



TEHAMA COUNTY DEPARTMENT OF EDUCATION 2024-25 BENEFIT RATE SHEET - UNREPRESENTED *Full time (8 hour) Employee*

| Plan | Type | MONTHLY RATES | | | | MONTHLY COST | | |
|---------|-------------|---------------|----------|---------|---------|--------------------|----------------------|---------------|
| | | Medical | Dental** | Vision | Life | Benefit Total Cost | Employer Pays (CAP)* | Employee Pays |
| Bronze | EE | \$540 | \$53.37 | \$8.14 | \$18.75 | \$620.26 | \$579.00 | \$41.26 |
| | EE+1 | \$1,081 | \$96.67 | \$15.12 | \$18.75 | \$1,211.54 | \$1,158.00 | \$53.54 |
| | EE + Family | \$1,454 | \$138.96 | \$23.28 | \$18.75 | \$1,634.99 | \$1,564.00 | \$70.99 |
| HDHP-3 | EE | \$498 | \$53.37 | \$8.14 | \$18.75 | \$578.26 | \$579.00 | \$0.00 |
| | EE+1 | \$996 | \$96.67 | \$15.12 | \$18.75 | \$1,126.54 | \$1,158.00 | \$0.00 |
| | EE + Family | \$1,341 | \$138.96 | \$23.28 | \$18.75 | \$1,521.99 | \$1,564.00 | \$0.00 |
| PPO-9A | EE | \$794 | \$53.37 | \$8.14 | \$18.75 | \$874.26 | \$579.00 | \$295.26 |
| | EE+1 | \$1,589 | \$96.67 | \$15.12 | \$18.75 | \$1,719.54 | \$1,158.00 | \$561.54 |
| | EE + Family | \$2,138 | \$138.96 | \$23.28 | \$18.75 | \$2,318.99 | \$1,564.00 | \$754.99 |
| PPO-8C | EE | \$866 | \$53.37 | \$8.14 | \$18.75 | \$946.26 | \$579.00 | \$367.26 |
| | EE+1 | \$1,733 | \$96.67 | \$15.12 | \$18.75 | \$1,863.54 | \$1,158.00 | \$705.54 |
| | EE + Family | \$2,331 | \$138.96 | \$23.28 | \$18.75 | \$2,511.99 | \$1,564.00 | \$947.99 |
| PPO-6A | EE | \$975 | \$53.37 | \$8.14 | \$18.75 | \$1,055.26 | \$579.00 | \$476.26 |
| | EE+1 | \$1,951 | \$96.67 | \$15.12 | \$18.75 | \$2,081.54 | \$1,158.00 | \$923.54 |
| | EE + Family | \$2,624 | \$138.96 | \$23.28 | \$18.75 | \$2,804.99 | \$1,564.00 | \$1,240.99 |
| WELL-1C | EE | \$979 | \$53.37 | \$8.14 | \$18.75 | \$1,059.26 | \$579.00 | \$480.26 |
| | EE+1 | \$1,958 | \$96.67 | \$15.12 | \$18.75 | \$2,088.54 | \$1,158.00 | \$930.54 |
| | EE + Family | \$2,633 | \$138.96 | \$23.28 | \$18.75 | \$2,813.99 | \$1,564.00 | \$1,249.99 |
| PPO-4A | EE | \$1,056 | \$53.37 | \$8.14 | \$18.75 | \$1,136.26 | \$579.00 | \$557.26 |
| | EE+1 | \$2,113 | \$96.67 | \$15.12 | \$18.75 | \$2,243.54 | \$1,158.00 | \$1,085.54 |
| | EE + Family | \$2,842 | \$138.96 | \$23.28 | \$18.75 | \$3,022.99 | \$1,564.00 | \$1,458.99 |

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.

**Employer CAP is based on full-time employment and 12 monthly installments*

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



TEHAMA COUNTY DEPARTMENT OF EDUCATION 2024-25 BENEFIT RATE SHEET - UNREPRESENTED *7 hour per day Employee*

