09
	EE + Family	\$2,121	\$127.81	\$21.14	\$5.20	\$2,275.15	\$977.50	\$1,297.65
PPO-8B	EE	\$880	\$49.09	\$7.39	\$5.20	\$941.68	\$361.88	\$579.81
	EE+1	\$1,760	\$88.91	\$13.73	\$5.20	\$1,867.84	\$723.75	\$1,144.09
	EE + Family	\$2,368	\$127.81	\$21.14	\$5.20	\$2,522.15	\$977.50	\$1,544.65
WELL-1C	EE	\$979	\$49.09	\$7.39	\$5.20	\$1,040.68	\$361.88	\$678.81
	EE+1	\$1,958	\$88.91	\$13.73	\$5.20	\$2,065.84	\$723.75	\$1,342.09
	EE + Family	\$2,633	\$127.81	\$21.14	\$5.20	\$2,787.15	\$977.50	\$1,809.65
PPO-4A	EE	\$1,056	\$49.09	\$7.39	\$5.20	\$1,117.68	\$361.88	\$755.81
	EE+1	\$2,113	\$88.91	\$13.73	\$5.20	\$2,220.84	\$723.75	\$1,497.09
	EE + Family	\$2,842	\$127.81	\$21.14	\$5.20	\$2,996.15	\$977.50	\$2,018.65

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



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2024-25 BENEFIT RATE SHEET - CSEA

4 hour per day Employee

Attachment B

Plan	Type	MONTHLY RATES				MONTHLY COST		
		Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contribution (CAP)**	EE Total Contribution
Bronze	EE	\$540	\$49.09	\$7.39	\$5.20	\$601.68	\$289.50	\$312.18
	EE+1	\$1,081	\$88.91	\$13.73	\$5.20	\$1,188.84	\$579.00	\$609.84
	EE + Family	\$1,454	\$127.81	\$21.14	\$5.20	\$1,608.15	\$782.00	\$826.15
HDHP-3	EE	\$498	\$49.09	\$7.39	\$5.20	\$559.68	\$289.50	\$270.18
	EE+1	\$996	\$88.91	\$13.73	\$5.20	\$1,103.84	\$579.00	\$524.84
	EE + Family	\$1,341	\$127.81	\$21.14	\$5.20	\$1,495.15	\$782.00	\$713.15
PPO-10B	EE	\$686	\$49.09	\$7.39	\$5.20	\$747.68	\$289.50	\$458.18
	EE+1	\$1,372	\$88.91	\$13.73	\$5.20	\$1,479.84	\$579.00	\$900.84
	EE + Family	\$1,845	\$127.81	\$21.14	\$5.20	\$1,999.15	\$782.00	\$1,217.15
PPO-9B	EE	\$788	\$49.09	\$7.39	\$5.20	\$849.68	\$289.50	\$560.18
	EE+1	\$1,576	\$88.91	\$13.73	\$5.20	\$1,683.84	\$579.00	\$1,104.84
	EE + Family	\$2,121	\$127.81	\$21.14	\$5.20	\$2,275.15	\$782.00	\$1,493.15
PPO-8B	EE	\$880	\$49.09	\$7.39	\$5.20	\$941.68	\$289.50	\$652.18
	EE+1	\$1,760	\$88.91	\$13.73	\$5.20	\$1,867.84	\$579.00	\$1,288.84
	EE + Family	\$2,368	\$127.81	\$21.14	\$5.20	\$2,522.15	\$782.00	\$1,740.15
WELL-1C	EE	\$979	\$49.09	\$7.39	\$5.20	\$1,040.68	\$289.50	\$751.18
	EE+1	\$1,958	\$88.91	\$13.73	\$5.20	\$2,065.84	\$579.00	\$1,486.84
	EE + Family	\$2,633	\$127.81	\$21.14	\$5.20	\$2,787.15	\$782.00	\$2,005.15
PPO-4A	EE	\$1,056	\$49.09	\$7.39	\$5.20	\$1,117.68	\$289.50	\$828.18
	EE+1	\$2,113	\$88.91	\$13.73	\$5.20	\$2,220.84	\$579.00	\$1,641.84
	EE + Family	\$2,842	\$127.81	\$21.14	\$5.20	\$2,996.15	\$782.00	\$2,214.15

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