



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

| Plan    | Type        | MONTHLY RATES |          |         |         | MONTHLY COST       |                       |                       |
|---------|-------------|---------------|----------|---------|---------|--------------------|-----------------------|-----------------------|
|         |             | Medical       | Dental*  | Vision  | Life    | Benefit Total Cost | ER Contribution (CAP) | EE Total Contribution |
| Bronze  | EE          | \$513         | \$53.37  | \$8.14  | \$18.75 | \$593.26           | \$544.00              | \$49.26               |
|         | EE+1        | \$1,026       | \$96.67  | \$15.12 | \$18.75 | \$1,156.54         | \$1,082.00            | \$74.54               |
|         | EE + Family | \$1,380       | \$138.96 | \$23.28 | \$18.75 | \$1,560.99         | \$1,480.00            | \$80.99               |
| HDHP-3  | EE          | \$529         | \$53.37  | \$8.14  | \$18.75 | \$609.26           | \$544.00              | \$65.26               |
|         | EE+1        | \$1,058       | \$96.67  | \$15.12 | \$18.75 | \$1,188.54         | \$1,082.00            | \$106.54              |
|         | EE + Family | \$1,423       | \$138.96 | \$23.28 | \$18.75 | \$1,603.99         | \$1,480.00            | \$123.99              |
| PPO-9A  | EE          | \$742         | \$53.37  | \$8.14  | \$18.75 | \$822.26           | \$544.00              | \$278.26              |
|         | EE+1        | \$1,484       | \$96.67  | \$15.12 | \$18.75 | \$1,614.54         | \$1,082.00            | \$532.54              |
|         | EE + Family | \$1,996       | \$138.96 | \$23.28 | \$18.75 | \$2,176.99         | \$1,480.00            | \$696.99              |
| PPO-8C  | EE          | \$810         | \$53.37  | \$8.14  | \$18.75 | \$890.26           | \$544.00              | \$346.26              |
|         | EE+1        | \$1,620       | \$96.67  | \$15.12 | \$18.75 | \$1,750.54         | \$1,082.00            | \$668.54              |
|         | EE + Family | \$2,179       | \$138.96 | \$23.28 | \$18.75 | \$2,359.99         | \$1,480.00            | \$879.99              |
| PPO-6A  | EE          | \$912         | \$53.37  | \$8.14  | \$18.75 | \$992.26           | \$544.00              | \$448.26              |
|         | EE+1        | \$1,824       | \$96.67  | \$15.12 | \$18.75 | \$1,954.54         | \$1,082.00            | \$872.54              |
|         | EE + Family | \$2,454       | \$138.96 | \$23.28 | \$18.75 | \$2,634.99         | \$1,480.00            | \$1,154.99            |
| WELL-1C | EE          | \$915         | \$53.37  | \$8.14  | \$18.75 | \$995.26           | \$544.00              | \$451.26              |
|         | EE+1        | \$1,830       | \$96.67  | \$15.12 | \$18.75 | \$1,960.54         | \$1,082.00            | \$878.54              |
|         | EE + Family | \$2,461       | \$138.96 | \$23.28 | \$18.75 | \$2,641.99         | \$1,480.00            | \$1,161.99            |
| PPO-4A  | EE          | \$987         | \$53.37  | \$8.14  | \$18.75 | \$1,067.26         | \$544.00              | \$523.26              |
|         | EE+1        | \$1,974       | \$96.67  | \$15.12 | \$18.75 | \$2,104.54         | \$1,082.00            | \$1,022.54            |
|         | EE + Family | \$2,655       | \$138.96 | \$23.28 | \$18.75 | \$2,835.99         | \$1,480.00            | \$1,355.99            |

TCDE definition of full time employment for CVT eligibility: 8 hours per day, 260 days per year. Please contact Payroll @ 530-528-7353 or pgarcia@tehamaschools.org if you have questions regarding actual costs.