| Plan | Type | MONTHLY RATES | | | | MONTHLY COST | | |
|---------|-------------|---------------|----------|---------|---------|--------------------|----------------------|---------------|
| | | Medical | Dental** | Vision | Life | Benefit Total Cost | Employer Pays (CAP)* | Employee Pays |
| Bronze | EE | \$540 | \$53.37 | \$8.14 | \$18.75 | \$620.26 | \$506.63 | \$113.64 |
| | EE+1 | \$1,081 | \$96.67 | \$15.12 | \$18.75 | \$1,211.54 | \$1,013.25 | \$198.29 |
| | EE + Family | \$1,454 | \$138.96 | \$23.28 | \$18.75 | \$1,634.99 | \$1,368.50 | \$266.49 |
| HDHP-3 | EE | \$498 | \$53.37 | \$8.14 | \$18.75 | \$578.26 | \$506.63 | \$71.64 |
| | EE+1 | \$996 | \$96.67 | \$15.12 | \$18.75 | \$1,126.54 | \$1,013.25 | \$113.29 |
| | EE + Family | \$1,341 | \$138.96 | \$23.28 | \$18.75 | \$1,521.99 | \$1,368.50 | \$153.49 |
| PPO-9A | EE | \$794 | \$53.37 | \$8.14 | \$18.75 | \$874.26 | \$506.63 | \$367.64 |
| | EE+1 | \$1,589 | \$96.67 | \$15.12 | \$18.75 | \$1,719.54 | \$1,013.25 | \$706.29 |
| | EE + Family | \$2,138 | \$138.96 | \$23.28 | \$18.75 | \$2,318.99 | \$1,368.50 | \$950.49 |
| PPO-8C | EE | \$866 | \$53.37 | \$8.14 | \$18.75 | \$946.26 | \$506.63 | \$439.64 |
| | EE+1 | \$1,733 | \$96.67 | \$15.12 | \$18.75 | \$1,863.54 | \$1,013.25 | \$850.29 |
| | EE + Family | \$2,331 | \$138.96 | \$23.28 | \$18.75 | \$2,511.99 | \$1,368.50 | \$1,143.49 |
| PPO-6A | EE | \$975 | \$53.37 | \$8.14 | \$18.75 | \$1,055.26 | \$506.63 | \$548.64 |
| | EE+1 | \$1,951 | \$96.67 | \$15.12 | \$18.75 | \$2,081.54 | \$1,013.25 | \$1,068.29 |
| | EE + Family | \$2,624 | \$138.96 | \$23.28 | \$18.75 | \$2,804.99 | \$1,368.50 | \$1,436.49 |
| WELL-1C | EE | \$979 | \$53.37 | \$8.14 | \$18.75 | \$1,059.26 | \$506.63 | \$552.64 |
| | EE+1 | \$1,958 | \$96.67 | \$15.12 | \$18.75 | \$2,088.54 | \$1,013.25 | \$1,075.29 |
| | EE + Family | \$2,633 | \$138.96 | \$23.28 | \$18.75 | \$2,813.99 | \$1,368.50 | \$1,445.49 |
| PPO-4A | EE | \$1,056 | \$53.37 | \$8.14 | \$18.75 | \$1,136.26 | \$506.63 | \$629.64 |
| | EE+1 | \$2,113 | \$96.67 | \$15.12 | \$18.75 | \$2,243.54 | \$1,013.25 | \$1,230.29 |
| | EE + Family | \$2,842 | \$138.96 | \$23.28 | \$18.75 | \$3,022.99 | \$1,368.50 | \$1,654.49 |

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.

