



**TEHAMA COUNTY DEPARTMENT OF EDUCATION
2022-2023 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	\$495	\$53.37	\$8.14	\$18.75	\$575.26	\$544.00	\$31.26
	EE+1	\$990	\$96.67	\$15.12	\$18.75	\$1,120.54	\$1,082.00	\$0.00
	EE + Family	\$1,332	\$138.96	\$23.28	\$18.75	\$1,512.99	\$1,480.00	\$0.00
HDHP-3	EE	\$511	\$53.37	\$8.14	\$18.75	\$591.26	\$544.00	\$47.26
	EE+1	\$1,022	\$96.67	\$15.12	\$18.75	\$1,152.54	\$1,082.00	\$70.54
	EE + Family	\$1,375	\$138.96	\$23.28	\$18.75	\$1,555.99	\$1,480.00	\$75.99
PPO-9A	EE	\$718	\$53.37	\$8.14	\$18.75	\$798.26	\$544.00	\$254.26
	EE+1	\$1,436	\$96.67	\$15.12	\$18.75	\$1,566.54	\$1,082.00	\$484.54
	EE + Family	\$1,931	\$138.96	\$23.28	\$18.75	\$2,111.99	\$1,480.00	\$631.99
PPO-8C	EE	\$783	\$53.37	\$8.14	\$18.75	\$863.26	\$544.00	\$319.26
	EE+1	\$1,566	\$96.67	\$15.12	\$18.75	\$1,696.54	\$1,082.00	\$614.54
	EE + Family	\$2,107	\$138.96	\$23.28	\$18.75	\$2,287.99	\$1,480.00	\$807.99
PPO-6A	EE	\$881	\$53.37	\$8.14	\$18.75	\$961.26	\$544.00	\$417.26
	EE+1	\$1,762	\$96.67	\$15.12	\$18.75	\$1,892.54	\$1,082.00	\$810.54
	EE + Family	\$2,370	\$138.96	\$23.28	\$18.75	\$2,550.99	\$1,480.00	\$1,070.99
WELL-1C	EE	\$884	\$53.37	\$8.14	\$18.75	\$964.26	\$544.00	\$420.26
	EE+1	\$1,768	\$96.67	\$15.12	\$18.75	\$1,898.54	\$1,082.00	\$816.54
	EE + Family	\$2,378	\$138.96	\$23.28	\$18.75	\$2,558.99	\$1,480.00	\$1,078.99
PPO-4A	EE	\$954	\$53.37	\$8.14	\$18.75	\$1,034.26	\$544.00	\$490.26
	EE+1	\$1,908	\$96.67	\$15.12	\$18.75	\$2,038.54	\$1,082.00	\$956.54
	EE + Family	\$2,566	\$138.96	\$23.28	\$18.75	\$2,746.99	\$1,480.00	\$1,266.99

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.

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



TEHAMA COUNTY DEPARTMENT OF EDUCATION
2022-2023 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	\$495	\$53.37	\$8.14	\$18.75	\$575.26	\$476.00	\$99.26
	EE+1	\$990	\$96.67	\$15.12	\$18.75	\$1,120.54	\$946.75	\$173.79
	EE + Family	\$1,332	\$138.96	\$23.28	\$18.75	\$1,512.99	\$1,295.00	\$217.99
HDHP-3	EE	\$511	\$53.37	\$8.14	\$18.75	\$591.26	\$476.00	\$115.26
	EE+1	\$1,022	\$96.67	\$15.12	\$18.75	\$1,152.54	\$946.75	\$205.79
	EE + Family	\$1,375	\$138.96	\$23.28	\$18.75	\$1,555.99	\$1,295.00	\$260.99
PPO-9A	EE	\$718	\$53.37	\$8.14	\$18.75	\$798.26	\$476.00	\$322.26
	EE+1	\$1,436	\$96.67	\$15.12	\$18.75	\$1,566.54	\$946.75	\$619.79
	EE + Family	\$1,931	\$138.96	\$23.28	\$18.75	\$2,111.99	\$1,295.00	\$816.99
PPO-8C	EE	\$783	\$53.37	\$8.14	\$18.75	\$863.26	\$476.00	\$387.26
	EE+1	\$1,566	\$96.67	\$15.12	\$18.75	\$1,696.54	\$946.75	\$749.79
	EE + Family	\$2,107	\$138.96	\$23.28	\$18.75	\$2,287.99	\$1,295.00	\$992.99
PPO-6A	EE	\$881	\$53.37	\$8.14	\$18.75	\$961.26	\$476.00	\$485.26
	EE+1	\$1,762	\$96.67	\$15.12	\$18.75	\$1,892.54	\$946.75	\$945.79
	EE + Family	\$2,370	\$138.96	\$23.28	\$18.75	\$2,550.99	\$1,295.00	\$1,255.99
WELL-1C	EE	\$884	\$53.37	\$8.14	\$18.75	\$964.26	\$476.00	\$488.26
	EE+1	\$1,768	\$96.67	\$15.12	\$18.75	\$1,898.54	\$946.75	\$951.79
	EE + Family	\$2,378	\$138.96	\$23.28	\$18.75	\$2,558.99	\$1,295.00	\$1,263.99
PPO-4A	EE	\$954	\$53.37	\$8.14	\$18.75	\$1,034.26	\$476.00	\$558.26
	EE+1	\$1,908	\$96.67	\$15.12	\$18.75	\$2,038.54	\$946.75	\$1,091.79
	EE + Family	\$2,566	\$138.96	\$23.28	\$18.75	\$2,746.99	\$1,295.00	\$1,451.99