*\*ER Contribution is based on full-time employment.*

*\*\*Dental - max \$2,000; Prosthodontics 70/30; Nitros Oxide*



**TEHAMA COUNTY DEPARTMENT OF EDUCATION  
2023-24 BENEFIT RATE SHEET - UNREPRESENTED  
7 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         | \$53.37  | \$8.14  | \$18.75 | \$593.26           | \$476.00                | \$117.26              |
|         | EE+1        | \$1,026       | \$96.67  | \$15.12 | \$18.75 | \$1,156.54         | \$946.75                | \$209.79              |
|         | EE + Family | \$1,380       | \$138.96 | \$23.28 | \$18.75 | \$1,560.99         | \$1,295.00              | \$265.99              |
| HDHP-3  | EE          | \$529         | \$53.37  | \$8.14  | \$18.75 | \$609.26           | \$476.00                | \$133.26              |
|         | EE+1        | \$1,058       | \$96.67  | \$15.12 | \$18.75 | \$1,188.54         | \$946.75                | \$241.79              |
|         | EE + Family | \$1,423       | \$138.96 | \$23.28 | \$18.75 | \$1,603.99         | \$1,295.00              | \$308.99              |
| PPO-9A  | EE          | \$742         | \$53.37  | \$8.14  | \$18.75 | \$822.26           | \$476.00                | \$346.26              |
|         | EE+1        | \$1,484       | \$96.67  | \$15.12 | \$18.75 | \$1,614.54         | \$946.75                | \$667.79              |
|         | EE + Family | \$1,996       | \$138.96 | \$23.28 | \$18.75 | \$2,176.99         | \$1,295.00              | \$881.99              |
| PPO-8C  | EE          | \$810         | \$53.37  | \$8.14  | \$18.75 | \$890.26           | \$476.00                | \$414.26              |
|         | EE+1        | \$1,620       | \$96.67  | \$15.12 | \$18.75 | \$1,750.54         | \$946.75                | \$803.79              |
|         | EE + Family | \$2,179       | \$138.96 | \$23.28 | \$18.75 | \$2,359.99         | \$1,295.00              | \$1,064.99            |
| PPO-6A  | EE          | \$912         | \$53.37  | \$8.14  | \$18.75 | \$992.26           | \$476.00                | \$516.26              |
|         | EE+1        | \$1,824       | \$96.67  | \$15.12 | \$18.75 | \$1,954.54         | \$946.75                | \$1,007.79            |
|         | EE + Family | \$2,454       | \$138.96 | \$23.28 | \$18.75 | \$2,634.99         | \$1,295.00              | \$1,339.99            |
| WELL-1C | EE          | \$915         | \$53.37  | \$8.14  | \$18.75 | \$995.26           | \$476.00                | \$519.26              |
|         | EE+1        | \$1,830       | \$96.67  | \$15.12 | \$18.75 | \$1,960.54         | \$946.75                | \$1,013.79            |
|         | EE + Family | \$2,461       | \$138.96 | \$23.28 | \$18.75 | \$2,641.99         | \$1,295.00              | \$1,346.99            |
| PPO-4A  | EE          | \$987         | \$53.37  | \$8.14  | \$18.75 | \$1,067.26         | \$476.00                | \$591.26              |
|         | EE+1        | \$1,974       | \$96.67  | \$15.12 | \$18.75 | \$2,104.54         | \$946.75                | \$1,157.79            |
|         | EE + Family | \$2,655       | \$138.96 | \$23.28 | \$18.75 | \$2,835.99         | \$1,295.00              | \$1,540.99            |

TCDE definition of full time employment for CVT eligibility: 8 hours per day, 260 days per year. Please contact Payroll @ 530-528-7353 or pgarcia@tehamaschools.org if you have questions regarding actual costs.

\*ER Contribution is based on full-time employment.