*Employer CAP is based on full-time employment and 12 monthly installments

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



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

| Plan | Type | MONTHLY RATES | | | | MONTHLY COST | | |
|---------|-------------|---------------|----------|---------|---------|--------------------|----------------------|---------------|
| | | Medical | Dental** | Vision | Life | Benefit Total Cost | Employer Pays (CAP)* | Employee Pays |
| Bronze | EE | \$540 | \$53.37 | \$8.14 | \$18.75 | \$620.26 | \$434.25 | \$186.01 |
| | EE+1 | \$1,081 | \$96.67 | \$15.12 | \$18.75 | \$1,211.54 | \$868.50 | \$343.04 |
| | EE + Family | \$1,454 | \$138.96 | \$23.28 | \$18.75 | \$1,634.99 | \$1,173.00 | \$461.99 |
| HDHP-3 | EE | \$498 | \$53.37 | \$8.14 | \$18.75 | \$578.26 | \$434.25 | \$144.01 |
| | EE+1 | \$996 | \$96.67 | \$15.12 | \$18.75 | \$1,126.54 | \$868.50 | \$258.04 |
| | EE + Family | \$1,341 | \$138.96 | \$23.28 | \$18.75 | \$1,521.99 | \$1,173.00 | \$348.99 |
| PPO-9A | EE | \$794 | \$53.37 | \$8.14 | \$18.75 | \$874.26 | \$434.25 | \$440.01 |
| | EE+1 | \$1,589 | \$96.67 | \$15.12 | \$18.75 | \$1,719.54 | \$868.50 | \$851.04 |
| | EE + Family | \$2,138 | \$138.96 | \$23.28 | \$18.75 | \$2,318.99 | \$1,173.00 | \$1,145.99 |
| PPO-8C | EE | \$866 | \$53.37 | \$8.14 | \$18.75 | \$946.26 | \$434.25 | \$512.01 |
| | EE+1 | \$1,733 | \$96.67 | \$15.12 | \$18.75 | \$1,863.54 | \$868.50 | \$995.04 |
| | EE + Family | \$2,331 | \$138.96 | \$23.28 | \$18.75 | \$2,511.99 | \$1,173.00 | \$1,338.99 |
| PPO-6A | EE | \$975 | \$53.37 | \$8.14 | \$18.75 | \$1,055.26 | \$434.25 | \$621.01 |
| | EE+1 | \$1,951 | \$96.67 | \$15.12 | \$18.75 | \$2,081.54 | \$868.50 | \$1,213.04 |
| | EE + Family | \$2,624 | \$138.96 | \$23.28 | \$18.75 | \$2,804.99 | \$1,173.00 | \$1,631.99 |
| WELL-1C | EE | \$979 | \$53.37 | \$8.14 | \$18.75 | \$1,059.26 | \$434.25 | \$625.01 |
| | EE+1 | \$1,958 | \$96.67 | \$15.12 | \$18.75 | \$2,088.54 | \$868.50 | \$1,220.04 |
| | EE + Family | \$2,633 | \$138.96 | \$23.28 | \$18.75 | \$2,813.99 | \$1,173.00 | \$1,640.99 |
| PPO-4A | EE | \$1,056 | \$53.37 | \$8.14 | \$18.75 | \$1,136.26 | \$434.25 | \$702.01 |
| | EE+1 | \$2,113 | \$96.67 | \$15.12 | \$18.75 | \$2,243.54 | \$868.50 | \$1,375.04 |
| | EE + Family | \$2,842 | \$138.96 | \$23.28 | \$18.75 | \$3,022.99 | \$1,173.00 | \$1,849.99 |

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.

*Employer CAP is based on full-time employment and 12 monthly installments

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



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

| Plan | Type | MONTHLY RATES | | | | MONTHLY COST | | |
|---------|-------------|---------------|----------|---------|------|--------------------|----------------------|---------------|
| | | Medical | Dental** | Vision | Life | Benefit Total Cost | Employer Pays (CAP)* | Employee Pays |
| Bronze | EE | \$540 | \$53.37 | \$8.14 | N/A | \$601.51 | \$361.88 | \$239.64 |
| | EE+1 | \$1,081 | \$96.67 | \$15.12 | N/A | \$1,192.79 | \$723.75 | \$469.04 |
| | EE + Family | \$1,454 | \$138.96 | \$23.28 | N/A | \$1,616.24 | \$977.50 | \$638.74 |
| HDHP-3 | EE | \$498 | \$53.37 | \$8.14 | N/A | \$559.51 | \$361.88 | \$197.64 |
| | EE+1 | \$996 | \$96.67 | \$15.12 | N/A | \$1,107.79 | \$723.75 | \$384.04 |
| | EE + Family | \$1,341 | \$138.96 | \$23.28 | N/A | \$1,503.24 | \$977.50 | \$525.74 |
| PPO-9A | EE | \$794 | \$53.37 | \$8.14 | N/A | \$855.51 | \$361.88 | \$493.64 |
| | EE+1 | \$1,589 | \$96.67 | \$15.12 | N/A | \$1,700.79 | \$723.75 | \$977.04 |
| | EE + Family | \$2,138 | \$138.96 | \$23.28 | N/A | \$2,300.24 | \$977.50 | \$1,322.74 |
| PPO-8C | EE | \$866 | \$53.37 | \$8.14 | N/A | \$927.51 | \$361.88 | \$565.64 |
| | EE+1 | \$1,733 | \$96.67 | \$15.12 | N/A | \$1,844.79 | \$723.75 | \$1,121.04 |
| | EE + Family | \$2,331 | \$138.96 | \$23.28 | N/A | \$2,493.24 | \$977.50 | \$1,515.74 |
| PPO-6A | EE | \$975 | \$53.37 | \$8.14 | N/A | \$1,036.51 | \$361.88 | \$674.64 |
| | EE+1 | \$1,951 | \$96.67 | \$15.12 | N/A | \$2,062.79 | \$723.75 | \$1,339.04 |
| | EE + Family | \$2,624 | \$138.96 | \$23.28 | N/A | \$2,786.24 | \$977.50 | \$1,808.74 |
| WELL-1C | EE | \$979 | \$53.37 | \$8.14 | N/A | \$1,040.51 | \$361.88 | \$678.64 |
| | EE+1 | \$1,958 | \$96.67 | \$15.12 | N/A | \$2,069.79 | \$723.75 | \$1,346.04 |
| | EE + Family | \$2,633 | \$138.96 | \$23.28 | N/A | \$2,795.24 | \$977.50 | \$1,817.74 |
| PPO-4A | EE | \$1,056 | \$53.37 | \$8.14 | N/A | \$1,117.51 | \$361.88 | \$755.64 |
| | EE+1 | \$2,113 | \$96.67 | \$15.12 | N/A | \$2,224.79 | \$723.75 | \$1,501.04 |
| | EE + Family | \$2,842 | \$138.96 | \$23.28 | N/A | \$3,004.24 | \$977.50 | \$2,026.74 |