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 2022-2023 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	\$495	\$53.37	\$8.14	\$18.75	\$575.26	\$408.00	\$167.26
	EE+1	\$990	\$96.67	\$15.12	\$18.75	\$1,120.54	\$811.50	\$309.04
	EE + Family	\$1,332	\$138.96	\$23.28	\$18.75	\$1,512.99	\$1,110.00	\$402.99
HDHP-3	EE	\$511	\$53.37	\$8.14	\$18.75	\$591.26	\$408.00	\$183.26
	EE+1	\$1,022	\$96.67	\$15.12	\$18.75	\$1,152.54	\$811.50	\$341.04
	EE + Family	\$1,375	\$138.96	\$23.28	\$18.75	\$1,555.99	\$1,110.00	\$445.99
PPO-9A	EE	\$718	\$53.37	\$8.14	\$18.75	\$798.26	\$408.00	\$390.26
	EE+1	\$1,436	\$96.67	\$15.12	\$18.75	\$1,566.54	\$811.50	\$755.04
	EE + Family	\$1,931	\$138.96	\$23.28	\$18.75	\$2,111.99	\$1,110.00	\$1,001.99
PPO-8C	EE	\$783	\$53.37	\$8.14	\$18.75	\$863.26	\$408.00	\$455.26
	EE+1	\$1,566	\$96.67	\$15.12	\$18.75	\$1,696.54	\$811.50	\$885.04
	EE + Family	\$2,107	\$138.96	\$23.28	\$18.75	\$2,287.99	\$1,110.00	\$1,177.99
PPO-6A	EE	\$881	\$53.37	\$8.14	\$18.75	\$961.26	\$408.00	\$553.26
	EE+1	\$1,762	\$96.67	\$15.12	\$18.75	\$1,892.54	\$811.50	\$1,081.04
	EE + Family	\$2,370	\$138.96	\$23.28	\$18.75	\$2,550.99	\$1,110.00	\$1,440.99
WELL-1C	EE	\$884	\$53.37	\$8.14	\$18.75	\$964.26	\$408.00	\$556.26
	EE+1	\$1,768	\$96.67	\$15.12	\$18.75	\$1,898.54	\$811.50	\$1,087.04
	EE + Family	\$2,378	\$138.96	\$23.28	\$18.75	\$2,558.99	\$1,110.00	\$1,448.99
PPO-4A	EE	\$954	\$53.37	\$8.14	\$18.75	\$1,034.26	\$408.00	\$626.26
	EE+1	\$1,908	\$96.67	\$15.12	\$18.75	\$2,038.54	\$811.50	\$1,227.04
	EE + Family	\$2,566	\$138.96	\$23.28	\$18.75	\$2,746.99	\$1,110.00	\$1,636.99

