



## TEHAMA COUNTY DEPARTMENT OF EDUCATION 2022-2023 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	\$495	\$49.09	\$7.39	\$5.30	\$556.78	\$544.00	\$12.78
	EE+1	\$990	\$88.91	\$13.73	\$5.30	\$1,097.94	\$1,082.00	\$15.94
	EE + Family	\$1,332	\$127.81	\$21.14	\$5.30	\$1,486.25	\$1,480.00	\$6.25
HDHP-3	EE	\$511	\$49.09	\$7.39	\$5.30	\$572.78	\$544.00	\$28.78
	EE+1	\$1,022	\$88.91	\$13.73	\$5.30	\$1,129.94	\$1,082.00	\$47.94
	EE + Family	\$1,375	\$127.81	\$21.14	\$5.30	\$1,529.25	\$1,480.00	\$49.25
PPO-10B	EE	\$619	\$49.09	\$7.39	\$5.30	\$680.78	\$544.00	\$136.78
	EE+1	\$1,238	\$88.91	\$13.73	\$5.30	\$1,345.94	\$1,082.00	\$263.94
	EE + Family	\$1,665	\$127.81	\$21.14	\$5.30	\$1,819.25	\$1,480.00	\$339.25
PPO-9B	EE	\$712	\$49.09	\$7.39	\$5.30	\$773.78	\$544.00	\$229.78
	EE+1	\$1,424	\$88.91	\$13.73	\$5.30	\$1,531.94	\$1,082.00	\$449.94
	EE + Family	\$1,915	\$127.81	\$21.14	\$5.30	\$2,069.25	\$1,480.00	\$589.25
PPO-8B	EE	\$795	\$49.09	\$7.39	\$5.30	\$856.78	\$544.00	\$312.78
	EE+1	\$1,590	\$88.91	\$13.73	\$5.30	\$1,697.94	\$1,082.00	\$615.94
	EE + Family	\$2,139	\$127.81	\$21.14	\$5.30	\$2,293.25	\$1,480.00	\$813.25
WELL-1C	EE	\$884	\$49.09	\$7.39	\$5.30	\$945.78	\$544.00	\$401.78
	EE+1	\$1,768	\$88.91	\$13.73	\$5.30	\$1,875.94	\$1,082.00	\$793.94
	EE + Family	\$2,378	\$127.81	\$21.14	\$5.30	\$2,532.25	\$1,480.00	\$1,052.25
PPO-4A	EE	\$954	\$49.09	\$7.39	\$5.30	\$1,015.78	\$544.00	\$471.78
	EE+1	\$1,908	\$88.91	\$13.73	\$5.30	\$2,015.94	\$1,082.00	\$933.94
	EE + Family	\$2,566	\$127.81	\$21.14	\$5.30	\$2,720.25	\$1,480.00	\$1,240.25

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 2022-2023 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	\$495	\$49.09	\$7.39	\$5.30	\$556.78	\$476.00	\$80.78
	EE+1	\$990	\$88.91	\$13.73	\$5.30	\$1,097.94	\$946.75	\$151.19
	EE + Family	\$1,332	\$127.81	\$21.14	\$5.30	\$1,486.25	\$1,295.00	\$191.25
HDHP-3	EE	\$511	\$49.09	\$7.39	\$5.30	\$572.78	\$476.00	\$96.78
	EE+1	\$1,022	\$88.91	\$13.73	\$5.30	\$1,129.94	\$946.75	\$183.19
	EE + Family	\$1,375	\$127.81	\$21.14	\$5.30	\$1,529.25	\$1,295.00	\$234.25
PPO-10B	EE	\$619	\$49.09	\$7.39	\$5.30	\$680.78	\$476.00	\$204.78
	EE+1	\$1,238	\$88.91	\$13.73	\$5.30	\$1,345.94	\$946.75	\$399.19
	EE + Family	\$1,665	\$127.81	\$21.14	\$5.30	\$1,819.25	\$1,295.00	\$524.25
PPO-9B	EE	\$712	\$49.09	\$7.39	\$5.30	\$773.78	\$476.00	\$297.78
	EE+1	\$1,424	\$88.91	\$13.73	\$5.30	\$1,531.94	\$946.75	\$585.19
	EE + Family	\$1,915	\$127.81	\$21.14	\$5.30	\$2,069.25	\$1,295.00	\$774.25
PPO-8B	EE	\$795	\$49.09	\$7.39	\$5.30	\$856.78	\$476.00	\$380.78
	EE+1	\$1,590	\$88.91	\$13.73	\$5.30	\$1,697.94	\$946.75	\$751.19
	EE + Family	\$2,139	\$127.81	\$21.14	\$5.30	\$2,293.25	\$1,295.00	\$998.25
WELL-1C	EE	\$884	\$49.09	\$7.39	\$5.30	\$945.78	\$476.00	\$469.78
	EE+1	\$1,768	\$88.91	\$13.73	\$5.30	\$1,875.94	\$946.75	\$929.19
	EE + Family	\$2,378	\$127.81	\$21.14	\$5.30	\$2,532.25	\$1,295.00	\$1,237.25
PPO-4A	EE	\$954	\$49.09	\$7.39	\$5.30	\$1,015.78	\$476.00	\$539.78
	EE+1	\$1,908	\$88.91	\$13.73	\$5.30	\$2,015.94	\$946.75	\$1,069.19
	EE + Family	\$2,566	\$127.81	\$21.14	\$5.30	\$2,720.25	\$1,295.00	\$1,425.25