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.

*Employer CAP is based on full-time employment and 12 monthly installments

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



TEHAMA COUNTY DEPARTMENT OF EDUCATION 2024-25 BENEFIT RATE SHEET - UNREPRESENTED *4 hour per day Employee*

| Plan | Type | MONTHLY RATES | | | | MONTHLY COST | | |
|---------|-------------|---------------|----------|---------|------|--------------------|----------------------|---------------|
| | | Medical | Dental** | Vision | Life | Benefit Total Cost | Employer Pays (CAP)* | Employee Pays |
| Bronze | EE | \$540 | \$53.37 | \$8.14 | N/A | \$601.51 | \$289.50 | \$312.01 |
| | EE+1 | \$1,081 | \$96.67 | \$15.12 | N/A | \$1,192.79 | \$579.00 | \$613.79 |
| | EE + Family | \$1,454 | \$138.96 | \$23.28 | N/A | \$1,616.24 | \$782.00 | \$834.24 |
| HDHP-3 | EE | \$498 | \$53.37 | \$8.14 | N/A | \$559.51 | \$289.50 | \$270.01 |
| | EE+1 | \$996 | \$96.67 | \$15.12 | N/A | \$1,107.79 | \$579.00 | \$528.79 |
| | EE + Family | \$1,341 | \$138.96 | \$23.28 | N/A | \$1,503.24 | \$782.00 | \$721.24 |
| PPO-9A | EE | \$794 | \$53.37 | \$8.14 | N/A | \$855.51 | \$289.50 | \$566.01 |
| | EE+1 | \$1,589 | \$96.67 | \$15.12 | N/A | \$1,700.79 | \$579.00 | \$1,121.79 |
| | EE + Family | \$2,138 | \$138.96 | \$23.28 | N/A | \$2,300.24 | \$782.00 | \$1,518.24 |
| PPO-8C | EE | \$866 | \$53.37 | \$8.14 | N/A | \$927.51 | \$289.50 | \$638.01 |
| | EE+1 | \$1,733 | \$96.67 | \$15.12 | N/A | \$1,844.79 | \$579.00 | \$1,265.79 |
| | EE + Family | \$2,331 | \$138.96 | \$23.28 | N/A | \$2,493.24 | \$782.00 | \$1,711.24 |
| PPO-6A | EE | \$975 | \$53.37 | \$8.14 | N/A | \$1,036.51 | \$289.50 | \$747.01 |
| | EE+1 | \$1,951 | \$96.67 | \$15.12 | N/A | \$2,062.79 | \$579.00 | \$1,483.79 |
| | EE + Family | \$2,624 | \$138.96 | \$23.28 | N/A | \$2,786.24 | \$782.00 | \$2,004.24 |
| WELL-1C | EE | \$979 | \$53.37 | \$8.14 | N/A | \$1,040.51 | \$289.50 | \$751.01 |
| | EE+1 | \$1,958 | \$96.67 | \$15.12 | N/A | \$2,069.79 | \$579.00 | \$1,490.79 |
| | EE + Family | \$2,633 | \$138.96 | \$23.28 | N/A | \$2,795.24 | \$782.00 | \$2,013.24 |
| PPO-4A | EE | \$1,056 | \$53.37 | \$8.14 | N/A | \$1,117.51 | \$289.50 | \$828.01 |
| | EE+1 | \$2,113 | \$96.67 | \$15.12 | N/A | \$2,224.79 | \$579.00 | \$1,645.79 |
| | EE + Family | \$2,842 | \$138.96 | \$23.28 | N/A | \$3,004.24 | \$782.00 | \$2,222.24 |

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.

*Employer CAP is based on full-time employment and 12 monthly installments

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