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
2022-2023 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	\$495	\$53.37	\$8.14	\$18.75	\$575.26	\$340.00	\$235.26
	EE+1	\$990	\$96.67	\$15.12	\$18.75	\$1,120.54	\$676.25	\$444.29
	EE + Family	\$1,332	\$138.96	\$23.28	\$18.75	\$1,512.99	\$925.00	\$587.99
HDHP-3	EE	\$511	\$53.37	\$8.14	\$18.75	\$591.26	\$340.00	\$251.26
	EE+1	\$1,022	\$96.67	\$15.12	\$18.75	\$1,152.54	\$676.25	\$476.29
	EE + Family	\$1,375	\$138.96	\$23.28	\$18.75	\$1,555.99	\$925.00	\$630.99
PPO-9A	EE	\$718	\$53.37	\$8.14	\$18.75	\$798.26	\$340.00	\$458.26
	EE+1	\$1,436	\$96.67	\$15.12	\$18.75	\$1,566.54	\$676.25	\$890.29
	EE + Family	\$1,931	\$138.96	\$23.28	\$18.75	\$2,111.99	\$925.00	\$1,186.99
PPO-8C	EE	\$783	\$53.37	\$8.14	\$18.75	\$863.26	\$340.00	\$523.26
	EE+1	\$1,566	\$96.67	\$15.12	\$18.75	\$1,696.54	\$676.25	\$1,020.29
	EE + Family	\$2,107	\$138.96	\$23.28	\$18.75	\$2,287.99	\$925.00	\$1,362.99
PPO-6A	EE	\$881	\$53.37	\$8.14	\$18.75	\$961.26	\$340.00	\$621.26
	EE+1	\$1,762	\$96.67	\$15.12	\$18.75	\$1,892.54	\$676.25	\$1,216.29
	EE + Family	\$2,370	\$138.96	\$23.28	\$18.75	\$2,550.99	\$925.00	\$1,625.99
WELL-1C	EE	\$884	\$53.37	\$8.14	\$18.75	\$964.26	\$340.00	\$624.26
	EE+1	\$1,768	\$96.67	\$15.12	\$18.75	\$1,898.54	\$676.25	\$1,222.29
	EE + Family	\$2,378	\$138.96	\$23.28	\$18.75	\$2,558.99	\$925.00	\$1,633.99
PPO-4A	EE	\$954	\$53.37	\$8.14	\$18.75	\$1,034.26	\$340.00	\$694.26
	EE+1	\$1,908	\$96.67	\$15.12	\$18.75	\$2,038.54	\$676.25	\$1,362.29
	EE + Family	\$2,566	\$138.96	\$23.28	\$18.75	\$2,746.99	\$925.00	\$1,821.99

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



TEHAMA COUNTY DEPARTMENT OF EDUCATION
2022-2023 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	\$495	\$53.37	\$8.14	\$18.75	\$575.26	\$272.00	\$303.26
	EE+1	\$990	\$96.67	\$15.12	\$18.75	\$1,120.54	\$541.00	\$579.54
	EE + Family	\$1,332	\$138.96	\$23.28	\$18.75	\$1,512.99	\$740.00	\$772.99
HDHP-3	EE	\$511	\$53.37	\$8.14	\$18.75	\$591.26	\$272.00	\$319.26
	EE+1	\$1,022	\$96.67	\$15.12	\$18.75	\$1,152.54	\$541.00	\$611.54
	EE + Family	\$1,375	\$138.96	\$23.28	\$18.75	\$1,555.99	\$740.00	\$815.99
PPO-9A	EE	\$718	\$53.37	\$8.14	\$18.75	\$798.26	\$272.00	\$526.26
	EE+1	\$1,436	\$96.67	\$15.12	\$18.75	\$1,566.54	\$541.00	\$1,025.54
	EE + Family	\$1,931	\$138.96	\$23.28	\$18.75	\$2,111.99	\$740.00	\$1,371.99
PPO-8C	EE	\$783	\$53.37	\$8.14	\$18.75	\$863.26	\$272.00	\$591.26
	EE+1	\$1,566	\$96.67	\$15.12	\$18.75	\$1,696.54	\$541.00	\$1,155.54
	EE + Family	\$2,107	\$138.96	\$23.28	\$18.75	\$2,287.99	\$740.00	\$1,547.99
PPO-6A	EE	\$881	\$53.37	\$8.14	\$18.75	\$961.26	\$272.00	\$689.26
	EE+1	\$1,762	\$96.67	\$15.12	\$18.75	\$1,892.54	\$541.00	\$1,351.54
	EE + Family	\$2,370	\$138.96	\$23.28	\$18.75	\$2,550.99	\$740.00	\$1,810.99
WELL-1C	EE	\$884	\$53.37	\$8.14	\$18.75	\$964.26	\$272.00	\$692.26
	EE+1	\$1,768	\$96.67	\$15.12	\$18.75	\$1,898.54	\$541.00	\$1,357.54
	EE + Family	\$2,378	\$138.96	\$23.28	\$18.75	\$2,558.99	\$740.00	\$1,818.99
PPO-4A	EE	\$954	\$53.37	\$8.14	\$18.75	\$1,034.26	\$272.00	\$762.26
	EE+1	\$1,908	\$96.67	\$15.12	\$18.75	\$2,038.54	\$541.00	\$1,497.54
	EE + Family	\$2,566	\$138.96	\$23.28	\$18.75	\$2,746.99	\$740.00	\$2,006.99

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