\*\*Dental - max \$2,000; Prosthodontics 70/30; Nitros Oxide



## TEHAMA COUNTY DEPARTMENT OF EDUCATION 2023-24 BENEFIT RATE SHEET - UNREPRESENTED *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         | \$53.37  | \$8.14  | \$18.75 | \$593.26           | \$408.00                | \$185.26              |
|         | EE+1        | \$1,026       | \$96.67  | \$15.12 | \$18.75 | \$1,156.54         | \$811.50                | \$345.04              |
|         | EE + Family | \$1,380       | \$138.96 | \$23.28 | \$18.75 | \$1,560.99         | \$1,110.00              | \$450.99              |
| HDHP-3  | EE          | \$529         | \$53.37  | \$8.14  | \$18.75 | \$609.26           | \$408.00                | \$201.26              |
|         | EE+1        | \$1,058       | \$96.67  | \$15.12 | \$18.75 | \$1,188.54         | \$811.50                | \$377.04              |
|         | EE + Family | \$1,423       | \$138.96 | \$23.28 | \$18.75 | \$1,603.99         | \$1,110.00              | \$493.99              |
| PPO-9A  | EE          | \$742         | \$53.37  | \$8.14  | \$18.75 | \$822.26           | \$408.00                | \$414.26              |
|         | EE+1        | \$1,484       | \$96.67  | \$15.12 | \$18.75 | \$1,614.54         | \$811.50                | \$803.04              |
|         | EE + Family | \$1,996       | \$138.96 | \$23.28 | \$18.75 | \$2,176.99         | \$1,110.00              | \$1,066.99            |
| PPO-8C  | EE          | \$810         | \$53.37  | \$8.14  | \$18.75 | \$890.26           | \$408.00                | \$482.26              |
|         | EE+1        | \$1,620       | \$96.67  | \$15.12 | \$18.75 | \$1,750.54         | \$811.50                | \$939.04              |
|         | EE + Family | \$2,179       | \$138.96 | \$23.28 | \$18.75 | \$2,359.99         | \$1,110.00              | \$1,249.99            |
| PPO-6A  | EE          | \$912         | \$53.37  | \$8.14  | \$18.75 | \$992.26           | \$408.00                | \$584.26              |
|         | EE+1        | \$1,824       | \$96.67  | \$15.12 | \$18.75 | \$1,954.54         | \$811.50                | \$1,143.04            |
|         | EE + Family | \$2,454       | \$138.96 | \$23.28 | \$18.75 | \$2,634.99         | \$1,110.00              | \$1,524.99            |
| WELL-1C | EE          | \$915         | \$53.37  | \$8.14  | \$18.75 | \$995.26           | \$408.00                | \$587.26              |
|         | EE+1        | \$1,830       | \$96.67  | \$15.12 | \$18.75 | \$1,960.54         | \$811.50                | \$1,149.04            |
|         | EE + Family | \$2,461       | \$138.96 | \$23.28 | \$18.75 | \$2,641.99         | \$1,110.00              | \$1,531.99            |
| PPO-4A  | EE          | \$987         | \$53.37  | \$8.14  | \$18.75 | \$1,067.26         | \$408.00                | \$659.26              |
|         | EE+1        | \$1,974       | \$96.67  | \$15.12 | \$18.75 | \$2,104.54         | \$811.50                | \$1,293.04            |
|         | EE + Family | \$2,655       | \$138.96 | \$23.28 | \$18.75 | \$2,835.99         | \$1,110.00              | \$1,725.99            |

TCDE definition of full time employment for CVT eligibility: 8 hours per day, 260 days per year. Please contact Payroll @ 530-528-7353 or pgarcia@tehamaschools.org if you have questions regarding actual costs.

\*ER Contribution is based on full-time employment.

\*\*Dental - max \$2,000; Prosthodontics 70/30; Nitros Oxide



**TEHAMA COUNTY DEPARTMENT OF EDUCATION**  
**2023-24 BENEFIT RATE SHEET - UNREPRESENTED**  
*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         | \$53.37  | \$8.14  | N/A  | \$574.51           | \$340.00                | \$234.51              |
|         | EE+1        | \$1,026       | \$96.67  | \$15.12 | N/A  | \$1,137.79         | \$676.25                | \$461.54              |
|         | EE + Family | \$1,380       | \$138.96 | \$23.28 | N/A  | \$1,542.24         | \$925.00                | \$617.24              |
| HDHP-3  | EE          | \$529         | \$53.37  | \$8.14  | N/A  | \$590.51           | \$340.00                | \$250.51              |
|         | EE+1        | \$1,058       | \$96.67  | \$15.12 | N/A  | \$1,169.79         | \$676.25                | \$493.54              |
|         | EE + Family | \$1,423       | \$138.96 | \$23.28 | N/A  | \$1,585.24         | \$925.00                | \$660.24              |
| PPO-9A  | EE          | \$742         | \$53.37  | \$8.14  | N/A  | \$803.51           | \$340.00                | \$463.51              |
|         | EE+1        | \$1,484       | \$96.67  | \$15.12 | N/A  | \$1,595.79         | \$676.25                | \$919.54              |
|         | EE + Family | \$1,996       | \$138.96 | \$23.28 | N/A  | \$2,158.24         | \$925.00                | \$1,233.24            |
| PPO-8C  | EE          | \$810         | \$53.37  | \$8.14  | N/A  | \$871.51           | \$340.00                | \$531.51              |
|         | EE+1        | \$1,620       | \$96.67  | \$15.12 | N/A  | \$1,731.79         | \$676.25                | \$1,055.54            |
|         | EE + Family | \$2,179       | \$138.96 | \$23.28 | N/A  | \$2,341.24         | \$925.00                | \$1,416.24            |
| PPO-6A  | EE          | \$912         | \$53.37  | \$8.14  | N/A  | \$973.51           | \$340.00                | \$633.51              |
|         | EE+1        | \$1,824       | \$96.67  | \$15.12 | N/A  | \$1,935.79         | \$676.25                | \$1,259.54            |
|         | EE + Family | \$2,454       | \$138.96 | \$23.28 | N/A  | \$2,616.24         | \$925.00                | \$1,691.24            |
| WELL-1C | EE          | \$915         | \$53.37  | \$8.14  | N/A  | \$976.51           | \$340.00                | \$636.51              |
|         | EE+1        | \$1,830       | \$96.67  | \$15.12 | N/A  | \$1,941.79         | \$676.25                | \$1,265.54            |
|         | EE + Family | \$2,461       | \$138.96 | \$23.28 | N/A  | \$2,623.24         | \$925.00                | \$1,698.24            |
| PPO-4A  | EE          | \$987         | \$53.37  | \$8.14  | N/A  | \$1,048.51         | \$340.00                | \$708.51              |
|         | EE+1        | \$1,974       | \$96.67  | \$15.12 | N/A  | \$2,085.79         | \$676.25                | \$1,409.54            |
|         | EE + Family | \$2,655       | \$138.96 | \$23.28 | N/A  | \$2,817.24         | \$925.00                | \$1,892.24            |