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](mailto: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 2022-2023 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	\$495	\$49.09	\$7.39	\$5.30	\$556.78	\$408.00	\$148.78
	EE+1	\$990	\$88.91	\$13.73	\$5.30	\$1,097.94	\$811.50	\$286.44
	EE + Family	\$1,332	\$127.81	\$21.14	\$5.30	\$1,486.25	\$1,110.00	\$376.25
HDHP-3	EE	\$511	\$49.09	\$7.39	\$5.30	\$572.78	\$408.00	\$164.78
	EE+1	\$1,022	\$88.91	\$13.73	\$5.30	\$1,129.94	\$811.50	\$318.44
	EE + Family	\$1,375	\$127.81	\$21.14	\$5.30	\$1,529.25	\$1,110.00	\$419.25
PPO-10B	EE	\$619	\$49.09	\$7.39	\$5.30	\$680.78	\$408.00	\$272.78
	EE+1	\$1,238	\$88.91	\$13.73	\$5.30	\$1,345.94	\$811.50	\$534.44
	EE + Family	\$1,665	\$127.81	\$21.14	\$5.30	\$1,819.25	\$1,110.00	\$709.25
PPO-9B	EE	\$712	\$49.09	\$7.39	\$5.30	\$773.78	\$408.00	\$365.78
	EE+1	\$1,424	\$88.91	\$13.73	\$5.30	\$1,531.94	\$811.50	\$720.44
	EE + Family	\$1,915	\$127.81	\$21.14	\$5.30	\$2,069.25	\$1,110.00	\$959.25
PPO-8B	EE	\$795	\$49.09	\$7.39	\$5.30	\$856.78	\$408.00	\$448.78
	EE+1	\$1,590	\$88.91	\$13.73	\$5.30	\$1,697.94	\$811.50	\$886.44
	EE + Family	\$2,139	\$127.81	\$21.14	\$5.30	\$2,293.25	\$1,110.00	\$1,183.25
WELL-1C	EE	\$884	\$49.09	\$7.39	\$5.30	\$945.78	\$408.00	\$537.78
	EE+1	\$1,768	\$88.91	\$13.73	\$5.30	\$1,875.94	\$811.50	\$1,064.44
	EE + Family	\$2,378	\$127.81	\$21.14	\$5.30	\$2,532.25	\$1,110.00	\$1,422.25
PPO-4A	EE	\$954	\$49.09	\$7.39	\$5.30	\$1,015.78	\$408.00	\$607.78
	EE+1	\$1,908	\$88.91	\$13.73	\$5.30	\$2,015.94	\$811.50	\$1,204.44
	EE + Family	\$2,566	\$127.81	\$21.14	\$5.30	\$2,720.25	\$1,110.00	\$1,610.25