TCDE definition of full time employment for CVT eligibility: 8 hours per day, 260 days per year. Please contact Payroll @ 530-528-7353 or pgarcia@tehamaschools.org if you have questions regarding actual costs.

\*ER Contribution is based on full-time employment.

\*\*Dental - max \$2,000; Prosthodontics 70/30; Nitros Oxide



## TEHAMA COUNTY DEPARTMENT OF EDUCATION 2023-24 BENEFIT RATE SHEET - UNREPRESENTED *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         | \$53.37  | \$8.14  | N/A  | \$574.51           | \$272.00                | \$302.51              |
|         | EE+1        | \$1,026       | \$96.67  | \$15.12 | N/A  | \$1,137.79         | \$541.00                | \$596.79              |
|         | EE + Family | \$1,380       | \$138.96 | \$23.28 | N/A  | \$1,542.24         | \$740.00                | \$802.24              |
| HDHP-3  | EE          | \$529         | \$53.37  | \$8.14  | N/A  | \$590.51           | \$272.00                | \$318.51              |
|         | EE+1        | \$1,058       | \$96.67  | \$15.12 | N/A  | \$1,169.79         | \$541.00                | \$628.79              |
|         | EE + Family | \$1,423       | \$138.96 | \$23.28 | N/A  | \$1,585.24         | \$740.00                | \$845.24              |
| PPO-9A  | EE          | \$742         | \$53.37  | \$8.14  | N/A  | \$803.51           | \$272.00                | \$531.51              |
|         | EE+1        | \$1,484       | \$96.67  | \$15.12 | N/A  | \$1,595.79         | \$541.00                | \$1,054.79            |
|         | EE + Family | \$1,996       | \$138.96 | \$23.28 | N/A  | \$2,158.24         | \$740.00                | \$1,418.24            |
| PPO-8C  | EE          | \$810         | \$53.37  | \$8.14  | N/A  | \$871.51           | \$272.00                | \$599.51              |
|         | EE+1        | \$1,620       | \$96.67  | \$15.12 | N/A  | \$1,731.79         | \$541.00                | \$1,190.79            |
|         | EE + Family | \$2,179       | \$138.96 | \$23.28 | N/A  | \$2,341.24         | \$740.00                | \$1,601.24            |
| PPO-6A  | EE          | \$912         | \$53.37  | \$8.14  | N/A  | \$973.51           | \$272.00                | \$701.51              |
|         | EE+1        | \$1,824       | \$96.67  | \$15.12 | N/A  | \$1,935.79         | \$541.00                | \$1,394.79            |
|         | EE + Family | \$2,454       | \$138.96 | \$23.28 | N/A  | \$2,616.24         | \$740.00                | \$1,876.24            |
| WELL-1C | EE          | \$915         | \$53.37  | \$8.14  | N/A  | \$976.51           | \$272.00                | \$704.51              |
|         | EE+1        | \$1,830       | \$96.67  | \$15.12 | N/A  | \$1,941.79         | \$541.00                | \$1,400.79            |
|         | EE + Family | \$2,461       | \$138.96 | \$23.28 | N/A  | \$2,623.24         | \$740.00                | \$1,883.24            |
| PPO-4A  | EE          | \$987         | \$53.37  | \$8.14  | N/A  | \$1,048.51         | \$272.00                | \$776.51              |
|         | EE+1        | \$1,974       | \$96.67  | \$15.12 | N/A  | \$2,085.79         | \$541.00                | \$1,544.79            |
|         | EE + Family | \$2,655       | \$138.96 | \$23.28 | N/A  | \$2,817.24         | \$740.00                | \$2,077.24            |

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\*\*Dental - max \$2,000; Prosthodontics 70/30; Nitros Oxide