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

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



## TEHAMA COUNTY DEPARTMENT OF EDUCATION 2022-2023 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	\$495	\$49.09	\$7.39	\$5.30	\$556.78	\$340.00	\$216.78
	EE+1	\$990	\$88.91	\$13.73	\$5.30	\$1,097.94	\$676.25	\$421.69
	EE + Family	\$1,332	\$127.81	\$21.14	\$5.30	\$1,486.25	\$925.00	\$561.25
HDHP-3	EE	\$511	\$49.09	\$7.39	\$5.30	\$572.78	\$340.00	\$232.78
	EE+1	\$1,022	\$88.91	\$13.73	\$5.30	\$1,129.94	\$676.25	\$453.69
	EE + Family	\$1,375	\$127.81	\$21.14	\$5.30	\$1,529.25	\$925.00	\$604.25
PPO-10B	EE	\$619	\$49.09	\$7.39	\$5.30	\$680.78	\$340.00	\$340.78
	EE+1	\$1,238	\$88.91	\$13.73	\$5.30	\$1,345.94	\$676.25	\$669.69
	EE + Family	\$1,665	\$127.81	\$21.14	\$5.30	\$1,819.25	\$925.00	\$894.25
PPO-9B	EE	\$712	\$49.09	\$7.39	\$5.30	\$773.78	\$340.00	\$433.78
	EE+1	\$1,424	\$88.91	\$13.73	\$5.30	\$1,531.94	\$676.25	\$855.69
	EE + Family	\$1,915	\$127.81	\$21.14	\$5.30	\$2,069.25	\$925.00	\$1,144.25
PPO-8B	EE	\$795	\$49.09	\$7.39	\$5.30	\$856.78	\$340.00	\$516.78
	EE+1	\$1,590	\$88.91	\$13.73	\$5.30	\$1,697.94	\$676.25	\$1,021.69
	EE + Family	\$2,139	\$127.81	\$21.14	\$5.30	\$2,293.25	\$925.00	\$1,368.25
WELL-1C	EE	\$884	\$49.09	\$7.39	\$5.30	\$945.78	\$340.00	\$605.78
	EE+1	\$1,768	\$88.91	\$13.73	\$5.30	\$1,875.94	\$676.25	\$1,199.69
	EE + Family	\$2,378	\$127.81	\$21.14	\$5.30	\$2,532.25	\$925.00	\$1,607.25
PPO-4A	EE	\$954	\$49.09	\$7.39	\$5.30	\$1,015.78	\$340.00	\$675.78
	EE+1	\$1,908	\$88.91	\$13.73	\$5.30	\$2,015.94	\$676.25	\$1,339.69
	EE + Family	\$2,566	\$127.81	\$21.14	\$5.30	\$2,720.25	\$925.00	\$1,795.25

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



## TEHAMA COUNTY DEPARTMENT OF EDUCATION 2022-2023 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	\$495	\$49.09	\$7.39	\$5.30	\$556.78	\$272.00	\$284.78
	EE+1	\$990	\$88.91	\$13.73	\$5.30	\$1,097.94	\$541.00	\$556.94
	EE + Family	\$1,332	\$127.81	\$21.14	\$5.30	\$1,486.25	\$740.00	\$746.25
HDHP-3	EE	\$511	\$49.09	\$7.39	\$5.30	\$572.78	\$272.00	\$300.78
	EE+1	\$1,022	\$88.91	\$13.73	\$5.30	\$1,129.94	\$541.00	\$588.94
	EE + Family	\$1,375	\$127.81	\$21.14	\$5.30	\$1,529.25	\$740.00	\$789.25
PPO-10B	EE	\$619	\$49.09	\$7.39	\$5.30	\$680.78	\$272.00	\$408.78
	EE+1	\$1,238	\$88.91	\$13.73	\$5.30	\$1,345.94	\$541.00	\$804.94
	EE + Family	\$1,665	\$127.81	\$21.14	\$5.30	\$1,819.25	\$740.00	\$1,079.25
PPO-9B	EE	\$712	\$49.09	\$7.39	\$5.30	\$773.78	\$272.00	\$501.78
	EE+1	\$1,424	\$88.91	\$13.73	\$5.30	\$1,531.94	\$541.00	\$990.94
	EE + Family	\$1,915	\$127.81	\$21.14	\$5.30	\$2,069.25	\$740.00	\$1,329.25
PPO-8B	EE	\$795	\$49.09	\$7.39	\$5.30	\$856.78	\$272.00	\$584.78
	EE+1	\$1,590	\$88.91	\$13.73	\$5.30	\$1,697.94	\$541.00	\$1,156.94
	EE + Family	\$2,139	\$127.81	\$21.14	\$5.30	\$2,293.25	\$740.00	\$1,553.25
WELL-1C	EE	\$884	\$49.09	\$7.39	\$5.30	\$945.78	\$272.00	\$673.78
	EE+1	\$1,768	\$88.91	\$13.73	\$5.30	\$1,875.94	\$541.00	\$1,334.94
	EE + Family	\$2,378	\$127.81	\$21.14	\$5.30	\$2,532.25	\$740.00	\$1,792.25
PPO-4A	EE	\$954	\$49.09	\$7.39	\$5.30	\$1,015.78	\$272.00	\$743.78
	EE+1	\$1,908	\$88.91	\$13.73	\$5.30	\$2,015.94	\$541.00	\$1,474.94
	EE + Family	\$2,566	\$127.81	\$21.14	\$5.30	\$2,720.25	\$740.00	\$1,980.25

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